



Speech By  
**Amy MacMahon**


**MEMBER FOR SOUTH BRISBANE**

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## **BIG BANK LEVY (COVID-19 HEALTH RESPONSE) BILL 2021**

### **Introduction**

 **Dr MacMAHON** (South Brisbane—Grn) (12.30 pm): I present a bill for an act to impose a levy on particular authorised deposit-taking institutions operating in the state, and to amend this act and the Taxation Administration Act 2001 for particular purposes. I table the bill and explanatory notes and statement of compatibility with human rights. I nominate the Economics and Governance Committee to consider the bill.

*Tabled paper:* Big Bank Levy (COVID-19 Health Response) Bill 2021 [1813](#).

*Tabled paper:* Big Bank Levy (COVID-19 Health Response) Bill 2021, explanatory notes [1814](#).

*Tabled paper:* Big Bank Levy (COVID-19 Health Response) Bill 2021, statement of compatibility with human rights [1815](#).

It is with great pleasure that I introduce the Big Bank Levy (COVID-19 Health Response) Bill 2021 into this House. I introduce this bill against the backdrop of a looming health crisis here in Queensland. For months healthcare workers, peak bodies and staff have been warning of a crisis in Queensland hospitals. We have been alerted that our hospitals are already operating at 100 per cent capacity. We have been alerted that the likely spike in COVID-19 cases when Queensland opens will push our hospitals to their limit. We are watching terrifying scenarios unfold in Victoria, with hundreds of people in intensive care and long-term underfunding leading to a system at breaking point. My own family has felt these pressures in Queensland this week, with one relative waiting two hours for an ambulance and another sat on an ambulance ramp for hours, and too many Queenslanders have stories just like this.

The Together union has said that there are not enough staff to safely care for Queensland residents. The Queensland Nurses and Midwives' Union has warned of burnout amongst staff, while the Electrical Trades Union has said privatising beds and services is not a solution to achieving a sustainable public health system. My office has been hearing from healthcare workers on the front lines of COVID raising the alarm bells in our public health system. One paramedic said—

For years the healthcare system has not kept up with population growth, and mental health particularly paediatric mental health is severely underfunded.

A public hospital nurse wrote about fears around lack of hospital capacity and a lack of safe PPE, writing—

Ambulance ramping everyday ... There are no beds to offload patients into, patients that require monitoring are being offloaded early which is unsafe ... Another patient waited over 16 hours for an ICU bed and remained in ED intubated and ventilated due to no ICU beds in SEQ.

An emergency department admin staffer said—

I've worked in ED for 10 years and while the numbers of patients has doubled over that time, there has been no expanding of the space. There is always a delayed response to increases in patient numbers.

A public allied health worker said that over the COVID crisis—

Mental health of the workforce has deteriorated. More of a sense of fatigue and less comrades working together ...

Yet another said—

We have been asked to do even more with even less, while managing the stress of COVID-19 safety, restrictions and lockdowns.

Many have said that they feel their workplaces are not prepared for the coming delta wave. The QIMR Berghofer modelling shows that once the borders open up the very best case scenario is around 400 new infections per day and worst case more than 1,200, even at 80 per cent fully vaccinated, assuming no health measures like localised lockdowns. Under the same scenario, it shows between 100 and 600 people in ICU beds come July. Given that Queensland Health only has around 393 staffed and equipped ICU beds, with surge capacity up to a total of 576, these numbers are very worrying. This leaves little to no space for victims of accidents, car crashes, heart attacks, strokes or other infections and people recovering from surgery. Given that our public hospitals are already at capacity, this model indicates a dire picture for the coming months. There were 13 capacity code yellows—when hospitals start to run out of beds and ambulances are forced to divert to other emergency departments—in Queensland facilities in September.

The Chief Health Officer has said that we can cope with 400 cases and that our ICUs can cope with 400 cases, but the QIMR modelling says that 400 daily cases would be the very best case scenario under a 90 per cent vaccination rate. Queenslanders deserve to know what other measures the government is considering to achieve best-case scenario, particularly when looking at examples of Victoria where there are 1,534 new local COVID-19 cases today at around a 75 per cent vaccination rate. These scenarios paint a dire picture for vulnerable communities and those communities for which the vaccine rollout has been slow—people with disabilities, First Nations communities and multicultural communities.

While Queenslanders go out and get vaccinated and we are just weeks away from opening, there is no reason—no reason—why our healthcare system should be in this dire state. Instead of spending the last 18 months bolstering our healthcare system, the government has been trying to squeeze a billion dollar efficiency dividend out of our healthcare system. We have seen some of the lowest increases in new hospital beds over the past decade, with just 200 new beds over the last 12 months—well below the average of 245. It is a pitiful number, particularly in the middle of a global pandemic and during critical months to prepare for the coming surge.

The state government has itself conceded that we are facing a massive funding shortfall, going cap in hand with other states to the federal government, only to be refused. But we do not have time for the feds and states to play blame games. Our healthcare system needs to be ready if Queenslanders are going to be kept safe and healthy for the inevitable COVID surge when our borders open, and the government needs to act now. We have just seven weeks until the borders open and the time for buck-passing is up. Of course, we support more federal funding for our hospitals, which is crucial. Of course we would absolutely welcome the Morrison government changing its appalling position and urgently funding our hospitals, but as for this game of each government blaming each other for our underfunded hospitals we have heard it before, we have heard it for the last decade and Queenslanders are fed up. I am fed up with this state Labor government acting like its hands are tied and that it cannot do anything about our critically underfunded hospitals. This state government knows full well that there are a multitude of ways that we can raise funds to fund our hospitals. This is a Labor state government. Health is meant to be its bread and butter, and it is time to act.

Our health system urgently needs a massive funding boost to cope with the looming surge and today I am proposing a way for the government to do just that. Despite the pandemic, Queensland is still a wealthy state and not everyone has been doing it tough during COVID. The big banks have been rolling in profit. They have made massive profits, bolstered by \$188 billion in ultracheap loans from the Reserve Bank and the unprecedented housing boom. The big four have been sitting on \$19 billion in surplus capital and these ultracheap loans from the RBA have been estimated to equate to about \$1.5 billion in handouts over the next three years. The same housing boom that has jacked up rents, put home ownership out of reach for so many people and has so many Queenslanders on the brink of homelessness has delivered unprecedented profits to the big banks.

Across the big four, half-year cash profits soared by an average of 62 per cent, with the Commonwealth Bank reporting a whopping \$8.7 billion in profit in the last financial year. NAB and Westpac posted half-year profits of \$3.4 billion and \$3.5 billion and in this context a 0.05 per cent levy is a fair and reasonable rate to charge the big banks. In fact, if we applied the levy against the Commonwealth Bank's profits this financial year, the Commonwealth Bank still would have made \$8 billion in profits and NAB and Westpac still over \$3 billion in half-year profits.

The big banks can absolutely afford to pay a little bit more for the benefit of all Queenslanders. If we just use a fraction of the big banks' obscene wealth to fund our hospitals, they would be in a much better position to handle the surge in numbers that we know is coming when Queensland reopens. That

is why the Queensland Greens are proposing a COVID-19 health levy on the big banks. We would raise \$1.03 billion over the next year alone if we were to impose a state based levy of 0.05 per cent of total liabilities per quarter on the biggest banks operating in Queensland. Just a modest 0.05 per cent means that \$1.03 billion could be invested right now in our public hospitals and \$4.3 billion over the next four years.

The bill I am introducing today would impose a bank levy of 0.05 per cent on authorised deposit-taking of institutions for any quarter where they are liable to pay the Commonwealth major bank levy—that is, 0.2 per cent per year. It would apply from the first quarter starting immediately after commencement of the act. In effect, that means banks with more than \$100 billion in licensed entity liabilities: the big banks—the Commonwealth Bank, Westpac, ANZ and NAB, plus Macquarie Bank—five corporate entities in total. This levy is additional to the federal bank levy of 0.015 per cent per quarter.

It would apply to Queensland's share of bank liabilities, the bank's main source of revenue. This would be calculated using Queensland's gross state product as a share of national GDP, currently at 18.9 per cent. The bill prohibits banks from recovering the cost of the levy from customers. There is no evidence that the federal bank levy has been handed on to customers. Banks will easily be able to cover this small levy from their profit margins. I would also say that if the big banks hand the cost on to customers they do so at their own peril. A range of great small banks make up our banking sector here in Queensland. If the big banks want to be greedy and shift their costs on to customers, Queenslanders can take their money elsewhere.

It is time we had a little bit more for Queensland hospitals and a little less for the big banks. The bank levy will raise \$4.3 billion from the inflated profit margin of the banks to invest in our public health system. It is a crucial opportunity to boost our health funding and similar to what is already in place at the federal level. In fact, it is also similar to the bank levy proposed by the South Australian Labor government in 2017, which they only abandoned after a concerted campaign by conservatives and the big banks.

The government is so careful to paint a picture that our health system is fine, but it is clearly not. There is a lack of transparency about our system. When I asked the minister about how many beds were available in the system over the past financial year I was told it is impossible to know that as it changes from day to day. The jig is up now. The state government has hit the feds up for more hospital funding and when that went through there were inconsistent statements from the Premier, the Deputy Premier and the health minister. Is the hospital system ready for the surge in COVID-19 cases or not? It is clear that after 30 years of underfunding from successive governments it is not.

Here is our opportunity to raise those funds, to make the big end of town contribute to public health. Queensland's hospitals are already operating at 100 per cent capacity and that is before the coming surge. An extra billion dollars a year would boost our hospital system with an extra \$750 million to create an additional 500 beds across ICU, emergency and inpatient wards and enhance our state's Hospital in the Home options by delivering it publicly with an extra \$280 million per year, ensuring Queenslanders with COVID-19 in a stable condition can isolate at home with the health care they need to get better.

The Victorian government currently spend about \$268 million a year to provide 203 Hospital in the Home beds. It is anticipated that \$268 million would roughly deliver the same amount of beds here in Queensland—an extra 200 beds—and the remaining \$12 million could be invested in personal oxygen meters for people to safely monitor their oxygen levels at home, phones with data for people who need them and strengthening connections between Queensland Health, primary health networks and GPs.

Even before COVID-19 our public hospital system did not have enough beds, nurses and doctors. In 2019 Queensland public hospitals were so overwhelmed that they were forced to declare an emergency and ask people not to go to emergency departments. We have seen code yellows and healthcare workers raising the alarm. While an extra billion dollar investment will go a long way to boosting our healthcare system, we also need significant investment in long-term solutions for our public health system. Additionally, ongoing investment is needed to bolster emergency departments, improve staff-to-patient ratios, overhaul mental health support and care and improve palliative care, maternity services and addiction management.

Almost a year ago today I was elected on a platform to introduce a big bank levy, make mining companies pay their fair share of royalties and a developer tax. We would raise \$67 billion during this parliamentary term if we made big banks, mining companies and developers pay their fair share. I prioritised the introduction of this bill to ensure Queensland hospitals can cope with the coming surge

when we open our borders. We are not stuck between begging from the feds and blaming them. Of course we support the feds contributing—we urge them to—but in the absence of this the state absolutely can and should raise this revenue.

In preparing for this intervention I engaged a number of stakeholders, including the AMAQ, Health Consumers Queensland, Queenslanders with Disability Network and the Aboriginal and Torres Strait Islander Community Health Service Brisbane. It is clear that any conversation about opening Queensland back up has to take into account the needs of people with disability and First Nations people. The vaccination rates in these communities are simply not high enough for there to be complacency and I am really concerned about the impacts of a surge of COVID-19 on these communities. The other thing that emerged in this consultation is the state of Queensland's hospital system. It is simply ill equipped to deal with the coming surge and this bill maps a way forward to funding it to do its job.

If members are wondering if I consulted with the big banks, the big banks have made massive profits ripping off everyday people. A study by the University of Melbourne found bank misconduct has cost Australians over \$200 billion over five years. Based on Queensland's share of the economy, that means Queenslanders have been ripped off about \$38 billion. The big banks have ripped billions of dollars out of the Queensland economy and given nothing back. So, no, I did not consult the big banks and I have no intention to do so. My job is to represent ordinary Queenslanders, not to look after the profit margins of greedy, dodgy banks.

Our bank levy is modelled on the bill proposed by the South Australian Weatherill Labor government in 2017. They were committed to standing up to the big banks and standing on the side of everyday South Australians.

**Honourable members** interjected.

**Mr DEPUTY SPEAKER** (Mr Krause): Members on my right and, members on my left, order!

**Mr Ryan** interjected.

**Mr DEPUTY SPEAKER**: Member for Morayfield, you are warned.

**Dr MacMAHON**: Shamefully, following a campaign by the big bank lobby, led by none other than former Queensland Labor premier Anna Bligh, the bill failed in the upper house thanks to the LNP and Xenophon party. This is what former Labor premier Jay Weatherill had to say when their bank levy got shot down—

We've taken the fight up to the big banks but with Steven Marshall taking the side of the banks over the people of South Australia this has no chance of getting up.

While Steven Marshall and Nick Xenophon side with large corporate interests, I will always stand up for South Australian small business.

Today I ask Queensland Labor: will you follow your South Australian colleagues? Will you take the side of everyday people or will you go the way of the South Australian LNP and side with large corporate interests and the big banks?

Queenslanders have been committed to the health advice over the past two years. We have locked down, we have masked up, we have followed restrictions, we have been separated from family and friends and we are getting vaccinated. I encourage every Queenslanders to go and get your vaccine as soon as you can. While we have been doing all of that we have been relying on the government to be strengthening our healthcare system with the beds, staff and technology we need. We have just seven weeks. We could start investing in our health system now knowing that we have sustainable funding streams for years to come. I urge the government to not go the way of the South Australian LNP. Do not side with the big banks and the bank lobby who only care about their profits; stand on the side of everyday Queenslanders.

### **First Reading**

**Dr MacMAHON** (South Brisbane—Grn) (12.48 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 Economics and Governance Committee**

**Mr DEPUTY SPEAKER** (Mr Krause): In accordance with standing order 131, the bill is now referred to the Economics and Governance Committee.