Speech By

Hon. Dr Steven Miles

MEMBER FOR MURRUMBA

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QUEENSLAND CIVIL AND ADMINISTRATIVE TRIBUNAL AND OTHER LEGISLATION AMENDMENT BILL

Second Reading

Hon. SJ MILES (Murrumba—ALP) (Minister for Health and Minister for Ambulance Services) (2.31 pm): I move—

That the bill be now read a second time.

I would like to acknowledge the work of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee in considering the Health and Other Legislation Amendment Bill 2018 and its report tabled on 14 February 2019. I note that the committee made a single recommendation—that the bill be passed—and that the committee supported all of the health related amendments in the bill. I would like to thank the stakeholders who made written submissions to the committee and attended the public hearing on 24 January 2019. Many stakeholders also engaged with the department during the development of the bill.

There are significant reforms in the bill to a range of Health portfolio legislation that protect and improve the health of Queenslanders. This bill is about ensuring that Queensland's health legislation keeps up with developments in clinical practice and is responsive to emerging issues. It also amends the Retirement Villages Act 1999 to ensure freehold properties in retirement villages are captured by recent reforms to ensure that residents are paid their exit entitlements in a timely manner.

With this bill, we are making sure that seriously ill Queenslanders will have faster access to medicinal cannabis under new laws that will make the prescription process easier. If cannabis is a suitable way to treat a patient's condition or associated pain, then we believe they should have the same access to it as any other medication. These changes mean medicinal cannabis will be treated exactly the same as other prescription medications.

This new legislation joins some of the most progressive laws in the country. It was the Palaszczuk government that led Australia in 2015 by enabling doctors to prescribe medicinal cannabis to patients, and that legislation was vital. Now that the Commonwealth has caught up, we can streamline that process even further. This law change will significantly streamline the prescription process by removing state level approval and will ensure patients have access to the treatment they need sooner. Now that the treatment has progressed, it makes sense for a nationally consistent approach and for the Therapeutic Goods Administration to take carriage of the prescription process.

Currently, only a limited group of specialist medical practitioners has the authority to prescribe medicinal cannabis to patients with select conditions without a Queensland approval. These amendments will allow all specialist medical practitioners to access the patient class prescriber pathway and will expand the types of patients they can prescribe to. We recognise that the prescription of medicinal cannabis is a decision for specialist medical practitioners. This is all about giving them the authority and trust to do their jobs.

The bill will repeal the Public Health (Medicinal Cannabis) Act 2016 and amend the Health Act 1937 so that medicinal cannabis products are treated in the same way as other scheduled medicines. Any medical practitioner will be able to prescribe schedule 4 medicinal cannabis products and any specialist medical practitioner, including specialist GPs, will be able to prescribe schedule 8 medicinal cannabis products without an approval from the state.

There was broad support for these amendments amongst stakeholders who engaged with the committee. Australia's domestic medicinal cannabis industry is in its infancy, but I believe it has great potential. There are several companies working towards having medicinal cannabis products produced locally here in Queensland. I look forward to following their progress in taking their products to market. This will help improve access for people and reduce costs for these increasingly important medicines.

An amendment in this bill that had strong support during the committee hearing is updating the Notifiable Dust Lung Disease Register to include silicosis. The register is being established in response to a recommendation of the Coal Workers' Pneumoconiosis Select Committee of the Queensland parliament in its *Black lung white lies* report. However, dust lung diseases are not limited to the coal and mining sector, and the register will not be either. The bill ensures that the register captures dust lung diseases such as silicosis and pneumoconiosis caused by any occupational exposure.

The health and safety of Queenslanders is our priority. That young Queenslanders can go to work every day in a job that could make them sick is unacceptable. Until very recently I had never heard of the disease silicosis, only to discover that it was affecting young Queenslanders in the engineered stone benchtop fabrication industry. I want to commend the industrial relations minister for her work leading the reforms that will protect stonemasons and people working with this material into the future. It is because of her swift action that Queensland is leading the nation in responding to and preventing these diseases, but we need a nationally coordinated response.

Our amendments to the Public Health Act 2005 today will create the Notifiable Dust Lung Disease Register to record cases of coal workers' pneumoconiosis, silicosis and other lung conditions caused by occupational exposure to inorganic dust. Once the register is established, occupational and respiratory specialists will be required to notify Queensland Health when they diagnose patients with specific dust lung diseases. It will capture incidences of lung diseases from all work environments in which employees are exposed to inorganic dust. This will enable health authorities to monitor emerging occupational lung diseases such as silicosis. It will improve data collection and enable diagnosis information to be collated by Queensland Health, which the Minister for Health will table each year here in parliament.

The bill includes new provisions in the Public Health Act to deal with polluters who refuse to inform the public of the health risks of a pollution event. I have seen repeated incidences of waterways being contaminated with PFAS, a compound found in firefighting foams. I share the same concerns as many other Queenslanders about the ongoing issue of PFAS contamination and its potential to affect public health. I have seen this as minister for environment and now as Minister for Health—situations where a company or a council pollutes the soil, water or fish and other seafood and the polluter does not want to tell the public.

Last year I made my concerns very clear to big business, councils and the Department of Defence in relation to not taking these contamination incidents seriously and failing to notify the public despite repeated requests from Queensland Health. This is not good enough. From now on, if you pollute our environment, if you put the health of Queenslanders at risk, if you contaminate our waterways and our soil, you will be held accountable and you will tell the public.

The Chief Health Officer will be empowered to issue a notice requiring the person responsible for the pollution to notify the public of any related health risks as well as the nature and extent of the pollution event. The Chief Health Officer will also have the power to approve the way the public is notified; for example, a media statement or letters to affected residents. This will help to ensure that the public is given sufficient notice and appropriate advice about how to avoid exposure to the pollution. If the person responsible for the pollution does not comply with the directions of the Chief Health Officer, they will be committing an offence.

We are also amending the Radiation Safety Act to ensure the safety of Queenslanders by requiring people who work with potentially dangerous radiation sources to be licensed. This will ensure that individuals who use or transport certain radiation sources are appropriately trained to handle these radiation sources without endangering people's health or causing adverse effects to the environment. The bill creates a new type of licensee under the Radiation Safety Act: a prescribed licensee. These licensees will have already undertaken training about working with the radiation source in order to meet other requirements such as professional registration requirements. These licensees will be deemed to hold a use or transport licence without the need to do the paperwork and pay the fees to apply to the department for a licence. The bill allows these prescribed licensees to be prescribed in the regulation.

The draft Health Legislation Amendment Regulation, which I tabled when introducing the bill, includes two prescribed licensees: dentists registered under the health practitioner regulation national law who use intraoral dental X-ray equipment to carry out intraoral dental plane radiography, which is the type of X-ray found next to most dental chairs; and transport workers who transport radioactive substances into Queensland to complete a delivery if the person holds an authority such as a licence under a corresponding transport law of another Australian jurisdiction. Prescribed licensees will still be subject to all of the act's safeguards as other licensees. If they do the wrong thing, they can still lose their licence or be subject to other sanctions.

We are updating the Transplantation and Anatomy Act 1979 to remove the need for pathology laboratories to obtain permits for materials they need for routine quality assurance work. This will ensure that the provisions about taking tissue for clinical research studies reflect current clinical practices, and it will also remove the requirement that a hospital's post-mortem examinations must be in the hospital's mortuary.

I would like to clarify the policy intent and application of the amendments that remove the need for pathology laboratories to obtain permits for routine quality assurance work. The Transplantation and Anatomy Act prohibits the trade in human tissue unless the trade falls within an exemption in the act or a person gets a ministerial permit under the act. Currently, pathology laboratories and quality assurance providers must apply for a ministerial permit before trading in types of tissue that they routinely use. There is no exemption. 'Trading' includes cost-recovery practices as well as the commercial sale of tissue.

Clause 55 of the bill will amend section 42AA of the Transplantation and Anatomy Act to include an exemption for laboratory reagents, quality assurance material and reference and control material that are derived wholly or in part from tissue from the prohibition on trading in tissue. Section 42AA requires the tissue to have been subjected to processing or treatment. These amendments mean that pathology laboratories and quality assurance providers will no longer need to get a ministerial permit for these types of tissues.

Stakeholders raised with the committee that the proposed exemption may not apply to some types of tissue they regularly use, such as tissue in its native state. The question raised was whether tissue in its native state has been derived from tissue that has been processed or treated. The ordinary meaning of the words 'derived from', 'processing' and 'treatment' will apply. Processing or treating tissue could include taking the tissue from the patient, cutting or slicing the tissue, placing it on a slide, adding a preservative, storing it or simply packaging the tissue for transport. Similarly, any tissue sample that has been processed in such a way is considered to be derived from tissue. The purpose of this amendment is to reduce the administrative burden on pathology laboratories and quality assurance providers when trading in tissue they routinely use. They will no longer need to get a ministerial permit, and this will apply to tissue in its native state.

The bill amends the Retirement Villages Act to clarify recent reforms to that act to ensure that former residents receive their capital in a timely manner. This applies to freehold units as well as leasehold and licence tenured units. This will ensure that all retirement village residents, regardless of tenure type, are treated equally.

The committee heard from a diverse range of stakeholders on this issue. I note that opposition members of the committee included a statement of reservation in the committee report regarding these amendments. All matters raised in the statement of reservation have been carefully considered. The requirement to return a resident's capital 18 months after they permanently leave a retirement village delivers an important consumer protection. Residents often depend on their funds when they leave a village to pay for their next place of accommodation, such as aged care. This protection, delivered through the 2017 amendments to the Retirement Villages Act, already applies to around 93 per cent of units. These units have leasehold or licence tenure. The bill extends the existing legal protection to the remaining seven per cent of units, being those with freehold tenure.

Given the difference between freehold and other tenure types, the bill requires the village operator to purchase the unsold unit from the outgoing resident 18 months after the resident terminates their right to reside in the unit. Where possible, processes have been included to create parity between freehold residents and residents with other tenure types.

The bill also includes safeguards for retirement village operators such as: allowing them to apply to QCAT for an extension of time to purchase the freehold unit where they would suffer undue financial hardship; and protecting them from compliance action for matters that are outside their control, such as where a former resident fails to secure the release of a mortgage over the unit. The bill strikes a fair balance between industry viability and consumer protection. It clarifies the intent of the 2017

amendments and delivers financial certainty for all retirement village residents regardless of tenure. It sends the clear message that it is not acceptable to expect our most senior citizens and their families to have to wait and wait for their funds.

As circumstances change and medicine develops, it is critical that Queensland's legislation keeps up. This bill demonstrates that the Palaszczuk government is committed to ensuring this happens. I again thank the committee for its detailed consideration of the bill and those who participated in the committee's inquiry. I also acknowledge the contribution of the many stakeholders who participated in the consultation during the development of the bill. I commend the bill to the House.