




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

Record of Proceedings, 25 February 2016

HEALTH LEGISLATION AMENDMENT BILL

Second Reading

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.32 pm): I move—

That the bill be now read a second time.

I thank the former Health and Ambulance Services Committee—now the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee—for its detailed consideration of the bill and its recommendation. I thank the member for Nudgee in particular in her capacity as the chair of the committee. I table the government's response to the committee's report.

Tabled paper: Health and Ambulance Services Committee: Report No. 11, 55th Parliament—Health Legislation Amendment Bill 2015, government response [\[250\]](#).

The committee made two recommendations, both of which the government has accepted. The committee recommended that I outline to the House the education strategy proposed by the department to support implementation of the food menu-labelling scheme. I have attached details of this strategy to the government's response.

The second recommendation is that the amendments to the Health Ombudsman Act 2013 be included to require notification by way of gazette notice of temporary appointments to the public panel of assessors and the professional panels of assessors as soon as practicable after appointment. The government supports this amendment, which will enhance transparency of temporary appointments made under the Health Ombudsman Act. I will be introducing amendments to this effect during consideration in detail.

Mr Deputy Speaker, the committee reported that it could not reach agreement on whether the bill should be passed. The committee supports the proposed amendments to the Food Act 2006, the Pest Management Act 2001, the Public Health Act 2005 and the Transplantation and Anatomy Act 1979; however, non-government members do not support amendments to the Health Ombudsman Act 2013 and the Hospital and Health Boards Act 2011. The committee report stated that non-government members are concerned that these new powers will be open to abuse.

The bill does not amend the process for suspending or removing a board member from office. It does not amend the process by which the Governor in Council can dismiss all members of the board and appoint an administrator to administer the service; nor does the bill change the fact that it is the principal registrar of QCAT, not the minister, who determines which assessors will sit on a particular hearing under the Health Ombudsman Act.

The temporary appointment amendments are administrative in nature. They are intended to overcome the unexpected departure of board members, which is a situation that the Department of Health has experienced in the past. Advertising for and selecting new board members or panel

members takes time, as does obtaining Governor in Council approval of new members. This is time we may not have should the sole clinician on a hospital and health board suddenly need to take unexpected leave or resign, bearing in mind that the Hospital and Health Boards Act requires that at least one board member be a clinician. It is time that will delay a practitioner's hearing before QCAT if we do not have the right number or gender of public panel members to properly compose a hearing. I was pleased to see the committee acknowledge the importance of ensuring hospital and health boards are able to function effectively with full membership. These amendments will help to ensure this is possible at all times.

I wanted to refer to page 29 of the committee report, which goes to the heart of the concerns of the LNP, who are the non-government members on the parliamentary committee. On page 29 of the report the concerns of the member for Mudgeeraba are set out, and all members can read the extract of the transcript in full. The member for Mudgeeraba stated—

My other concern is: Is this part of the current government's union participation policy?

So there is some allegation made by the opposition that this is some way for the government to appoint people to the board. I will refer to the response by the independent public servant responsible for drafting the legislation. I will make it very clear what Mr Harmer, a very experienced long-term independent public servant from the department, said. The legislation is very clear about how board members are removed, and there are strict requirements for board members to be removed. Why? Because hospital and health service boards have independence. They are statutory entities independent of central government and are the central department that have authority and accountability on the administration of health services. It is important that they have tenure that is secure. Mr Harmer said—

I think what I would say here is that this particular proposal was an initiative of the department.

That is the evidence before the committee. It is not from the government. It is not some ruse or some shadow mechanism to appoint union representatives to boards. Mr Harmer's evidence was clear—

I think what I would say here is that this particular proposal was an initiative of the department. It recommended to the minister—
'it' being the department—

that there was a need for this capacity to make temporary appointments following its experience during the caretaker period at the last election where there was no mechanism to fill vacancies in the period during the caretaker period and immediately following it as the new parliament took form.

There was a need to have temporary appointments and that could not be done. Mr Harmer went on in his evidence to say—

This is an initiative which the department has recommended to the minister—

again reaffirming the fact that the department recommended it to the minister—

principally for reasons of ensuring that boards can operate and perform their governance roles at all times.

It is a very sensible proposal. I did not ask for the department to prepare this proposal; it came to me as it should. As all public servants should do when they see a gap in the law and they see a problem, they should make proper recommendations to ministers and, through the minister, to the cabinet and executive government so that the problem can be fixed. I can assure all members that this is the journey that this amendment took to come into the House today, and of course this amendment is worthy of support.

To address the non-government members' concerns, I am willing to put even more transparency in the process. I will also move a further amendment in consideration in detail to require that temporary appointments to hospital and health boards be notified by gazette notice as soon as practicable after appointment so that the whole world can be notified of that appointment and who has been appointed. I certainly hope that will allay the concerns of the opposition. These foreshadowed amendments mirror the proposed amendments to the Health Ombudsman Act. I am very confident that that will allay any concerns the opposition may have.

Those amendments in relation to the Hospital and Health Boards Act go to the operation of the boards which run hospital and health services. It goes to the heart of how those entities properly administer health services in Queensland. How our hospital and health services run is a very important thing. Communities need to have confidence in hospital and health services doing the right thing in the delivery of health services and doing the right thing in the operation of hospitals throughout Queensland.

Today a member of parliament came into this place and made a range of allegations about a number of sexual assaults that are alleged to have occurred at a Queensland hospital. These are very serious matters. Any person with knowledge of matters such as those outlined by the member for

Mudgeeraba is under an obligation to report them to the police. If the member for Mudgeeraba has any evidence to support these claims, I ask that she provide it to me in writing and I will refer it to the police for appropriate investigation. I also refer to the member's allegations in relation to certain patients being absent without leave. I table a statement from the Gold Coast Hospital and Health Service in relation to this matter.

Tabled paper: Media release, dated 25 February 2016, from Gold Coast Health, regarding mental health patients with a history of sexual offending [251].

The bill contains a number of amendments to six Health portfolio acts. Some of the most significant amending provisions in the bill before the parliament are the amendments to the Food Act. The bill will amend the Food Act to implement a statewide fast-food menu-labelling scheme, an election commitment being delivered by our government. This scheme and the supporting consumer awareness campaign will deliver on our government's election commitment to introduce kilojoule menu labelling to help Queenslanders make healthy choices when eating fast food.

Population-wide weight gain causes significant health problems for individual Queenslanders, their families, their employers and the community. It is also a burden on our health system. In 2015 we had around 2.3 million overweight or obese Queensland adults. I regret to say that, in 2010 alone, I am advised, an estimated 3,200 Queenslanders died as a direct or indirect result of being overweight or obese. It is regrettable to say that it is unlikely that number, on an annual basis, has decreased in the intervening six years.

People are busy and increasingly relying on fast-food options for more of their weekly diet. The array of fast food available seems to be constantly increasing, and identifying the healthiest option is not always easy. The menu-labelling scheme will help Queenslanders make healthier fast-food choices by ensuring they have access to easily understood nutritional information at the time they go to make a purchase. Similar schemes are already in place in New South Wales, the Australian Capital Territory and South Australia. I can assure members that the department will work closely with businesses to ensure they understand their obligations under the menu-labelling scheme before the scheme comes into effect.

The bill also amends the Food Act to allow the chief executive of the Department of Health to authorise the disclosure of confidential information. This power can only be exercised where the chief executive has a reasonable belief that the disclosure is necessary to prevent, reduce or mitigate a serious danger to public health. Confidential information may include, for example, the name of a food business associated with a food risk. This will enable the department to inform at-risk consumers about serious health risks associated with particular foods in circumstances where existing emergency food recall powers may be ineffective. The legislation includes safeguards. In particular, the chief executive's power to authorise disclosure can only be delegated to the Chief Health Officer.

As I have already discussed, the bill amends the Health Ombudsman Act and the Hospital and Health Boards Act to allow the minister to make temporary appointments to the public panel of assessors and to hospital and health boards respectively.

The bill amends the Pest Management Act 2001 to allow the chief executive of the Department of Health to delegate his or her powers under the act to an appropriate qualified employee of a hospital and health service. This amendment facilitates transfer of operational responsibility for functions under the act from the department to hospital and health services.

The bill also amends the Public Health Act 2005 to streamline the process for enabling registered midwives who are not also registered nurses to access the Queensland Pap Smear Register. This technical amendment will remove unnecessary red tape.

Finally, the bill makes an important amendment to the Transplantation and Anatomy Act. That amendment will clarify that the act's definition of 'blood products' does not include cord blood. Cord blood is blood obtained from the placenta via the umbilical cord following childbirth for the main purpose of extracting stem cells. Stem cells obtained from cord blood are used to treat a range of conditions including leukaemia, lymphoma and anaemia as well as immune and metabolic disorders. The Australian Bone Marrow Donor Registry is a non-profit organisation that undertakes searches for matching cord blood units. The registry is funded by the Commonwealth, state and territory governments. This amendment is technical in nature and will ensure the registry is exempted from the act's general prohibitions on trading human tissue for the purposes of its work trading in stem cells contained in cord blood.

These amendments will significantly enhance the operation of the relevant acts. This bill also delivers on a key election commitment aimed at improving the health of Queenslanders. The causes of obesity are complex, but it is clear that the widespread availability and consumption of unhealthy food is a key factor. This new menu-labelling scheme will help Queenslanders make healthier fast-food

choices, benefiting individuals, families and our community. I hope that I have satisfied the concerns of the non-government members through the amendments I have foreshadowed I will move when the bill is considered in detail.

Again I take this opportunity to thank those stakeholders who took the time to make very thoughtful submissions to the committee. I thank them for their interest in and overwhelming support for the bill, particularly when it comes to food labelling. I also again commend the committee for its work in considering the bill. I commend the bill to the House.