Speech By

Aaron Harper

MEMBER FOR THURINGOWA

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Mr HARPER (Thuringowa—ALP) (3.12 pm): I rise to speak in support of the Health and Other Legislation Amendment Bill 2018 in its entirety, which was introduced to the Legislative Assembly and referred to the health committee on 30 November 2018. The committee was required to report to the Assembly by 14 February 2019. On 14 November 2018, the committee issued a call for written submissions on the bill, which closed on 7 January 2019. The committee received 42 submissions and 82 copies of a form submission.

The bill proposes to amend the Health Act and other portfolio acts to implement a number of policy initiatives and improve the operation of legislation. Those amendments include repealing the Public Health (Medicinal Cannabis) Act 2016 and making consequential amendments to the Health Act 1937 to streamline the regulatory framework for prescribing medicinal cannabis in Queensland. Currently in Queensland, the prescription of medicinal cannabis is regulated under parallel state and Commonwealth approval processes. Although Queensland was the first state to legalise the use of restricted medicinal cannabis products on 11 December 2015, the shift in the Commonwealth regulatory landscape means that Queensland is now the only state that requires the following additional state based approvals for access, as stipulated under the act. As well as imposing an administrative burden, the explanatory notes state the following—

Having two approval processes assessing the same matters introduces the potential for Queensland and the TGA to reach different conclusions about applications, which may weaken confidence in the regulatory framework.

This bill repeals the medicinal cannabis act to remove the unnecessary duplication of Commonwealth regulatory requirements for access to medicinal cannabis, streamlining processes for patients, health professionals and researchers. Submitters such as the AMAQ were indeed supportive of the amendment, as were the Medical Cannabis Users Association of Australia. In summary, this amendment makes it easier to access medicinal cannabis in Queensland.

The bill also amends the Public Health Act 2005 to establish the Notifiable Dust Lung Disease Register and require prescribed medical practitioners to notify the chief executive of Queensland Health about cases of notifiable dust lung disease. We recall the work of the Coal Workers' Pneumoconiosis Select Committee of the 55th Parliament and that coal workers' pneumoconiosis—or CWP—is one of the most common respiratory diseases caused by long-term occupational exposure to high concentrations of respirable coal dust, which are known collectively as coalmine dust lung disease. Although CWP is the most commonly known form of lung disease, other types include silicosis and chronic obstructive pulmonary diseases such as chronic bronchitis and emphysema. This bill enables the chief executive to require a person responsible for causing a pollution event to publish a pollution notice to inform the public of potential risks to public health and enable the standard that a person must comply with when manufacturing, selling, supplying or using paint to be prescribed by regulation rather than in the act.

The bill also amends the Radiation Safety Act 1999 to provide that certain persons are deemed to have a use or transport licence in relation to radioactive substances. The bill also amends the Transplantation and Anatomy Act 1979 to clarify provisions about research that involve removing tissue

from adults and children. The bill also amends the Births, Deaths and Marriages Registration Act 2003, the Coroners Act 2003 and the Cremations Act 2003 to enable human body parts used at a school of anatomy for the study and practise of anatomy to be lawfully cremated without a corresponding death certificate or the approval of an independent doctor.

The committee was asked to consider amendments to the Retirement Villages Act 1999, which seek to clarify a recent amendment in relation to the timely payment of exit entitlements at retirement villages and make associated amendments to the Duties Act 2001. Those amendments created some discussion among committee members. I note that the deputy chair of the committee has included a statement of reservation in the report, to which the minister has made comment.

In essence, the sale of retirement village residences is distinct from the sale of a suburban home in that the market is significantly smaller—often restricted by age—and the sale process is often managed by the retirement village operator. Unlike the sale of a suburban home, a retirement village resident generally does not occupy their unit or rent out their unit while it is up for sale. In some cases, the sale process can take many months, or even years, and can result in significant hardship for residents. This is particularly the case given that most retirement village residents use the majority of their capital, such as the sale proceeds from a residential home, to buy into a retirement village. Therefore, the proceeds of sale from their retirement village unit may be required to fund their move to their next place of accommodation, particularly if that is a transition into a higher form of care.

In 2017, amendments were made to the Retirement Villages Act 1999 that ensured that, if a retirement village unit remains unsold, a resident would receive their exit entitlement—that is, the return of their capital less exit fees and costs—no later than 18 months after they terminate their right to reside in the retirement village. The explanatory notes state—

The policy intent of the 2017 amendment was to apply the new payout timeframe to all tenure types to improve consumer protections.

However, the amendments that were made to the act in 2017 applied specifically to exit entitlements. Under the Retirement Villages Act, no exit entitlement is payable by the scheme operator to residents with freehold tenure. Rather, owners of freehold units receive a payment directly from the incoming resident and, therefore, currently do not have access to the security of the 18-month maximum payment period established by those amendments. The Department of Housing and Public Works, which administers the Retirement Villages Act, has estimated that there are 2,201 freehold retirement village units in Queensland, representing 7.4 per cent of all units. The bill will amend the Retirement Villages Act to ensure that the protections are introduced. The Queensland Law Society in its submission noted the following—

... the proposed amendments to the Retirement Villages Act 1999 ... and the policy intention described in the explanatory notes to the Bill that the changes set out in Part 9 are to clarify a recent amendment to ensure timely payment of exit entitlements at retirement villages, and make associated amendments to the Duties Act 2001.

Whilst QLS considers that arguably, this intention was already fulfilled by virtue of the amendments made to the Retirement Villages Act upon the passing of the Housing Legislation (Building Better Futures) Amendment Act 2017, we agree that the proposed amendments set out in the Bill now puts these requirements beyond any doubt.

I table that letter from the Queensland Law Society.

Tabled paper: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee: Report No. 18, 56th Parliament, February 2019—Health and Other Legislation Amendment Bill 2018, submission No. 19 525.

As members can see, quite a bit of consideration has gone into this amendment that was before the committee. We have been through it extensively. It is not unusual for committees to look at other pieces of legislation. It has been thoroughly examined. Therefore, I do not support the motion put to the House by the Manager of Opposition Business. I support the bill in its entirety as given to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.