




Speech By
Mark Furner

MEMBER FOR FERNY GROVE

Record of Proceedings, 15 September 2016

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Mr FURNER** (Ferry Grove—ALP) (3.19 pm): I rise to speak in support of the Health and Other Legislation Amendment Bill. In July the committee received an oral briefing on the bill from Queensland Health and the Department of Justice and Attorney-General and also received written advice from those departments on issues raised in the submissions. The committee received 21 submissions to this inquiry and followed up with a hearing on the bill on 17 August.

After deliberating on the bill the committee unanimously endorsed the report and recommended the bill be passed without change. I thank my fellow committee members for their deliberations and support for this bill. I thank the research staff, all the submitters to this inquiry and those who appeared before the committee on 17 August.

In short, the amendments contained in the bill are to standardise the age of consent. Out of all the amendments contained in this bill, these amendments attracted the most interest in submissions and at the hearing. That is not surprising. In considering the effects of this bill the government established a panel of key health experts and relevant organisations which convened in May 2016. The panel noted that young people in same-sex relationships may feel compelled to withhold information about their sexual history from their health practitioner for fear of the possible legal consequences, whether for themselves or their partner.

The panel recommended that: the age of consent for all forms of lawful sexual intercourse be standardised to 16 years; and the Criminal Code be amended to replace references to 'sodomy' with 'anal intercourse', considering that using the term 'sodomy' may stigmatise this form of intercourse and homosexual relationships in particular. This view was consistent with evidence received by the committee. For example, Dr Neil Simmons stated—

Young people will not approach health practitioners to discuss their sexual health if they believe what they are doing is illegal.

The committee heard some compelling evidence from those who appeared. It is a shame that people in our society need to face that stigma and the attacks upon them. I believe this bill will correct that in many ways. The Queensland AIDS Council expressed concern—

... that with the current inequality of age of consent, young people who are sexually active are reluctant to access sexual health services including HIV and other STI testing and preventative health education for fear of being prosecuted.

The council also raised another area where the current law can have adverse health impacts and that was regarding mental health. It stated—

In addition to placing a barrier to accessing sexual health care, the unequal age of consent significantly damages the mental health of LGBTI young people. The inequality of age of consent signals to young people that engaging in anal sex is dirty, taboo, or dangerous and should only be practised by people older than themselves.

The proposed amendments will bring Queensland into line with all other Australian jurisdictions. The current position is discriminatory in practice. The change will remove potential barriers to young gay men seeking health advice and will remove a stigmatising effect. This is good and just legislation. It will protect some of the most vulnerable in our society.

I now turn to the amendments to the Hospitals and Health Boards Act 2011. The proposed amendments would allow a general practitioner to access the Viewer to see a patient's information such as public hospital medical records, including, for example, pathology and radiology tests reports. This was supported by a number of submitters. The Australian Medical Association Queensland advised the committee of its support. It stated—

AMA Queensland welcomes moves that would allow General Practitioners to access the Queensland Health Viewer database. Continuity of care is an important principle in the delivery of health in Australia and these amendments will help reduce fragmentation of care.

The Medical defence organisation and medical indemnity insurer, Medical Insurance Group Australia, observed—

MIGA sees the crucial importance of clear and timely clinical information being available to a patient's treating practitioners. This ensures a continuity of care which is as seamless as possible, minimising the risk of important clinical information, which could impact advice and decisions relating to a patient's clinical condition, not being known by key practitioners involved in their care.

I now refer to the privacy concerns and the need for education. During the introduction of the bill the Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick, stated—

Appropriate safeguards will be in place to ensure the privacy of patient information. It is intended the system will require the health practitioner to search by a unique identifier such as the patient's Medicare number. The system will involve regular monitoring and audits.

While the committee heard concerns regarding this amendment, accepting appropriate education in the effective and permissible use of the system is vitally important, particularly noting the sensitive and personal nature of much of the information and the privacy concerns involved, as explained throughout the hearing. Health Consumers Queensland opposed the amendment, on the basis that—

The rights of consumers, particularly those who are most vulnerable (who may not have capacity to consent) ... need more consideration than just ethics approval and approval for commencement of a research project.

However, subsequently Health Consumers Queensland advised that, having received further information, it supported the proposed amendment. It stated—

... we are now supportive of this moving forward. We understand that Queensland is the only jurisdiction in Australia that does not have this ease of access to all patient information and we would support that happening within the existing protections that exist.

In addition, the OIC was consulted in relation to the privacy aspects of the proposal and found no significant privacy implications were identified.

In terms of the proposed amendments to deceased patients' data, the proposal is to make a minor amendment to the Public Health Act to clarify that the definition of 'health information held by a health agency' includes the information of both living and deceased persons. This proposed amendment was not addressed in any detail in submissions to the inquiry, though some submitters briefly indicated their support while none were opposed.

In terms of the proposed amendments to the dental and vaccination records I point out that vaccination rates are below the target. Also, consent levels for participation in the school dental scheme are declining. The amendment would allow school principals and delegates to disclose student information to immunisation or oral health service providers to allow providers to follow up with parents where consent forms are not returned and reconcile returned forms against all eligible students.

The Queensland Catholic Education Commission and Independent Schools Queensland expressed broad support for the intent of the amendments but raised a number of concerns going to issues of privacy and administrative burdens. In response, Queensland Health advised that such issues would be addressed in supporting resources and communication materials. The committee is encouraged by the response from Queensland Health and its reference to providing supporting resources and communication and marketing materials. The committee sees the administrative burden on schools as not insignificant. It is important that there be close collaboration to minimise this burden as much as possible. I commend the bill to the House.