




Speech By
Hon. Dr Steven Miles

MEMBER FOR MURRUMBA

Record of Proceedings, 13 November 2018

HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Introduction

 **Hon. SJ MILES** (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (12.16 pm): I present a bill for an act to amend the Births, Deaths and Marriages Registration Act 2003, the Coroners Act 2003, the Cremations Act 2003, the Duties Act 2001, the Health Act 1937, the Public Health Act 2005, the Radiation Safety Act 1999, the Retirement Villages Act 1999 and the Transplantation and Anatomy Act 1979 for particular purposes, and to repeal the Public Health (Medicinal Cannabis) Act 2016. I table the bill and the explanatory notes. I nominate the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee to consider the bill.

Tabled paper: Health and Other Legislation Amendment Bill 2018 [1853](#).

Tabled paper: Health and Other Legislation Amendment Bill 2018, explanatory notes [1854](#).

The Health and Other Legislation Amendment Bill 2018 will make significant reforms to health legislation to protect and improve the health of Queenslanders. It will remove barriers for patients and doctors seeking access to medicinal cannabis treatment, it will ensure Queenslanders are notified of pollution events that pose a risk to public health and it will establish a register of occupational dust lung diseases such as coalmining pneumoconiosis, or black lung, and silicosis.

The bill will significantly streamline the framework for regulating medicinal cannabis in Queensland. By repealing the Public Health (Medicinal Cannabis) Act 2016 and amending the Health Act 1937, the bill will ensure that medicinal cannabis is regulated in the same way as any other scheduled medicine. Since 2015, Queensland has led the way in Australia by allowing doctors to prescribe medicinal cannabis to their patients. The federal government has followed our lead and finally changed the regulation of medicinal cannabis at the national level.

At the time the medicinal cannabis bill was introduced in Queensland, medicinal cannabis was a schedule 9 prohibited substance. Queensland legislation was required so that patients could have lawful access. Since then, medicinal cannabis has been rescheduled by the Therapeutic Goods Administration to be a schedule 8 or schedule 4 medicine, depending on its composition. There are well-established regulatory pathways for accessing schedule 4 and schedule 8 medicines. Repealing the act will ensure there is no unnecessary duplication with Commonwealth requirements.

The bill will amend the Health Act 1937, enabling medicinal cannabis to be regulated under the Health (Drugs and Poisons) Regulation 1996. This will mean that any specialist can prescribe medicinal cannabis for any patient they believe will benefit from treatment, just as they would for any other controlled or restricted medicine. It will also mean that visitors to Queensland who have a valid prescription for medicinal cannabis from another jurisdiction will no longer require a specific Queensland approval. The bill also removes the requirement for pharmacists to hold an approval to dispense medicinal cannabis and researchers to hold an approval to conduct a clinical trial. The Australian

government will maintain strict controls on the use of unapproved therapeutic goods through the Commonwealth licensing and approvals system. It will remain illegal for the Queensland public to grow cannabis for medicinal purposes.

The bill also makes two significant changes to the Public Health Act 2005. The first will give Queensland Health new powers to deal with the public health risks caused by pollution events. Both in my time as environment minister and now as health minister I have been concerned to see the number of pollution events in Queensland where the polluter has flat out refused to inform the public. Most recently we have seen a number of incidents of contamination of waterways from PFAS, a compound used in firefighting foams. It is critical that Queenslanders are notified quickly where there is a potential risk to their health from pollution. This bill will ensure that the party responsible for causing the pollution must take responsibility for notifying the public of the health risks.

Queensland's Chief Health Officer will be empowered to require the person responsible for creating pollution to notify the public of any health risk arising from the pollution event. They will be able to direct both the content of the pollution notice and what form it takes to ensure impacted communities are properly informed. It will be an offence not to issue the notice when directed by the Chief Health Officer, with a maximum penalty of 200 penalty units. Where the responsible person cannot be identified or does not issue the notice as directed, the Chief Health Officer will be able to issue the pollution notice directly, ensuring there is no delay to the public being made aware of any potential risk to public health. Queensland Health will continue to work cooperatively with other departments and entities to ensure a coordinated approach is taken in response to pollution events.

The Public Health Act will also be amended to establish an occupational dust lung disease register. This amendment gives effect to recommendations 59 and 60 of the Coal Workers' Pneumoconiosis Select Committee of the Queensland parliament in its *Black lung white lies* report of 2017 by establishing a compulsory notification regime for occupational dust lung disease to Queensland Health. It will also require annual reports to parliament about the number of cases reported. Dust lung diseases are not limited to the coal and mining sector. We have recently heard disturbing reports of silicosis being diagnosed among workers who work with engineered stone benchtops. In September 2018 the Minister for Education and Minister for Industrial Relations issued an urgent safety warning for workers and employers in Queensland's engineered stone benchtop manufacturing industry and banned dry cutting, grinding or polishing of engineered stone benchtops.

This bill will ensure that the register captures particular types of lung diseases such as silicosis and pneumoconiosis caused by any occupational exposure. The bill requires particular medical practitioners to notify a diagnosis of these diseases to the Chief Health Officer. Instances of dust lung diseases already come to the attention of the Queensland government through other means such as under the Coal Mining Safety and Health Act 1999 and the Mining and Quarrying Safety and Health Act 1999 administered by the Department of Natural Resources, Mines and Energy. To ensure diagnosed cases are not overlooked, the bill enables the Chief Health Officer to request information about any diagnosed cases provided directly to relevant agencies, including WorkCover and DNRME. Each year Queensland Health will provide a report to the Minister for Health which must be tabled in parliament. This will enable a parliamentary committee to inquire into the report. This notification process for dust lung diseases will improve data collection and enable diagnosis information to be collated by Queensland Health. This will assist with monitoring the prevalence of these conditions.

The bill also amends a number of Health portfolio acts to support the implementation of policy initiatives to protect and improve the health of Queenslanders and to clarify the operation of legislation. It will amend the Radiation Safety Act to reduce regulation for certain types of licensees. For example, a dentist must be trained in the use of some types of dental X-ray equipment to be registered as a dentist. Dentists also need a licence from the state under the Radiation Safety Act to use this dental X-ray equipment. This bill will create a new type of licence holder in the act called a 'prescribed licence holder' who is deemed to have a use or transport licence without having to apply for or renew a licence. These prescribed licence holders will still be subject to the same requirements, standard conditions and penalties for contravention as other licence holders. However, they will not be required to do the paperwork and pay the fees associated with applying for and renewing a licence.

The bill will also make three amendments to the Transplantation and Anatomy Act. The first will make clear that tissue can be removed from both adults and children for clinical research studies, provided this is done in accordance with existing protections in the National Statement on Ethical Conduct in Human Research and the Australian Code for Responsible Conduct of Research. The bill specifies that tissue can only be taken for particular purposes in children—that is, where the removal is for the child's benefit, or as part of a procedure for the child's benefit, or if a doctor is satisfied that there is a negligible or low risk of harm and minimal discomfort to the child.

The second amendment to the Transplantation and Anatomy Act will reduce the regulatory burden on pathology laboratories. It will ensure all laboratory reagents, reference, control and quality assurance materials that are derived from human tissue are not captured by the prohibition on the trade of human tissue in the act. This will mean that pathology laboratories will not need to continually apply for ministerial permits to purchase materials that they legitimately and routinely require for quality assurance programs.

The third amendment will remove a requirement that a post-mortem examination conducted in a hospital must be conducted in the hospital mortuary. This will ensure imaging equipment that is not typically located in mortuaries can be used in post-mortem examinations. This bill also amends the Coroners Act, the Cremations Act and the Births, Deaths and Marriages Registration Act, which are administered by the Attorney-General and Minister for Justice. The amendments will ensure schools of anatomy can respectfully dispose of donor body parts where the parts of the body were used at a school of anatomy for the study and practice of anatomy.

Finally, the bill will amend the Retirement Villages Act to clarify recent reforms to that act. These amendments mean that current reforms to ensure that former residents receive their capital in a timely manner apply to freehold units as well as leasehold and licence tenured units. This also requires a consequential amendment to the Duties Act. The amendments will apply retrospectively to November 2017 when the original changes to the Retirement Villages Act took effect. This will ensure all retirement village residents, regardless of tenure type, are treated equally. To assist the House in considering the bill, I table the draft Health Legislation Amendment Regulation and draft explanatory notes.

Tabled paper: Health Legislation Amendment Regulation 2018, draft regulation [1869](#).

Tabled paper: Health Legislation Amendment Regulation 2018, draft explanatory notes [1870](#).

If the bill is passed, the regulation will commence at the same time as the relevant parts of the bill commence by proclamation.

The Palaszczuk government is committed to ensuring that Queensland's health legislation is serving the needs of Queenslanders as medicines advance and circumstances change. We are removing duplication with Commonwealth regulatory requirements for medicinal cannabis, streamlining processes for patients, health professionals and researchers. We are removing duplication in the regulation of licensees under the Radiation Safety Act and we are ensuring that pathology laboratories no longer need to go through the unnecessary step of applying to the minister for permits simply to access material required for quality assurance purposes. By establishing a central register of all diagnosed cases of occupational dust lung disease, the Queensland government will be better able to monitor these diseases. We are also making sure polluters take responsibility by informing the public of pollution events that may cause a public health risk. I commend the bill to the House.

First Reading

Hon. SJ MILES (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (12.28 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Madam DEPUTY SPEAKER (Ms Pugh): Order! In accordance with standing order 131, the bill is now referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.