




Speech By  
**Hon. Cameron Dick**

**MEMBER FOR WOODRIDGE**

---

Record of Proceedings, 29 October 2015

**PUBLIC HEALTH (CHILD CARE VACCINATION) AND OTHER LEGISLATION  
AMENDMENT BILL**

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services)  
(12.40 pm): I move—

That the bill be now read a second time.

I thank the Health and Ambulance Services Committee for its detailed consideration of the bill and its recommendation that the bill be passed. As the committee noted in its report, vaccination is an effective, proven public health measure. The committee strongly endorsed the need for children to be immunised for the vaccine preventable conditions recommended by the National Immunisation Program. The Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015 amends two health portfolio acts. The key policy initiative of the bill gives effect to a 2015 state election commitment by amending the Public Health Act 2005 to promote immunisation and protect children, their families and those who work with children against vaccine preventable conditions. The bill clarifies the circumstances in which an education and care service can refuse the enrolment or attendance, or only allow conditional enrolment or attendance of a child, on the basis of their immunisation status and be protected from liability from doing so.

Presently, the Public Health Act 2005 protects an approved service from liability where the service directs a child with a contagious condition or at risk of contracting such a condition from attending the service. An approved service is also free to exclude a child solely on the basis that they are not fully immunised. However, this is not covered by any legislative protection from liability. The bill does not require an approved service to exclude a child. Instead, the bill protects the service from liability if, after following a prescribed process, a child's enrolment or attendance is refused or cancelled on the basis of their immunisation status. This process involves the approved service requesting the parent to provide an immunisation history statement issued by the Australian Childhood Immunisation Register, the ACIR, for their child. Parents can easily obtain their child's immunisation history statement from the ACIR at any time free of charge through Medicare online services, the Medicare Express Plus app on a smartphone, by emailing Medicare, calling the ACIR or in person at a Medicare service centre. Alternatively, parents may also obtain a statement from a recognised immunisation provider, for example, their local doctor, council or health service, clearly stating whether or not a child is up to date with their vaccinations. This process may further include an agreement between the approved service provider and the parent on a reasonable time frame to obtain an immunisation history statement or provide a catch-up schedule approved by a recognised immunisation provider. Even if a parent fails to produce the statement or the statement reveals the child's immunisation is not up to date, the approved service may still enrol the child or allow the child to attend. Approved services are encouraged to take into consideration a child's circumstances when utilising their discretionary power under the act. If the approved service reasonably believes the child is a vulnerable child and refusing enrolment or

attendance would not be in the best interests of the child, they may choose to enrol or accept attendance if their immunisation status is not up to date or waive the requirement to provide the immunisation record.

Consultation with key stakeholders has generally confirmed a willingness to use the new process as an opportunity to talk to parents about their child's immunisation status and encourage them to vaccinate rather than immediately deciding to exclude their child from the service. An approved service includes education and care services approved under the Education and Care National Law (Queensland) Act 2011 or the Education and Care Services Act 2013. While she is in the chamber I do wish to acknowledge the Minister for Education and the support that she and her department have provided in relation to the preparation of this bill and, importantly, the preparation that has now been done by the Department of Education—

**Ms Jones:** And stakeholders.

**Mr DICK:** I take the interjection from the Minister for Education, and education stakeholders, the work done by both the department and those stakeholders, to prepare for this. I do thank them sincerely and I will say that again at the conclusion of the debate.

The definition of approved service under the act means, in effect, that the bill will apply to family day care services, kindergarten services, long day care services, limited hours care services and outside school hours care services. The bill will not apply to unregulated services as these services are often short-term ad hoc arrangements. Schools are also excluded from the scope of the proposed bill. Immunisation has long been recognised as one of the most successful public health interventions introduced in Australia, enabling community health to be maintained and protected by reducing and eradicating vaccine preventable conditions. The majority of Queenslanders support immunisation and have their children vaccinated. This is validated by the high childhood immunisation rates in Queensland. The target for childhood immunisation coverage is set at 95 per cent to prevent the transmission of highly contagious diseases such as measles. Presently around 91 per cent of Queensland children aged five and under are fully immunised. Although this coverage is high, it still means up to 35,000 children within this age group are not fully immunised which falls short of the 95 per cent target. With groups of young children of various ages closely assembled in approved services, it is important that most, if not all, children are up to date with their immunisation to best protect children and employees at the service from vaccination preventable conditions.

In April 2015 the Commonwealth government announced federal budget measures to the effect that parents who fail to immunise their children would no longer have access to family tax and childcare benefits. In keeping with these planned national changes, the bill does not exempt children whose parents object to immunisation on the ground of conscientious objection. However, the bill makes allowances for children who are unable to be immunised for medical reasons or children who are on a recognised catch-up schedule.

The amendments to the Public Health Act 2005 will commence on 1 January 2016 should the legislation be passed through the Legislative Assembly. A comprehensive implementation plan, including a communication strategy and marketing campaign, has been developed by the Department of Health in collaboration with the Department of Education and Training to inform all stakeholders of the proposed changes and how they may be affected. Immunisation is an area where parents understandably have real and genuine concerns and the decision whether or not to vaccinate their child can be difficult for some. That is why a key feature of the implementation plan is the development of a marketing campaign promoting the benefits and importance of childhood immunisation. Communication resources will also be developed to assist families and approved services to understand the changes to the Public Health Act 2005.

I would like to turn briefly to the amendments to the information-gathering powers in the Health Ombudsman Act 2013. The proposed amendments have been developed in response to a recent decision of the Supreme Court that section 228 of the act is too ambiguous to support the issuing of a notice requiring a person to attend and answer questions. The proposed amendments address this by expressly providing that an authorised person may require a person to attend at a stated reasonable time and place to answer questions or produce documents. The amendments will ensure the Health Ombudsman has appropriate powers to carry out investigations into serious matters relating to the provision of healthcare services. I would like to take this opportunity to thank those stakeholders, both in child care, in health and in education, who provided submissions to the Health and Ambulance Services Committee and I thank them for their interest in and support of this important bill. I commend the bill to the House.