



Speech By  
**Ann Leahy**

**MEMBER FOR WARREGO**

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Record of Proceedings, 13 August 2020

### **HEALTH LEGISLATION AMENDMENT BILL**

 **Ms LEAHY** (Warrego—LNP) (4.08 pm): I rise to make a contribution on the Health Legislation Amendment Bill. At the outset, and as advised by the LNP opposition shadow minister for health, the member for Mudgeeraba, we will not oppose the bill; however, the LNP will oppose clause 28 in relation to conversion therapy. I acknowledge that a number of concerned constituents have contacted my office in the last couple of days in relation to the issue of conversion therapy, and I acknowledge the concerns they have raised.

No-one disputes the importance of ensuring health treatment to Queenslanders who need support to understand their own sexual identity, but this bill goes a whole step further. At a time when we should be working with doctors to keep Queenslanders safe, this bill treats doctors like criminals. Labor's changes are a blunt tool that targets the wrong practice. The LNP will oppose clause 28 of this legislation.

The bill also amends the Hospital and Health Boards Act to strengthen the governance and the commitment to health equity for Aboriginal people and Torres Strait Islander people. I note in early 2019 an expert panel provided advice on Queensland Health's governance framework as established by the Hospital and Health Boards Act. Whilst the panel noted the devolved governance model provided for in the act is generally operating well, there was an opportunity to enhance the model. It should be acknowledged that the formation of the hospital and health boards was an LNP initiative under the stewardship of the former LNP minister for health, Lawrence Springborg.

The bill also deals with the membership of hospital and health boards. What the bill does not say is that a person must be resident in the HHS area in which they seek membership, and this is particularly important in regional communities. Board members who are resident in their HHS area bring an added strength to the HHS model because they are accessible to people in the community. It is not always possible to find persons who are willing to take on that membership position or willing to do the associated travel as a board member. Unfortunately, in some regional areas, some communities end up with board members who are not residents and are fly-in fly-out appointments. This is not well accepted by the local communities and is detrimental to the hospital and health service outcomes. It should be about obtaining good outcomes for the residents who live in that area. Any fly-in fly-out HHS board membership appointments should be discouraged in the future.

The bill also deals with correcting a drafting error in relation to requirements for water risk management plans. This is as a result of a legionnaire's disease fatality at the Wesley Hospital in 2016, which I remember well. Where we have hospitals and aged-care facilities that operate on bore water, for some unknown reason there seems to be a more frequent detection of the legionnaire's bacteria. Legionnaire's seems to like the bore water and it is difficult to eliminate in the water system. There needs to be constant vigilance on this matter.

I wish to raise an issue that is also impacting the South West Hospital and Health Service in relation to the border bubble. We currently have nurses in New South Wales who live south of the border bubble and cannot get a permit to travel to the Mungindi Hospital to work. They work for the South West Hospital and Health Service—one of our HHSs—and this is impacting on the health services of the border community of Mungindi.

I have also been contacted by a pregnant mother, Olive, who is a resident on the Queensland side of the town of Mungindi who has applied for an exemption but has heard nothing from the Labor government in relation to that. She stated—

I am pregnant, and have already waited 3 weeks, with another 2 to go, for an appointment with my doctor in Moree, due to the shortage of maternity doctors and an overload of patients.

**Mr WHITING:** Madam Deputy Speaker, I rise to a point of order. I believe this is not relevant to the long title of the bill.

**Madam DEPUTY SPEAKER** (Ms Pugh): I have been listening closely to the member's contribution. Member for Warrego, I am struggling to see the relevance to the bill. If you can bring it back to the long title of the bill, that would be fantastic.

**Honourable members** interjected.

**Madam DEPUTY SPEAKER:** There will be no chatter about the ruling. The member for Warrego has the call and will be heard in silence.

**Ms LEAHY:** There is no maternity care in the HHS area at the Mungindi Hospital, so Moree becomes the preferred doctor and hospital. That is particularly frustrating for this constituent who will have to go to a different HHS area to receive her treatment. She is unfamiliar with those people.

**Mr WHITING:** Madam Deputy Speaker, I rise to a point of order. I again refer to relevance.

**Madam DEPUTY SPEAKER:** I am continuing to listen closely and I ask the member for Warrego to bring her contribution back to the long title of the bill. I am really struggling to see a connection.

**Ms LEAHY:** Before I conclude, I would like to acknowledge the member for Caloundra and the work that he has undertaken on the health committee. He has done a considerable amount of work on this committee and also previous committees. His contribution has been commendable and I know he will be sorely missed in the future by this House.