




Speech By
Aaron Harper

MEMBER FOR THURINGOWA

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Mr HARPER** (Thuringowa—ALP) (3.41 pm): I rise to speak in support of the Health and Other Legislation Amendment Bill 2021. From the outset, I also acknowledge all of the health workers in Townsville who have done a fantastic job with dedication and professionalism, particularly over the last couple of years in dealing with COVID. I also take the opportunity to thank the chair and members of the State Development and Regional Industries Committee for their examination of this bill and for doing the work that is normally given to the Health and Environment Committee. Currently we are doing a big body of work around what is going on in our public hospitals, and I look forward to speaking to that in a couple of months when we table it and maybe open the eyes of those opposite who just want to play the blame game, but there are a lot of causative effects that we are seeing. Anyway, I cannot speak to that just yet because we are not quite finished.

The committee's task was to consider the policy to be achieved by the legislation and, following its examination, the committee recommended that the bill be passed with five recommendations. The bill amends various acts within the health portfolio and covers a diverse range of policy areas. Issues addressed include the management of confidential information and access to the Viewer, which is effectively a health portal that connects the GP to the hospital and health system and is available to a range of health practitioners such as nurses, specialists, GPs, paramedics, midwives, you name it. They can actually see what is going on in one space and I think it is commendable work.

The bill also covers legislation relating to the use of human milk for sick infants, licensing arrangements for personal appearance services and proposes a series of more substantial amendments to improve the operation of the Mental Health Act 2016 in Queensland. Outside of the health portfolio the bill proposes amendments to the Environmental Protection Act 1994 to ensure that ministerial infrastructure designations can be implemented effectively. The bill, as I said, amends various acts within the health portfolio. They are the Ambulance Service Act 1991, the Environmental Protection Act 1994, the Hospital and Health Boards Act 2011, the Mental Health Act 2016, the public health and infection control act 2003, the Radiation Safety Act 1999, the Termination of Pregnancy Act 2018, the Transplantation and Anatomy Act 1979 and the Corrective Services Act 2006—a very broad range of acts that the committee did some work on.

There was consultation on the bill. According to the explanatory notes, the bill has been informed by consultation with stakeholders over a number of years, with the exception of the amendments to the Environmental Protection Act which were added to the bill more recently. Targeted consultation took place in 2021 with representatives from the medical, nursing, pharmaceutical, mental health and Aboriginal and Torres Strait Islander sectors. According to the explanatory notes, the stakeholders were generally supportive of the proposed amendments.

It will come as no surprise to the House that I want to focus my contribution on the amendments to the Ambulance Service Act 1991. The bill amends the act to ensure the framework for the management of confidential information by the Queensland Ambulance Service is robust and clear. The

bill amends the Ambulance Service Act to remove the requirement for the QAS Commissioner to be no older than 65 years of age, so there might be time for me yet! The Queensland Ambulance Service was established in 1991 under the act.

Mr Whiting interjected.

Mr HARPER: I take that interjection. In 2013 the QAS was amalgamated—and I certainly remember those days—with Queensland Health which had the effect of QAS employees being subject to information confidentiality provisions in both the Ambulance Service Act and the Hospital and Health Boards Act 2016. There are several differences in the definitions between the two acts for the disclosure of confidential information. Queensland Health advised that this can create uncertainty for QAS officers about which act applies—that is, whether they are authorised to disclose information in any presenting situation and what information they can disclose. This raises the risk of officers unintentionally disclosing confidential information without proper authority. To address this issue, the proposed amendments are to clarify that all QAS staff are bound by the duty of confidentiality regardless of whether they are employed under the Ambulance Service Act or the Public Service Act 2008; to make the duty of confidentiality provisions in the Ambulance Service Act consistent with the Hospital and Health Boards Act; and align reasons where confidential information may be disclosed under the ambulance act.

The bill also seeks to strengthen safeguards around the disclosure of information by expanding the definition of 'confidential information' to include information that could identify a person, even when the person is deceased; provides that if an officer discloses confidential information the person who receives the information will not be permitted to disclose it unless required by law; and increasing the maximum penalty of an unauthorised disclosure to align with the maximum penalty in the Hospital and Health Boards Act. In authorising a designated officer to disclose confidential information under the ambulance act, the chief executive—the director-general of Queensland Health—has the power to authorise a designated officer—an ambulance officer—to disclose confidential information if it is necessary to assist averting a serious risk to life, health or safety of a person; in the public interest; and made for the purpose of research which has the approval of the appropriate ethics committee. However, under the Ambulance Service Act, this power cannot be delegated. This also means that the QAS Commissioner cannot authorise their own designated officers to disclose confidential information in the same circumstances.

The bill amends the Ambulance Service Act to align powers of the Queensland Ambulance Service Commissioner with the powers of the director-general of Queensland Health under the Hospital and Health Boards Act. Accordingly, in the explanatory notes this amendment reflects that the commissioner has oversight and direction of most of QAS's operations and aligns the provisions within the Hospital and Health Boards Act. The explanatory notes also state that any disclosures made in the public interest will not be required to be included in the Queensland Health annual report. Of course, removing the age restriction on the appointment of the commissioner was important. Currently the Ambulance Service Act stipulates that a person is disqualified from being appointed or from continuing in the role as commissioner of the QAS where the person is or attains the age of 65 years. The bill removes this age restriction from the act as age is not considered relevant to the role of the QAS Commissioner. I take this opportunity to congratulate Craig Emery on his recent appointment as the new QAS Commissioner.

I want to quickly comment on the Hospital and Health Boards Act. The Viewer, as I said earlier, is Queensland Health's read-only web based application that displays a range of a patient's clinical and demographic information from a variety of Queensland Health systems. It includes, amongst other things, admission and discharge histories, pathology results and tests ordered, My Health Record, mental health data, operation notes and elective surgery waitlist information, oncology information and advance care planning. We saw how important advance care planning was when we held the palliative care and aged-care inquiry. When you are dealing with someone who is very unwell, who ultimately has a terminal diagnosis, to be able to look at the Viewer and see they have an advance care plan is certainly helpful in dealing with a range of situations when patients face end of life.

Queensland Health advise that the Viewer allows a continuity of care when transferring patients from acute care to community care settings. However, the Viewer is currently only accessible by health practitioners registered under the Health Practitioner Regulation National Law, such as doctors, physiotherapists and psychologists, and it cannot be accessed by allied health practitioners. The bill proposes to expand access to the Viewer to allied health professionals not registered under the national law. Allied health professionals will be prescribed by regulation and are expected to include audiologists, social workers, dietitians and speech pathologists. With the time remaining I say well done to the committee. It is a broad scope of work that it has considered. I thank its members very much for their work. I commend the bill to the House.