




Speech By
Joan Pease

MEMBER FOR LYTTON

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Ms PEASE** (Lytton—ALP) (3.53 pm): I am proud to rise today to speak to this very important bill, the Health and Other Legislation Amendment Bill 2016. Firstly, I would like to thank the chair, Mr Mark Furner, the member for Ferny Grove, and my fellow committee members for their careful consideration and participation in the consideration of the Health and Other Legislation Amendment Bill 2016. I would also like to thank the secretariat for their continued professional support and work. I also acknowledge those members of the LGBTI community who are here today in the gallery.

The Health and Other Legislation Amendment Bill 2016 was introduced into the House on 16 June 2016. The bill has a number of policy objectives with amendments to various acts. It will amend the Criminal Code to standardise the age of sexual intercourse to 16 years and to replace references to 'sodomy' with 'anal intercourse'. The bill will amend the Hospital and Health Boards Act 2011 to facilitate general practitioners having access to the Queensland Health database, the Viewer, and to enable more efficient disclosure of confidential patient information for research purposes. The bill will amend the Public Health Act 2005 for various reasons: to allow health information relating to deceased patients to be disclosed for research purposes; to enable schools to share student information with school immunisation and oral health service providers to improve the uptake of the School Immunisation Program and the school dental program; and to make consequential amendments to reflect changes to the Australian Childhood Immunisation Register. The bill will amend the Queensland Institute of Medical Research Act 1945 to facilitate the payment of bonuses to successful discoverers or inventors.

As I have stated in the past, I am really proud to be part of the Palaszczuk government. This government is committed to removing discrimination and improving the sexual health of all Queenslanders. The bill will remove a longstanding source of discrimination, with amendments to standardise the age of consent for sexual intercourse. The current disparity in the Criminal Code between the age of consent for anal intercourse and all other lawful sexual activity discriminates in practice amongst young same-sex-attracted men. This discrimination is at odds with the community's views about human rights.

Public policy about lawful sexual practices should be focused first and foremost on improving the sexual health and wellbeing of all Queenslanders. This bill implements the recommendations of an expert panel and will support the release of the Queensland Sexual Health Strategy 2016-2021. The committee received 21 submissions and held public hearings where we heard from a number of stakeholders. We also received a briefing from the department. I would like to thank all of those who lodged a written submission and who attended the public hearings. I appreciate the time and their participation in this important process.

At the public hearing, the committee heard from Dr Simmons, a GP who has worked in sexual health for over 14 years. He advised that research shows that most 16- to 18-year-old same-sex-attracted people are having sex by the time they are 16. He went on to say that if it is not legal for that

group of people to talk about what they are doing it means they cannot get the support they need, nor can they be educated about how to have sex safely to avoid sexually transmitted infections and HIV or learn about having good relationships. He further went on to say that the fact that anal sex is illegal does not make people not do it. We know that. He indicated that 70 per cent of same-sex-attracted young people have had sex, and that is why the law needs to be equalised.

The Queensland AIDS Council highlighted the fear of prosecution experienced by young men in same-sex relationships or young men exploring sexuality. Having an open dialogue between patients and healthcare workers is critical to ensuring young people are getting support and education, are getting tested for HIV or other STIs, are practising safe sex and are feeling comfortable and safe to talk openly to their healthcare provider without fear of legal reprisals.

Amendments to the Hospital and Health Boards Act 2011 will enable general practitioners to access the Queensland Health database, the Viewer. Many of us have attended hospital emergency departments and also have had a stay in our public sector hospitals. I know from personal experience that whilst there may be a discharge summary upon discharge this may not contain all of the information that is needed by our GPs.

Prior to their deaths, both my darling parents, Agnes and Jack Pease, regularly attended our local public hospitals where they received outstanding care. However, often upon their return home their local GPs did not necessarily have access to up-to-date or timely information about the treatment, medication or tests they received during their stays in public hospitals. That is why providing GPs with access to the Viewer will ensure patients do not have to worry about remembering the details of medications administered and tests conducted by hospital staff. GPs will be able to access up-to-date, complete information about their patient's treatment and care in the public hospital system. This will have the benefits of the removal of the duplication of tests as well as potential adverse drug interactions. Further, there will be safeguards to protect patient details and also an opt-out option if requested. This collaborative relationship between parts of the public health system and GPs will help to ensure continuity of care for our patients.

The importance of immunisation and oral health care cannot be overstated. School immunisation programs are vital in protecting our community health by vaccinating against diphtheria, tetanus, whooping cough and HPV. As an infant I contracted whooping cough from an unimmunised student at the local primary school where my sisters attended. I was a very, very sick little baby and my poor parents did not think that I would survive. That is why I am so passionate about immunisation and ensuring that as many children as possible take part in immunisation programs. Therefore, parents will not have to go through the same experience as my parents.

This bill also allows for the disclosure of student information. This allows providers to follow up with parents regarding consent forms for student vaccinations. The school will be able to follow up with parents where consent forms are not returned. They will be able to reconcile the returned forms against eligible students and make informed decisions on future strategies to improve the consent rates for certain cohorts.

The bill will also make amendments regarding the Queensland Institute of Medical Research to ensure that they are able to pay bonuses for discoveries to inventors working as officers or employees under the auspices of the QIMR without the approval of the Governor in Council.

As I have said in the past, I am proud to be part of the Palaszczuk government. I am very proud to be able to stand here to speak to this bill today. I congratulate the Hon. Cameron Dick, the Minister for Health, on bringing this important bill to the House. This is a sensible bill achieving important health outcomes and strategies. I commend the bill to the House.