



# ***HEALTH, ENVIRONMENT AND INNOVATION COMMITTEE***

**Members present:**

Mr R Molhoek MP—Chair  
Ms SL Bolton MP  
Ms K-A Dooley MP  
Mr JP Kelly MP  
Mr DJL Lee MP  
Dr BF O'Shea MP

**Staff present:**

Dr J Rutherford—Committee Secretary  
Miss A Bonenfant—Assistant Committee Secretary

## **PUBLIC BRIEFING—INQUIRY INTO THE HEALTH LEGISLATION AMENDMENT BILL (NO. 2)**

### **TRANSCRIPT OF PROCEEDINGS**

**Friday, 13 June 2025**

**Brisbane**

## FRIDAY, 13 JUNE 2025

---

**The committee met at 10.40 am.**

**CHAIR:** Good morning. I declare open this public briefing for the committee's inquiry into the Health Legislation Amendment Bill (No. 2). My name is Robert Molhoek. I am the member for Southport and chair of the committee. I acknowledge the Aboriginal people and Torres Strait Islander people of this state and their elders past, present and emerging. I also acknowledge the former members of this parliament who have participated in and nourished the democratic institutions of this state. Finally, I acknowledge the people of this state, whether they have been born here or have chosen to make this state their home and whom we represent to make laws and conduct other business for the peace, welfare and good government of this state. With me here today are: Ms Sandy Bolton, the member for Noosa; Ms Kerri-Anne Dooley, the member for Redcliffe; Dr Barbara O'Shea, the member for South Brisbane; Mr David Lee, the member for Hervey; and I am expecting Mr Joe Kelly, the member for Greenslopes and the deputy chair, to be with us shortly.

This briefing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind members of the public that they may be excluded from the briefing at the discretion of the committee. I remind committee members that officers are here to provide factual or technical information. Any questions seeking an opinion about policy should be directed to the minister or left to debate on the floor of the House.

These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or to silent mode.

**LAW, Ms Kirsten, Director, Pharmacy Business Ownership Implementation Unit, Queensland Health**

**SANDERSON, Ms Kate, Manager, Legislative Policy Unit, Queensland Health**

**STEELE, Mr Nick, Deputy Director-General, Queensland Public Health and Scientific Services, Queensland Health**

**CHAIR:** I welcome the representatives from Queensland Health who have been invited to brief us on the bill. Please remember to turn your microphones on before you start speaking and off when you are finished. I invite you now to brief the committee, after which the committee members may or may not have some questions for you. Thank you.

**Mr Steele:** Good morning, Chair and committee members. Thank you for the opportunity to brief you today on the Health Legislation Amendment Bill (No. 2) 2025. I would like to begin by acknowledging the traditional custodians of the lands on which we are meeting today—the Yagara and Turrbal people—and pay my respects to their elders past and present. My name is Nick Steele. I am the Deputy Director-General of Queensland Public Health and Scientific Services within Queensland Health. I am joined today by my two learned colleagues Kirsten Law, who is a director of the Pharmacy Business Ownership Implementation Unit, and Kate Sanderson, who is a manager within the Legislative Policy Unit.

Queensland Health welcomes the opportunity to present this bill to the committee and brief you on the key aspects of this omnibus bill, covering matters from pharmacy business ownership to radiation safety regulation. It is a fairly broad and varied bill. The bill makes amendments to four health portfolio acts. The purpose of the amendments is to promote public health, promote safety, create efficiencies and improve the operation of legislation. I will briefly outline the key aspects of these reforms before inviting questions from the committee.

The first amendments made by the bill are to the Pharmacy Business Ownership Act 2024. This act commenced, in part, in September 2024 to establish the Queensland Pharmacy Business Ownership Council. Once the act has fully commenced, responsibility for regulating pharmacy business ownership will transfer from Queensland Health to the council. The council will administer the licensing framework introduced by the act. The bill amends the act to address issues that have been identified during implementation.

The bill amends the definition of 'core pharmacy service' to provide greater clarity about what a pharmacy business is and who is required to be licensed. Currently, a pharmacy business is one that provides core pharmacy services of compounding and dispensing. The bill provides that the sale of medicines by, or under the supervision of, a practising pharmacist is also a core pharmacy service.

The bill also provides greater clarity about who can hold a material interest in a pharmacy business. Where the owner of a pharmacy business is a corporation, the bill clarifies that they must not hold their shares on trust for anyone other than a practising pharmacist or a close adult relative of a practising pharmacist. That is in line with the intentions of the act.

To improve transparency, the bill makes changes to the requirements for the council's register relating to pharmacy businesses. This includes requiring rather than permitting the register to be published on the council's website. The bill also requires the register to include the details of licence holders, current licence suspensions and recent licence cancellations. The bill makes a number of other amendments, including providing that the council represents the state and clarifying council's annual reporting requirements.

I will turn now to the Public Health Act 2005. The bill amends that act for two purposes. The first is to transition the notification of diagnoses of occupational respiratory diseases from the existing state-based register to the national registry. Under the Public Health Act 2005, diagnoses of prescribed notifiable dust lung diseases, such as silicosis and cancer, must currently be notified to the Queensland Notifiable Dust Lung Disease Register. Under the bill, diagnoses of these diseases must instead be notified to the national registry. This will not include silicosis, as it is already mandatory under the Commonwealth law for the prescribed medical practitioners to notify the national registry of diagnoses of this disease. The bill will decommission the Queensland register. For the information that is already held in that register, though, the existing confidentiality protections will continue to apply.

The bill makes a further amendment to the Public Health Act 2005 to assist in the detection of Japanese encephalitis virus—JEV. JEV is a serious disease with significant consequences for some livestock and humans who have been infected. There have recently been several infected with the virus and, unfortunately, we have had two deaths in Queensland so far in 2025.

The risk of some mosquito-borne diseases can be monitored by taking a sample of larvae from a water source; however, detecting JEV risk requires a sample of adult mosquitos, which is gathered by leaving a specialised trap at a location overnight or even longer. The bill clarifies that equipment can be left for reasonable periods of time to detect and monitor these public health risks.

The bill also includes minor amendments to the Queensland Mental Health Commission Act 2013. These amendments clarify that the minister may appoint an acting mental health commissioner if the commissioner's term of office has ended and a new commissioner has not yet been appointed.

Finally, the bill includes a minor and technical amendment to the Radiation Safety Act 1999. It is an offence to dispose of radioactive material without prior approval from Queensland Health. The bill clarifies that any person, not just a licensee, can apply for approval to dispose of radioactive material. Thank you for the opportunity to address the committee. We are more than pleased to take questions now.

**CHAIR:** Thank you. I note that the bill establishes the Queensland Pharmacy Business Ownership Council. Could you explain the current procedures? Who oversees the current licensing framework? It would be helpful to understand who can hold a licence. I know there have been a lot of changes in recent times. There have been issues around corporations holding licences. There has been a lot of discussion in the market around franchisee systems, like Chemist Warehouse, and other groups, like Chempro. It would be helpful to understand where they all sit within the current licensing scheme and what is required.

**Ms Law:** In Queensland currently we are still operating under the Pharmacy Business Ownership Act 2001. That act does not provide for the licensing of pharmacy businesses in Queensland. We have a system of notifications currently. A pharmacy business will be required to notify Queensland Health of their current arrangements. The 2024 act will introduce the licensing scheme.

**CHAIR:** I assume Queensland Health maintains some sort of a register.

**Ms Law:** They do. That is right. They have those notifications and the 2024 act has those limits on who can own a pharmacy. They are largely present in the 2001 act as well, so we are transitioning those over. The 2024 act creates a licensing scheme to enable that to be more effectively regulated by the Queensland Pharmacy Business Ownership Council.

**CHAIR:** How does it work? Is there a category of licence or are all licensees equal? How does it work within franchises and corporations?

**Ms Law:** Under the 2024 act, there is one licence for all types of businesses. You have to be an eligible person to be granted a licence, and there are number of categories of people who can be an eligible person—that is, basically a pharmacist or a corporation that is predominantly owned by pharmacists and where the pharmacists or their close adult relatives have all of the shares et cetera. We continue to allow the Mater and the Friendly Society to be eligible for a licence. If you are eligible for a licence, there is a single category of licence.

**CHAIR:** That will all be covered under these new provisions as well? There is no real change to that?

**Ms Law:** There are no changes to those provisions. They are all part of the 2024 act that is already in place. It just has not commenced yet in Queensland.

**CHAIR:** What is the composition of the Pharmacy Business Ownership Council?

**Ms Law:** There are 10 members appointed by Governor in Council. Nine of the members are pharmacists and obviously have experience in community pharmacy. One is a chartered accountant. A number of the owners who are pharmacists are also pharmacy business owners themselves.

**CHAIR:** How is that organisation operated? Is it funded? Is it a voluntary board?

**Ms Law:** It is a statutory body under the 2024 act. The members are appointed by Governor in Council. The council is intended to be self-funded in the long term through licensing fees. The licensing fees will help to fund the council and its staff.

**CHAIR:** Does this legislation deal with the licensing fees?

**Ms Law:** No. That was all dealt with in the 2024 act. This bill just focuses on making some minor corrections to make sure the 2024 act operates as it was intended.

**CHAIR:** So there will not be a new set of fees or charges applied? It will be business as usual with a new entity maintaining the register and making decisions?

**Ms Law:** The 2024 act that is already in place sets up the licensing framework and it does include licensing fees as part of that. That was all done as part of the 2024 act that was considered last year. The bill which is before you currently does not make any changes to licensing fees or the types of applications.

**Dr O'SHEA:** Thank you for your written briefing as well as coming today. It takes a lot of time to prepare all of these things and to prepare for questions, so thank you. I was looking at the changes to the Radiation Safety Act. How does it work at the moment if someone who is not a licensee wants to apply?

**Mr Steele:** We actually have not had any members who are not licensees apply to dispose of any radioactive waste. We have recognised that the slight anomaly in the legislation, which we are trying to correct now, could be an issue in the future if people who are not licensees find radioactive waste on their own property and want to dispose of it. It has not come up so far, but we are just trying to tidy that one up in case it does in the future.

**Dr O'SHEA:** Fair enough. What is the thinking behind the definition of 'supermarkets' to not include online supermarkets?

**Ms Law:** Could you clarify your question?

**Dr O'SHEA:** The Pharmacy Guild of Australia noted in their submission that the definition of 'supermarkets' could include online supermarkets.

**Mr Steele:** We have obviously given great consideration to the suggestions that have come in from all stakeholders, including the Pharmacy Guild. The guild's proposals raised broader policy issues that do not form part of the bill here today. We actually believe, with respect, they should be directed towards the minister as a policy conversation.

**Ms BOLTON:** I want to go back to your written briefing notes. The Pharmacy Guild raised concerns with the definition of 'core pharmacy service', that it does not go far enough to encompass cognitive, consultative or other professional services. Why has this change not been adopted, or is this in the similar realm to the other one where it is seen as a broader policy issue?

**Mr Steele:** Very much so. Just to reiterate: we have given great consideration to all of the suggestions that have come through from the stakeholders. Our view is it is not part of the bill today and, therefore, would be a policy discussion with the minister.

**Mr LEE:** I have a question in relation to the Queensland Pharmacy Business Ownership Council. In terms of the transfer of responsibility from Queensland Health to the Pharmacy Business Ownership Council, have you done some sort of risk analysis in terms of highlighting potential risks in the transfer? In your submission you talk about taking responsibility for annual reporting and requiring rather than permitting a register to be published on the website. I am interested to know whether a comprehensive risk assessment has been conducted in terms of the transfer.

**Ms Law:** My team has been set up to oversee the establishment of the Queensland Pharmacy Business Ownership Council and also to help with the transition of responsibility to the council. We have been working very closely with the existing team within Queensland Health and also with the council to work through all of the issues involved in transferring responsibility. We expect that will happen later this year when the act commences in full. We have a comprehensive risk assessment of all of the issues involved in that project. There is a new framework coming in so there will be a transfer of existing business details, but the licensing framework is new. We have been working very closely with all the parties to make sure those risks are managed.

**Mr LEE:** In terms of the respiratory diseases register transferring from the state to the national framework, has some sort of quality assurance analysis been conducted on the integrity of that data before it is transferred over? We have a high level of confidence in the data that we have on the state register.

**Ms Sanderson:** The changes in the bill will transition the notification requirements from a point in time moving forward. The existing notifications on the Queensland register will be preserved and archived. They will still be available to researchers to assist with, for example, a coroner's inquiry, but moving forward all of the notifications will be made to the Commonwealth registry instead of the Queensland registry. It is not so much as a transfer of the existing data; it is moving forward with the notifications from a point in time.

**Mr LEE:** I have a follow-up question in relation to the appointment of an acting mental health commissioner around the acts interpretation legislation. The Mental Health Commissioner notes that in the drafting of clauses 21 and 23 of the bill it would limit the term of an acting commissioner to six months with a further six-month extension.

**Ms Sanderson:** That is correct.

**Mr LEE:** However, the Acts Interpretation Act allows for one-year initial appointments and indefinite extensions. Can you speak to that inconsistency?

**Ms Sanderson:** As the Mental Health Commission pointed out, the six-month period with a further extension as set out in the amendments more appropriately reflects the temporary nature of the appointment. It is noting that it is a ministerial acting appointment in this case, rather than a Governor in Council appointment, which is what the Acts Interpretation Act provides for.

**Mr LEE:** Would the bill prevail over the Acts Interpretation Act in terms of any inconsistency?

**Ms Sanderson:** It is basically two different situations. The acting appointment that can be made under the Acts Interpretation Act would be an acting appointment made by the Governor in Council. What the bill is doing is ensuring that the minister is able to make that acting appointment in the specific circumstances set out in the bill. That is a faster process and basically ensures the commission is not left with a gap in leadership.

**CHAIR:** The Pharmacy Guild made a comment in their submission around the ambiguity of the definition of a pharmacy. They are suggesting that there needs to be greater definition around what constitutes a pharmacy and some further clarification around a material interest, and they have also talked about what defines it as a supermarket. Have you had an opportunity to look at any of those issues? Do you have any advice to provide on that?

**Mr Steele:** I think it is probably similar to the other two issues that were raised. We have been through those three issues many times over the last two to three years and given some quite detailed feedback on all three issues. Again, our view would be that it would not be in scope for the bill today but they would be policy issues for the minister for discussion.

**CHAIR:** I might be asking for an opinion here, but the act as currently written I am assuming clearly defines what a pharmacy business is?

**Ms Law:** Yes, the act has a definition of what a pharmacy is. It is a business that is providing core pharmacy services, and core pharmacy services are defined currently in the act to be dispensing by a pharmacist or compounding by a pharmacist. This bill will include selling by a pharmacist where a pharmacist is selling medications additionally. That scope in our view is very clear. It enables us to clearly define what is and is not a pharmacy business. If you think about the community pharmacies that you would go into, you would expect them to be compounding medicines or dispensing medicines to the public. We have also captured selling medicines. We are not aware of any businesses that are currently purely selling medicines without also dispensing and compounding, but the amendment in the bill will clarify that. I do think the scope of what is a pharmacy business is quite clear. It enables people to determine whether they are licensed under the act or they are not licensed under the act.

**CHAIR:** The Lung Foundation made a submission about the phasing out of the Queensland Notifiable Dust Lung Disease Register. What is that and why is it being phased out?

**Ms Sanderson:** The amendments in the bill are transitioning the notification requirements, which currently in the Public Health Act require prescribed medical practitioners to notify Queensland's dust lung disease register when they diagnose a notifiable dust lung disease. The bill is basically transitioning those notification requirements to instead require the medical practitioners to notify the Commonwealth's National Occupational Respiratory Disease Registry of the same diseases—other than silicosis, which the Commonwealth law already prescribes as a condition that must be notified.

**CHAIR:** So is it just duplication?

**Ms Sanderson:** It is removing that duplication, I guess. The Queensland register will essentially be decommissioned. Going forward, all notifications will be made to that national register instead.

**CHAIR:** Did I hear you say that it is a GP's responsibility to notify?

**Ms Sanderson:** It is prescribed medical practitioners. That is defined in the legislation as medical practitioners who are registered under the Health Practitioner Regulation National Law as specialists in occupational or environmental medicine or sleep or respiratory medicine. They are the same medical practitioners who are currently required to notify Queensland's dust lung register.

**CHAIR:** Is there a risk that some notifications may not be made because some people are self-medicating and just going to the pharmacy to purchase goods and have never seen a prescribed medical practitioner?

**Ms Sanderson:** If they were not diagnosed, I guess there is that risk. The requirement relates to the diagnosis of those diseases.

**Ms BOLTON:** I am just trying to get my head around something. You are amending the Queensland Mental Health Commission Act requirements because there has obviously been a determination that a commissioner completing a term of appointment and leaving the role would not necessarily be considered a vacancy for the purpose of appointing an acting commissioner. If this is the interpretation of the term 'vacancy', would this also not impact a lot of other appointments?

**Ms Sanderson:** I would say that the Queensland Mental Health Commission Act is quite specific; it actually defines what a vacancy is. It sets out in section 21 that a vacancy is circumstances where the commissioner has resigned, been convicted of an indictable offence, is insolvent under administration, is removed from office by the Governor in Council or is suspended by the minister. Those circumstances are what constitutes a vacancy in that particular act. The bill is amending those circumstances to say that a vacancy also includes where the commissioner's term of office has ended.

**Ms BOLTON:** How do delegations operate in that period where the office of the commissioner is vacant?

**Ms Sanderson:** During regular terms of vacancy—for example, if the commissioner was on leave—the delegations would not become a problem; they would continue to operate. I think what is unclear—and the Mental Health Commission pointed this out in their submission—is whether those delegations could continue to operate in circumstances where the commissioner's term has actually ended. As the commission also pointed out, there are questions about whether delegations are able to be used for responsibilities under the Financial Accountability Act. This amendment is making sure that in the circumstances where the commissioner's term of office has ended the acting commissioner can be appointed promptly and is able to continue the duties of the commissioner.

**Ms BOLTON:** I think the commission also raised the risk that the amendments may unduly limit the work of the commission. You are saying that because of the prompt appointment that would be covered and would not be a concern?

**Ms Sanderson:** My understanding is that the commission was very supportive of these amendments because they actually do limit the risk that there is an extended period where there is no commissioner. It ensures that the important work of the commission can continue without any delays caused by needing to go through the Governor in Council process rather than a really prompt ministerial appointment of an acting commissioner.

**Ms BOLTON:** Thank you.

**Ms DOOLEY:** Thank you for your submission this morning as well as your written one. I am curious about the changes to the Radiation Safety Act and moving that from delegated persons to anybody being able to apply. Why were those changes made? Anybody from the general public can apply, but why would they have radioactive material?

**Ms Sanderson:** The objective of the Radiation Safety Act is to protect people and the environment from the harms of radiation, and that includes by imposing restrictions on how radioactive materials can be disposed of. It is an offence under the act to dispose of radioactive materials unless the levels of radiation are below a prescribed level or they are disposed of in accordance with an approval to dispose. Section 49 of the act currently provides that any person can apply for an approval to dispose, and that is the policy intent of the legislation—that if a member of the public does come across radioactive material they can apply and it is dealt with appropriately and safely for the person, for the community and for the environment.

There is a drafting inconsistency in the act because section 71 sets out additional information that must be included in the approval to dispose, and it refers to details of the licensee. That is setting up a mistaken implication that only a licensee is able to apply for a disposal. That is not the policy intent of the legislation. It is intended that any person be able to apply and that is what the bill is correcting.

In terms of when a member of the public might come across something like that, often it is when someone might be moving house, acquiring a new property or assisting after the death of a family member. They might come across some things that contain radioactive materials. Some examples are things like old dials and watches that have radioactive materials for luminescence, industrial gauges or aircraft instruments. Rock and geological samples that contain high levels of uranium and radium are often handed in from science departments in secondary schools where they are known samples. It is those sorts of circumstances where the bill is ensuring that those people are able to apply for the disposal—there is no impediment to that—to make sure those materials are dealt with safely.

**Ms BOLTON:** I have one last question regarding the pharmacy business ownership board. In the bill there is an amendment so that when the board makes a decision an internal review is not required before seeking an external review at QCAT. With QCAT under significant pressure, is there a reason you did not look at reforming the internal decision-making of the body instead?

**Ms Law:** The amendment only applies in circumstances where the council as a whole—as in the members of the council collectively—make that decision. The rule is that internal reviews generally have to be heard by someone who is more senior than the original decision-maker. In circumstances where the council collectively has met and made that decision, there is no-one more senior in the organisation who can internally review that decision; there is nowhere for that internal review to go. It is only in those circumstances that the person would not be required to seek internal review first; they would be able to go straight to QCAT for external review because there really is no mechanism for internal review when the council has collectively made the decision. If the council delegates the decision to either a council member or the CEO or staff then the person will be required to seek internal review first before going to QCAT. We have also engaged closely with QCAT throughout this process and are working with them around any impact on their resources.

**CHAIR:** There are no further questions. In our earlier deliberations I think we determined that this is a fairly straightforward bill. Thank you for your time here today. That concludes the briefing. Thanks to everyone who has participated and thanks to Hansard. The transcript of today's proceedings will be available on the committee's webpage in due course. I declare this public briefing closed.

**The committee adjourned at 11.14 am.**