

Health Legislation Amendment Bill (No. 3) 2025

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Submission to Queensland Health

Health Legislation Amendment Bill (No. 3) 2025

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks Queensland Health for the opportunity to provide feedback on the *Health Legislation Amendment Bill (No. 3) 2025*.

The QNMU is Queensland's largest registered union for nurses and midwives, representing over 79,000 members. The QNMU is a state branch of the Australian Nursing and Midwifery Federation (ANMF) with the ANMF representing over 345,000 members.

Our members work in health and aged care including public and private hospitals and health services, residential and community aged care, mental health, general practice, and disability sectors across a wide variety of urban, regional, rural, and remote locations.

The QNMU is run by nurses and midwives, for nurses and midwives. We have a proud history of working with our members for over 100 years to promote and defend the professional, industrial, social, and political interests of our members. Our members direct the QNMU's priorities and policies through our democratic processes.

The QNMU expresses our continued commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity outcomes. The QNMU remains committed to the Uluru Statement from the Heart, including a pathway to truth telling and treaty. We acknowledge the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

The QNMU supports in principle, the amendments to the *Assisted Reproductive Technology Act 2024*, *Transplantation and Anatomy Act 1979* and *Private Health Facilities Act 1999*.

The following submission provides general comments and recommendations to the proposed amendments outlined in the *Health Legislation Amendment Bill (No. 3) 2025*.

Proposed changes to the *Assisted Reproductive Technology Act 2024*

The QNMU represents members employed in the specialty area of assisted reproductive health services, and sexual and reproductive health services, and have consistently advocated for ethical and safe regulatory frameworks under which our members practice. As outlined in our previous submissions to the *Assisted Reproductive Technology Bill 2024*, we are supportive of legislative regulation that facilitates equitable access to the provision of high-quality and safe Assisted Reproductive Technologies (ART) for Queenslanders.

The QNMU broadly considers the amendments to the *Assisted Reproductive Technology Act 2024* (ART Act) to be reasonable and appropriate, with the clear objective of improving the policy intent of the ART Act. We welcome changes to promote equitable outcomes for people seeking and receiving services, and to limit undue hardship that may occur in the administration of the ART Act by introducing measures such as case-by-case decision making pathways.

It is recommended that the ART Act and regulatory framework be subject to regular review to consider the effectiveness of the legislation and how it is operating in practice to meet the needs and expectations of consumers in a safe, fair, accountable, and ethical manner.

Recent media coverage has emphasised the serious adverse events that can occur in the provision of ART treatment, highlighting the ongoing need for legislation to strengthen safeguards for consumers, donors, donor-conceived people and those working in this area of practice. As we raised in our previous submissions, the QNMU considers the following additional aspects where the ART legislative framework could be strengthened.

While national guidelines provide guidance regarding the provision of evidence-based and ethical ART services (NHMRC, 2023), the ART Act must establish a mechanism for the Queensland Government to enforce consequences for providers that are non-compliant with providing acceptable and ethical services.

Mechanisms to protect the public from unprofessional or unethical practice should include:

- A requirement for ART providers to publish data on their outcomes and be transparent about the effectiveness of services that they offer and associated costs to enable the community to make informed decisions about the services that they access.
- Utilising existing federal oversight mechanisms for state regulatory purposes, such as monitoring of Medicare servicing rates through the Professional Services Review (PSR) scheme could be used to detect and flag potential cases of over-servicing by a provider.
- A requirement for second opinion or psychological assessment/counselling after a certain number of rounds of ART treatment, to be funded under the Medicare Benefits Schedule.
- Randomised effectiveness review processes for ART providers by a multi-disciplinary team or committee, including consumer representatives.
- Aggregated data of services provided by public and private ART providers, demarcated by Hospital and Health Services, across the state to be reviewed every 12 months to achieve an adequate number of service provisions for quality control and benchmarking and to identify anomalies in service provision/uptake. This may also facilitate more equitable access to ART services across Queensland.

However, we acknowledge that the need for protections for the community must be balanced with the autonomy of people who access ART services and that such protections must not become a limitation or barrier to access, nor subject women and their families to undue scrutiny, judgement or trauma. The QNMU suggests these protections and safeguards be incorporated into relevant standards of practice against which provider behaviour, processes and outcomes can be measured.

Minor and technical amendments

In the QNMU's previous submission to the consultation paper, the QNMU opposed the proposed change to replace references in the ART Act to 'key personnel' with references to 'personnel', due to the risk of diluting the roles, skills and qualifications required of key personnel (such as a nurse manager or medical director) and the necessary and authorised qualifications and scope of practice that the Reproductive Technology Accreditation Committee (RTAC) Code of Practice or health practitioner regulatory boards require in this field. The QNMU raised concerns that this proposed change risks ART providers employing staff who are not qualified to the same extent, may be unregulated health workers and not experienced clinical leaders in these respective professions.

The QNMU acknowledges that Queensland Health, in the explanatory notes, have addressed these concerns and clarify that the amendment does not impact on ART providers' staffing requirements and confirms that the intent of the amendment is to increase the visibility of staffing arrangements within ART clinics. The QNMU supports this change in principle, provided it supports the intent of increasing the transparency and visibility of all staff working in ART clinics and that Queensland Health responds effectively should ART service providers attempt to make staff related changes identified above.

Proposed changes to the *Transplantation and Anatomy Act 1979*

The QNMU is supportive of changes to the *Transplantation and Anatomy Act 1979* to provide a clear framework for consent to be given to conduct ante-mortem interventions on a potential donor to support organ donation following circulatory death. This process includes providing authority for a person's next of kin to consent to interventions being undertaken in certain cases to better determine suitability and matching of organs for donation, and to improve viability of organs for transplantation. The QNMU supports the intent of these changes to facilitate greater opportunities for organ donation.

Proposed changes to the *Private Health Facilities Act 1999*

Accreditation requirements for facilities providing cosmetic surgery

The QNMU supports the provision of high-quality, safe cosmetic surgery care, recognising the need for robust Standards, and the importance of qualified and skilled registered health practitioners working to their clearly identified scope of practice. Nurses employed in cosmetic surgery settings generally work alongside medical practitioners in the assessment and planning for, provision of and recovery following cosmetic surgery.

The QNMU is supportive of the proposal to require all private health facilities where cosmetic surgery is performed in Queensland to also be accredited to the *National Safety and Quality Cosmetic Surgery Standards*. As such, we endorse the suggested changes to the *Private Health*

Facilities Act 1999 (Private Health Facilities Act) to facilitate this change. The QNMU considers the intended reforms will support public safety and strengthen the regulation of cosmetic surgery in Australia.

Information sharing agreements with Queensland Government entities

The QNMU supports enabling information sharing agreements with Queensland Government departments and entities about information collected under the *Private Health Facilities Act 1999* under specific conditions, with the assurance that appropriate privacy safeguards are in place. Such measures are regarded as fair and reasonable in promoting public safety. This change must be underpinned by appropriate safeguards that balance the need for individual privacy with system integrity and public safety.

The QNMU has previously advocated for improved continuity of information sharing agreements between public, private and aged care sectors, with a particular focus on strengthening the mental healthcare system and mental health outcomes. We support greater information sharing between private mental health services and other entities to allow for a more cohesive and continuity of care focused approach to the prevention, intervention, treatment and recovery for mental health and suicide.

Proposed changes to the Hospital and Health Boards Act 2011, Health and Wellbeing Queensland Act 2019, Pharmacy Business Ownership Act 2024, and Hospital Foundation Act 2018

As a general comment, this proposed change raises significant procedural concerns regarding the transparency and integrity of governance processes. This amendment risks compromising procedural fairness, diminishing stakeholder and public trust in administrative process and decision making and further erosion of public trust and confidence in government.

References

National Health and Medical Research Council. (2023). *Ethical guidelines on the use of assisted reproductive technology in clinical practice and research 2017 (updated 2023)*.

<https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-use-assisted-reproductive-technology>