




Speech By
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MEMBER FOR GREENSLOPES

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HEALTH LEGISLATION AMENDMENT BILL

 **Mr KELLY** (Greenslopes—ALP) (12.45 pm): I rise to speak in support of the Health Legislation Amendment Bill 2015. There are many aspects to this bill. Some are important for efficient health service delivery, but other aspects of the bill will play a key role in helping consumers to make sensible decisions about food consumption which will assist in dealing with one of the largest public health challenges our community faces—that is, the issue of obesity. First I want to deal with the efficiency issues, and I acknowledge the member for Moggill's contribution. I can only say that in my experience the unions that I have been involved with—the QNU and the Together union—have always looked at improving efficiency and getting more patients through our hospitals more quickly and getting them back on their feet and making our society generally healthier.

The amendments to the Transplantation and Anatomy Act 1979 are sensible, practical and have been supported by the committee. The trading of tissue is rightly an aspect of health care that needs to be managed very carefully. The Australian Bone Marrow Donor Registry conducts important work using cord blood obtained from the placenta via the umbilical cord which is used in the treatment of a range of non-solid oncological conditions such as leukaemia. This amendment removes some of the unintended restrictions placed on the cord blood and allows the ABMDR to continue its important work. The amendments to the Public Health Act 2005 are also practical, common sense and supported. It has been historically quite common for nurses to be dual registered both as nurses and as midwives, but over the last 10 years or so it has become extremely common that many people directly enter the profession of midwifery without obtaining any nursing qualifications. This amendment will allow midwives access to the Queensland Pap Smear Register and they will be able to provide better care and advice to the women who use their services. The amendments to the Pest Management Act 2001 were supported by the committee and simply allow for better pest management to occur in health facilities.

I will now move on to discuss the aspects of the bill that deal with temporary appointments to hospital and health service boards and temporary appointments to the public panel of assessors. No consensus was reached in the committee on this issue. Having worked for two HHSs recently and being a healthcare professional who is regulated by AHPRA and the IHA, I am committed to ensuring that we have transparency and accountability in these appointment processes. This is a commitment shared by the government, which is why the provisions in this bill only apply to the temporary appointments to the boards and panels and are designed to allow the efficient operation of these boards and panels in emergent situations. Hospital and health service boards have an incredibly important and complex role to perform. It is a role that does not take a break. During evidence the department outlined a number of situations where the effective functioning of HHSs was impeded by the lack of a mechanism to fill boards on a temporary basis to fill emergent needs while more longer term permanent appointments were made.

We cannot afford to have a situation in which a board does not have enough people in order to fulfil its role or lacks the appropriate skills mix to function effectively. I believe that it is important for a board to have clinical input and I would not want a situation in which a board was left without a clinician, even for a short period. I note that the Australian Medical Association shares those views and supported this amendment for those same reasons, welcoming the fact that the government recognises the importance of clinicians. The appointments are time limited and bound. The minister cannot make open-ended, rolling appointments. Nor is it anticipated that that would be necessary because, during the briefings, the department indicated that there is an annual process for appointments and it is expected that this situation would arise only in emergent situations. The temporary appointments to the public panel of assessors have similar safeguards in place. I am satisfied that the bill provides for the efficient running of the HHS boards and the panel of assessors while providing a process that drives the permanent appointment in a time frame that allows for permanent appointments to occur in a manner that ensures that the best people are appointed to these roles in a permanent and accountable manner.

I turn to a part of the bill that I consider to be of vital importance, particularly as we head towards the lunchbreak. Recently, I spoke about the micro-economics of smoking. We can apply the same theoretical basis to our food choices. Rational consumers will make decisions that maximise the benefits to them, or minimise the cost to them, based on good information. Last week, a quick trip to my local food court with my daughters reminded me of the absolute barrage of choices that are available to the consumer. I could obtain food of various quantities from various ethnic and traditional backgrounds for various prices. There were the trendy new foods, there were the old favourites, there were the refurbished old favourites, there were many options promoting health benefits and others just promising to be tasty and make me want more. Ethnicity, taste, presentation, quality, brand and price were all important and certainly drove my decisions but, as a health professional and a father, I want to know how these foods fit into a balanced diet. At present, I have no way of easily assessing that other than to accept their claims of the health benefits.

We have a problem with obesity in this country, which is the result of a deadly combination of energy-rich foods overlaid on a lifestyle that has become increasingly sedentary. This problem increases our chances of contracting heart disease and diabetes and suffering a stroke, as well as many other problems. Having said that, I have been incredibly impressed by the desire shown in our communities to take responsibility for this issue. Every park is full of people striving to be healthy. As any quick viewing of our TV will show each night, we seem to have a collective cultural obsession with good food. In my opinion, people are not out there exercising and trying to improve our diet to obtain some predetermined body shape; they are doing it to obtain those really important, long-lasting health benefits.

With all of this activity the question is: why are we not winning? As consumers, our options are changing faster than our capacity to build the knowledge that we need to make good decisions. We are consuming more food prepared by someone else with portions and ingredients that we cannot readily assess. So people need help to make good and informed decisions. This bill will allow a mum, a dad, a student or a busy worker with a short lunchbreak—it will allow anyone—to walk into a food retailer and make decisions about the type of food that they want to eat. These provisions will require larger retailers to provide standard information in a manner that is useful to the consumer and displayed consistently. That will be consistent not only within the boundaries of our state but also across state boundaries—on a national basis—which will help those people who move around and are faced with making similar decisions around the country.

The bill allows for smaller retailers to opt into the system, which I think is a good thing. If they opt in, those smaller retailers will have to display information that is in line with the legislative requirements. The voluntary opt-in mechanism will allow smaller retailers to make decisions about whether they have the capacity to implement the legislation.

I note the evidence of representatives of the Heart Foundation. They stated that this legislation will not only allow Queenslanders to make informed and healthier choices but also incentivise businesses to reformulate their menu items to offer healthier and less kilojoule-dense options. Imagine that! Consumers demanding healthier food, demanding healthier options and businesses responding to that demand, chasing their business! Good information will drive this change and that will only have extremely good benefits for our entire healthcare system. I know that the members of the Heart Foundation have been following this debate quite closely. They were disappointed that they had to wait another two weeks for this legislation to pass—not as disappointed as I was in getting the opportunity to get on my feet and speak in support of this legislation.

Anybody who takes a quick trip through those same food courts that I went through, or who visits any of the fast-food restaurants, or who thinks about the eating choices that we are faced with, would know that we are faced with very large corporations with very large advertising budgets that are focused

on selling their product and making a good profit in return for their investors. That is a good thing, but we have to make sure that the consequence of that is not a social cost that is borne by our entire community in the form of increased numbers of presentations to hospitals from cardiac problems, or an increase in the number of people facing or suffering from stroke, or an increase in the number of people suffering from diabetes, losing vision, requiring kidney transplants, requiring amputations and all of the rehabilitation services that go along with that. The members of the Heart Foundation are following the debate on this legislation, as are the folks from the National Stroke Foundation and Diabetes Queensland, because they know what this legislation means. It puts the power into the hands of the consumers to be able to make good and rational decisions about the sorts of food that they want to eat.

Much like the legislative changes relating to smoking that have occurred in our country for over 40 years or more, in my opinion we will inevitably have to consider other legislative options to tackle the public health issues created by the way we consume food. This bill is certainly a great start. It empowers consumers to make good decisions. As I said, if members went to their local park, or if they looked at the popularity of foods that pertain to be healthy, they would know that consumers are looking to eat healthily.

The bill also has the good support of businesses. These are all ingredients of a successful public health initiative. We can try using the stick in public health—and we do on occasions—but the carrot, particularly one that has its kilojoule levels displayed, will always be a more effective tool. This bill is the start of something that we have to continue to work on, which is to make sure that consumers can make sensible and good choices when it comes to the foods that they consume, because it not just impacts on their waistline; it has flow-on impacts on our entire community.

I support this bill. It allows for improved efficiency in a number of areas of health operations, but, most importantly it takes significant steps—steps that have been called for by the Heart Foundation, Diabetes Queensland, the National Stroke Foundation and many clinicians—to tackle a major public health issue. I certainly support this bill. I support its objectives. I commend this bill to the House.