



Speech By
Michael Crandon

MEMBER FOR COOMERA

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Mr CRANDON** (Coomera—LNP) (4.09 pm): I rise to make a contribution to the Health and Other Legislation Amendment Bill 2016 and Report No. 38 of the Legal Affairs and Community Safety Committee. The Health and Other Legislation Amendment Bill 2016 was introduced by the Minister for Health and Minister for Ambulance Services on 16 June 2016. The committee invited submissions from the public and identified stakeholders, and 21 submissions were received. The committee conducted a public briefing on the bill from Queensland Health and the Department of Justice and Attorney-General, and a hearing was held on the bill on 17 August 2016.

The bill seeks to amend the Criminal Code to standardise the age of consent for sexual intercourse to 16 years and to replace references to 'sodomy' with 'anal intercourse'. The bill also proposes to remove the offence of unlawful sodomy, to amend the offence of unlawful carnal knowledge and to extend the definition of carnal knowledge to those provisions to include anal intercourse. The bill will also make consequential amendments to a range of other acts to support these amendments. These amendments will bring Queensland into line with other states in Australia.

We have heard members commenting on the need for an education program from a safe-sex perspective, and I do ask the minister to please ensure that appropriate education programs are properly targeted and, most importantly, properly funded to ensure that those programs are taken up in the community.

The bill also seeks to provide access to general practitioners to the Viewer. These amendments are aimed at facilitating general practitioners' access to the Queensland Health database, the Viewer, and to enable more efficient disclosure of confidential patient information for research purposes. It is important to note that access activity to the Viewer is recorded and is audited, and individual doctors are the ones who are able to access it. As you would understand, cross-referencing comes from recording and auditing. The committee was satisfied that these changes are beneficial.

The amendments seek to allow disclosure of patient data for research purposes to enable a more efficient process for the disclosure of patient information by removing the need for researchers to follow an application process. Once again the committee was satisfied with the evidence and supports these changes.

We also considered the amendments to the Public Health Act 2005, firstly for deceased patient data. The current provisions that allow disclosure refer to health information held by a health agency under the act. The definition of that term refers to a person. It is unclear whether, in referring to a person, the relevant definition extends to deceased persons. The proposed amendment clarifies that in this context the information held by a health agency extends to both living and deceased persons. Once again the committee supports the amendment.

Another amendment relates to the disclosure of student information. A substantial number of the parental consent forms required to authorise student vaccinations are not being returned and, worryingly, vaccination rates are below target. Consent levels for participation in the school dental scheme are also declining. The amendment allows school principals and delegates to disclose student information to immunisation or oral health service providers. This would enable health service providers to follow up with parents where consent forms are not returned, reconcile returned consent forms against eligible students and make informed decisions on future strategies to improve consent form return rates from certain cohorts—for example, students from Indigenous or culturally or linguistically diverse backgrounds. Once again we fully supported these amendments.

The bill also makes consequential amendments to the Public Health Act in light of changes to the Australian Immunisation Register Act 2015. On that point, the member for Capalaba talked about immunisation rates and he mentioned polio around the world. I believe the member said that we do not currently have any cases of polio in Australia, which is wonderful news. With regard to polio, it should be noted—and this is a very important point—that the then Rotary International president Sir Clem Renouf, I believe in the late 1970s—a Queenslander, by the way, who currently resides in the state seat of Coomera—was the driving force behind nearly eradicating polio globally through the Polio Plus program, I believe it was called. That program has saved thousands of lives right around the world and, based on the comments of the member for Capalaba, Australia. That was all through the actions of a Queenslander who was then the Rotary International president and is now a proud resident of the Coomera electorate. He is a lovely man and an absolute delight. He is into his 90s but he is as bright as bright can be. I was walking out of a room one day and this fellow walked towards me. As he came towards me I nodded and continued to walk and he said, ‘You look like someone I should know.’ I said, ‘Really? Hello, my name is Michael Crandon, the member for Coomera.’ He said, ‘Hello, I’m Clem Renouf.’ I thought, ‘Wow, how’s this! I’m meeting the man who has made such a difference to people right around the world and who has saved so many people from the dreaded disease of polio.’

Finally, we considered amendments to the Queensland Institute of Medical Research Act 1945. This act currently provides that the Queensland Institute of Medical Research Council may pay successful discoverers or inventors working as officers or employees or under the auspices of the council such bonuses as the Governor in Council determines. Part 5 of the bill will replace section 19 with a new provision to remove the requirement for a Governor in Council determination unless the total paid in any one financial year exceeds \$10 million. In that event the council would require Governor in Council approval. We did make some inquiries of witnesses as to how often that might occur, and my memory is that they indicated it was a very rare occurrence and it may have happened once or twice in the last 20 or so years. It is not a really big issue, though I suppose if we were kicking a number of rather big goals as far as these things are concerned, where we have got new drugs coming on the scene and so forth, it would probably be good if we were in fact paying out many tens of millions of dollars to these particular individuals who are bringing these drugs to save lives around the world.

Lastly, the new provision also changes the description slightly to cover a discoverer or inventor working, or who has worked, as an officer and employee or under the auspices of the council, so that is just a definition change to make it absolutely clear who we are talking about. Once again the committee agreed to all of these amendments and, as you are all aware, the committee agreed that the bill be passed. That was the only recommendation in the bill.

In closing, I thank our secretariat, who work tirelessly—and they have a little bit of work ahead of them over the next few months, between now and 1 November! I also thank the rest of the committee members who worked with me on the Health and Other Legislation Amendment Bill 2016.