

Health Legislation Amendment Bill (No. 2) 2025

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Health Legislation Amendment Bill (No.2) 2025

Submission from the Department of Health, Disability and Ageing
to the Health, Environment and Innovation Committee's Inquiry into the
Health Legislation Amendment Bill (No. 2) 2025

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Introduction

The Interim Australian Centre for Disease Control (iCDC) welcomes the opportunity to make a submission to the Health, Environment and Innovation Committee's Inquiry in the Health Legislation Amendment Bill (No.2) 2025.

The iCDC oversee the operation of the National Occupational Respiratory Disease Registry, and this submission is limited to matters raised by amendments set out in Part 3 of the bill.

Overview

The National Registry captures and shares data on the incidence of occupational respiratory disease, causative exposures and respiratory health data, to assist in detecting new and emerging threats to worker's respiratory health and assisting in targeting and monitoring the effectiveness of interventions and prevention strategies.

The iCDC notes that Section 279AF of Queensland's Public Health Act 2005 was previously amended in March 2024 to support the commencement of the National Registry by removing potential duplicate reporting obligations for medical practitioners in Queensland. This exempts medical practitioners from reporting twice, to the National Registry and then also to the Queensland Notifiable Dust Lung Disease Register.

The proposed amendments set out the National Registry as the mechanism by which Queensland physicians will meet their existing notification obligations to notify dust lung diseases. The iCDC supports the amendments proposed in Part 3 of the bill which provide for the further transition of reporting for notifiable dust lung diseases from Queensland's existing register to the National Registry.

Operation of the National Registry

The National Registry was established by the *National Occupational Respiratory Disease Registry Act 2023* (the National Registry Act). Under the National Registry Act, prescribed medical practitioners must notify the National Registry when they diagnose a patient with a prescribed occupational respiratory disease.

Prescribed occupational respiratory diseases and prescribed medical practitioners are defined in the *National Occupational Respiratory Disease Registry Rules 2024*.

- A prescribed medical practitioner is a medical practitioner registered under the Health Practitioner Regulation National Law in the specialities of:
 - occupational and environmental medicine
 - respiratory and sleep medicine.
- Silicosis is currently the only nationally prescribed occupational respiratory disease.

A minimum notification to the National Registry for a prescribed occupational disease must include information which identifies the patient (including contact details), the occupational respiratory disease along with the exposure that caused or exacerbated the disease. Exposure information includes details of the occupation, industry and job task as well as the workplace where this occurred. This notification must be made within 30 days of diagnosis.

The prescribed medical practitioner may also provide additional information about the patient's expanded occupational history, demographics and lifestyles where the patient consents.

Prescribed medical practitioners may notify the National Registry of the diagnosis of other occupational respiratory diseases where the patient consents.

Queensland Physicians and Notification to the National Registry

The National Registry provides a national level tool for the collection of information about occupational respiratory diseases. In establishing the National Registry, the Commonwealth

acknowledged that some states may retain broader mandatory notification obligations for these types of diseases which could be accounted for in the operation of the National Registry.

Subsection 16(2) of the National Registry Act has the effect of removing the need for a prescribed medical practitioner to seek patient consent to notify the National Registry where notification of the occupational respiratory disease is required under a state or territory law. This allows states to continue to specify additional occupational respiratory diseases, beyond those prescribed at the national level, to ensure continued focus on state-based concerns.

Access to information collected by the National Registry

The National Registry was established to better support the elimination of preventable occupational respiratory diseases by capturing and sharing information about these diseases which could facilitate earlier detection, intervention and prevention.

In establishing the National Registry, the Commonwealth recognised the key role states and territories retain in ensuring the health and safety of workers in their jurisdictions. The National Registry seeks to provide information which would support states to identify industries, occupations, job tasks and workplaces associated with risk of developing occupational respiratory diseases and to enable more timely and targeted interventions and prevention activities to help reduce further exposures and disease.

States and Territories are provided access to personal information in the National Registry relating to individuals diagnosed, residing or exposed to disease causing agents in their jurisdiction as well as de-identified national information. Approved officers within Queensland's health agencies and work health and safety agencies can access this information at any time via the online National Registry portal.

Patient personal information notified by Queensland physicians may also be made available to support research into occupational respiratory diseases. This will only occur where the patient has previously provided consent and where the research cannot be completed with de-identified information. Researchers cannot access information about the physician or workplace, nor can they publish information which may identify a patient.

Proposed amendments to the *Public Health Act 2005* and the *Public Health Regulation 2018*

The iCDC supports the proposed amendments to the *Public Health Act 2005* and the *Public Health Regulation 2018* set out in Part 3 of the bill which would expand the dust lung diseases Queensland based physicians will notify through the National Registry.

Notification will improve the utility of the National Registry

The National Registry seeks to support the elimination of all preventable occupational respiratory diseases.

In recognition of the burden notification has on both medical practitioners and patients, mandatory notification (i.e. what is a prescribed occupational respiratory disease) is initially limited to silicosis. The Commonwealth considers the notification of all other occupational respiratory diseases to be of significant value to the nation. The iCDC actively encourages medical practitioners to seek consent from their patients to notify all occupational respiratory diseases to the National Registry.

Capturing and sharing information on these other diseases will improve the ability of all government and non-government stakeholders to monitor trends in diseases of concern as well as detect new threats to worker health.

Implementing the proposed amendments to the *Public Health Act 2005* and the Public Health Regulation 2018 would increase the utility of the National Registry as a data set for all stakeholders.

Support for broader scope of mandatory notification amongst some stakeholders

Through the development of the National Registry, the Commonwealth noted support from several stakeholders for expansion of the National Registry in terms of occupational respiratory disease which would be prescribed (i.e. mandatory to notify). This ranged from aligning the scope to existing jurisdictional lists, like the Queensland Notifiable Dust Lung Disease, to capturing all occupational respiratory diseases.

The legislative and operational arrangements for the National Registry were developed to allow for the further expansion of the scope of the National Registry over time. Such an expansion at a national level requires consultation with state and territories and would involve all impacted stakeholders.

The Commonwealth has committed to an initial review of the operation of the National Registry in 2025-26. Queensland's health agencies and work health and safety agencies will be key contributors to this work.

Implementing the proposed amendments to the *Public Health Act 2005* and the Public Health Regulation 2018 would reduce the potential for duplicative reporting obligations which may arise with an expansion of the National Registry whilst ensuring Queensland continues to receive information on dust lung diseases which are a focus for the state.