

## Health Legislation Amendment Bill 2025

|                            |  |
|----------------------------|--|
| <b>Submission No:</b>      | 4  |
| <b>Submitted by:</b>       | Australian College of Nurse Practitioners  |
| <b>Publication:</b>        | Making the submission and your name public |
| <b>Attachments:</b>        | See attachment                             |
| <b>Submitter Comments:</b> |  |



**Australian College of Nurse Practitioners response to:**

Queensland Parliament  
Health Legislation Amendment Bill 2025

**Contact:**

Policy Advisor  
Australian College of Nurse Practitioners  
PO Box 33175 Melbourne Vic 3004  
Office: St Kilda Rd Towers, Suite 502  
1 Queens Road Melbourne  
[policy@acnp.org.au](mailto:policy@acnp.org.au)  
1300 433 660  
[www.acnp.org.au](http://www.acnp.org.au)

5 April 2025

Queensland Parliament  
Queensland Parliament Committees

*By online survey portal: 5 April 2025*

To the Queensland Parliament Committees,

Thank you for the opportunity to respond to the Health Legislation Amendment Bill 2025

The Australian College of Nurse Practitioners (ACNP) is the leading national body representing nurse practitioners. It drives the advancement of nursing practice and strengthens consumer access to healthcare services. Nurse practitioners are uniquely equipped to address unmet healthcare needs within communities and expand access to high-quality care, especially for underserved populations.

In this submission, the ACNP will address the inquiry into the:

- Hospital and Health Boards Act 2011
- Tobacco and Other Smoking Products Act 1998 (TOSPA)

### *Background*

Nurse practitioners work in diverse healthcare settings, including primary care<sup>1,2</sup>, urgent care<sup>3,4</sup>, emergency services<sup>1,2</sup>, older person care<sup>1,2</sup>, mental health<sup>1,2</sup>, palliative care<sup>5</sup>, critical care areas such as orthopaedics<sup>1</sup>, and chronic disease prevention and management such as diabetes.<sup>1</sup> Research consistently demonstrates high levels of patient satisfaction with care delivered by nurse practitioners, which contributes to improved treatment adherence and health outcomes.<sup>3,5-8</sup> This success highlights the invaluable role of nurse practitioners within the Australian healthcare landscape, representing a significant step towards more effective and cost-efficient healthcare delivery.

The *Nurse Practitioner Workforce Plan*<sup>9</sup>, released by the Department of Health in May 2023, outlines strategies to remove barriers to the nurse practitioner's scope of practice. Eliminating legislative and operational barriers that lack a clinical basis and misalign with federal and state legislation is essential for consistency across jurisdictions. National uniformity in legislation empowering nurse practitioners across state and commonwealth instruments is imperative.

### Australian College of Nurse Practitioners

**A:** PO Box 33175 Melbourne Vic 3004 | Office: St Kilda Rd Towers, Suite 502, 1 Queens Road Melbourne

**E:** admin@acnp.org.au **P:** 1300 433 660 **W:** www.acnp.org.au

The ACNP strongly advocates for the recognition of nurse practitioners' autonomous role and their capacity to lead healthcare teams across various contexts. This recognition is essential to advance the nursing workforce, support the modern nursing role, and dispel outdated perceptions.

Our response to the inquiry is as follows:

### **Hospital and Health Boards Act 2011**

The ACNP supports the proposed amendments to the *Hospital and Health Boards Act 2011*, which aim to ensure that at least one frontline clinician, such as a doctor, registered nurse, or nurse practitioner, is also concurrently employed in a local health facility while actively serving on Health and Hospital Boards. As outlined in the explanatory notes, the Act will require each board to have five or more members, with at least one clinician, defined as a registered health practitioner, who provides care or treatment to patients in the public health sector. The proposed amendment seeks to require that the clinician appointed to the board be employed or engaged by the Hospital and Health Service (HHS) for which the board is established and that they may not be appointed as Chair or Deputy Chair.

This amendment is fundamental to ensuring that frontline clinical staff, with their direct health knowledge and patient experience, are involved in decision-making for the delivery of health services. Their input is essential for best practice, patient safety, and improving care quality. By having a clinician directly engaged in the board's decisions, the amendment supports more effective and informed governance, directly benefiting the communities served by the HHS.

### **Tobacco and Other Smoking Products Act 1998 (TOSPA)**

The ACNP acknowledges and supports the proposed amendments to the *Tobacco and Other Smoking Products Act 1998* to:

- Allow the chief executive of Queensland Health to promptly forfeit vaping goods upon seizure;
- Empower courts to order persons convicted of an offence under TOSPA to pay the State for reasonable costs incurred as a result of the offence;
- Make minor and technical amendments to improve the operation of the Act.

As noted in the explanatory paper, in 2024, the Commonwealth Government banned the importation, manufacture, supply, and non-personal possession of disposable and recreational vapes. Enforcement of these bans primarily falls to states and territories, supported by powers under the Commonwealth Therapeutic Goods Act 1989. The ACNP acknowledges that the Australian states and territories are facing increased seizures and storage challenges of tobacco and other smoking products, resulting in significant costs, particularly due to the growing volume of seized vaping goods. South Australia has also already introduced amendments to streamline the process.

The ACNP supports the proposed changes outlined in section 25 of the Tobacco and E-Cigarette Products Regulation 2019 (SA), which grants the Minister the authority to direct the destruction of seized tobacco or e-cigarette products, or any prohibited items deemed dangerous, even if no charges have been laid. This provision allows for the prompt destruction of such goods either at the site of seizure or at another suitable location.

The ACNP also acknowledges the rising volume of seized vaping goods, particularly those containing lithium-ion batteries, which present significant safety risks, including overheating, leakage, and explosions, posing fire hazards and complicating storage requirements. The need for expensive, specialised fire-resistant facilities is critical, and with storage capacities nearing their limits, the risks and costs associated with prolonged storage are escalating. By expediting the forfeiture and destruction process, the proposed changes will reduce storage time and help mitigate both safety and environmental risks.


Regarding individual property rights, the ACNP also supports the Bills introduction of provisions allowing the chief executive to order the forfeiture of vaping goods without a show cause or appeals process. While the explanatory paper also highlights that this may conflict with personal property rights, the ACNP agrees that the departure from standard processes is justified due to the illicit nature of the goods and the significant harm they pose to public health.

The ACNP commends the recognition and thoughtful consideration of the contributions and value nurse practitioners bring throughout this consultation process. We highlight the critical need to address the ongoing limited awareness among the public and healthcare professionals regarding the existence, capabilities, scope of practice, and contributions of nurse practitioners.

Thank you for the opportunity to participate in this important review. We welcome further engagement and are available to provide additional clarification as needed.

Yours sincerely



**Leanne Boase**  
**Chief Executive Officer**  
Australian College of Nurse Practitioners  
PO BOX 33175 Melbourne VIC 3004  
St Kilda Rd Towers, Suite 502, 1 Queens Road Melbourne  
  
1300 433 660

## References

1. Middleton S, Gardner A, Gardner G, Della PR. The status of Australian nurse practitioners: the second national census. *Aust Health Rev.* 2011;35(4):448-454.
2. Lowe G, Tori K, Jennings N, Schifftan D, Driscoll A. Nurse practitioner work patterns: a cross-sectional study. *Nurs Open.* 2021;8(2):966-974.
3. Wilson E, Hanson LC, Tori KE, Perrin BM. Nurse practitioner led model of after-hours emergency care in an Australian rural urgent care centre: health service stakeholder perceptions. *BMC Health Serv Res.* 2021;21(1):819.
4. Benjamin P, Bryce R, Oyedokun T, Stempien J. Strength in the gap: a rapid review of principles and practices for urgent care centres. *Healthcare Management Forum.* 2023;36(2):101-106.
5. van Dusseldorp L, Groot M, Adriaansen M, van Vught A, Vissers K, Peters J. What does the nurse practitioner mean to you? A patient-oriented qualitative study in oncological/palliative care. *J Clin Nurs.* 2019;28(3-4):589-602.
6. Kleinpell RM, Grabenkort WR, Kapu AN, Constantine R, Sicoutris C. Nurse practitioners and physician assistants in acute and critical care: a concise review of the literature and data 2008-2018. *Crit Care Med.* 2019;47(10):1442-1449.
7. Kippenbrock T, Emory J, Lee P, Odell E, Buron B, Morrison B. A national survey of nurse practitioners' patient satisfaction outcomes. *Nurs Outlook.* 2019;67(6):707-712.
8. Aiken LH, Sloane DM, Brom HM, et al. Value of nurse practitioner inpatient hospital staffing. *Med Care.* 2021;59(10):857-863.
9. Department of Health and Aged Care. Nurse Practitioner workforce plan. Australian Government. 2023. <https://www.health.gov.au/sites/default/files/2023-05/nurse-practitioner-workforce-plan.pdf>