




Speech By
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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Dr MacMAHON** (South Brisbane—Grn) (3.14 pm): We always get really excited when we see a bill that has ‘health’ in it. We have a looming health crisis. We have had so many healthcare workers getting in touch with us to say how stretched our healthcare system is, and there has never been more urgency to fund the system to do its work. As the Queensland Greens health spokesperson, I heard from stakeholders across the state with feedback on the exposure draft for this bill. Naturally, the government does not extend us the same courtesy, so we had to wait for it to hit parliament. Was it worth the wait? This bill does not really touch funding for our healthcare system to take care of Queenslanders. Members may remember the big bank levy that I introduced last year was promptly knocked off when we tried to introduce the idea that we should fully fund our healthcare system.

There are a few features of this bill that I would like to shine some light on today. Interestingly, in a bill about health, this bill also amends the Environmental Protection Act to provide an exemption for developments and uses of premises that cause environmental nuisance. Basically, under these changes, they would not be an offence under environmental protection legislation if they have been assessed and regulated under a ministerial infrastructure designation, or an MID.

Why is this? I guess the government does not think that there are enough carve-outs in the MID process already. MIDs are a key focus of reform for the Queensland Greens because our planning system is broken and we want to put people back at the centre, not developers.

I know in the past MIDs were exclusively for government bodies to build things like schools, fire stations, arts and sports facilities, but now private entities can apply to build things like aged-care centres, private hospitals and for-profit facilities. MIDs remove these developments from normal local government assessment processes and creates a less rigorous assessment process.

The applications do not have to comply with local planning codes and requirements, the approval time frames are shorter, there is no application fee, and infrastructure charges which are the funds that our councils need to provide crucial local infrastructure may not apply. Applications do not need to include detailed plans. There are no rights of appeal once a decision has been made.

One consultancy described MIDs as ‘planning gold’—no longer bestowed only on the public sector entities and infrastructure designation is an opportunity to designate a premises for the development of essential infrastructure and services faster, at lower cost, and without the risk of appeal. Sounds great for a developer, does it not?

The Deputy Premier talked about MIDs facilitating critical infrastructure, but I think there are some serious questions about whether private, for-profit entities should be able to access this kind of fast-tracked development approval. On top of a less rigorous assessment process, we now have proposed laws for less rigorous environmental standards for MIDs.

MIDs are just one loophole in the Swiss cheese that is Queensland's planning laws that puts property developers, private hospitals and for-profit organisations ahead of community need. In my electorate in South Brisbane, we have private entities being ushered through under MIDs, while local schools, our most critical infrastructure you could say, have been crying out for new facilities and upgrades, and have been ignored.

As a minimum, we want to see MIDs reformed so they do not undercut local planning rules. They should require the same standard of detail, community consultation, public notifications and assessment by local councils. Obviously we do not think they should be exempt from environmental nuisance laws.

This bill also makes some important reforms to the Mental Health Act in the direction of a rights based approach, rather than the older decision-making framework where a patient had their best interests decided by other people. These improvements are things like how the Mental Health Court can proceed if there is a dispute of fact on which an expert has based their opinion. The process for approving electric compulsive therapy, or ECT, by providing additional protections and ensuring patients' views, wishes and preferences are taken into account, is a step in the direction of a rights based approach, ensuring least restrictive practice in the apprehension and transfer of absent patients and promoting a stronger rights based approach for decisions about patient transfers between services.

In the inquiry into this bill the Queensland Human Rights Commission raised important points on some of the human rights elements of this bill. Importantly, they submitted that sections 790 and 791 of the Mental Health Act, which limit the publication of reports of the proceedings of the Mental Health Court and the Mental Health Review Tribunal and the publication of identifying information of any of the parties to those proceedings, should also be amended in order to reflect a rights based approach, not the now outdated best interests approach.

I also reiterate the urgent need to increase funding for our mental health sector. We have heard about months-long waits to access eating disorder treatment, young people going without support and stress among healthcare workers. In the wake of last year's budget the Royal Australian and New Zealand College of Psychiatrists made this very clear. They expressed their disappointment that in the 2021-22 state budget there was nothing substantial for mental health. They said the funding that has been announced are promises that had already been made in previous budgets and are yet to be delivered.

During the public hearing for the Mental Health Select Committee, Associate Professor John Allan from Queensland Health pointed out that Queensland has one of the lowest per capita expenditures on public specialised mental health services across Australian jurisdictions. He pointed out that, while per capita the public hospital and health spend has grown by 62 per cent since 2009, comparable mental health spending has grown by just 10 per cent. He said that demand for treatment and care through our hospital and health services, funded NGOs and community controlled organisations is greater than existing resourcing. Services are unable to meet existing need and keep up with this demand. The inevitable direct consequence of this is that unwell people miss out on help; the human and societal costs cannot be justified.

We also welcome the amendments to the Transplantation and Anatomy Act to exclude human milk from the definition of 'tissue' to ensure breastmilk donations can effectively occur. Of course, fed is best and human babies can thrive on breastmilk, formula or any combination of these. However, breastmilk donation is on the rise in Australia in light of how beneficial breastmilk can be to infants, especially those who are sick or preterm and those who are not able to be breastfed by their parents. This change reflects modern community standards and empowers people to donate their breastmilk when they are able and willing.

Another area where I would love to see law and policy in Queensland catch up to modern community standards is around homebirth. On behalf of some very passionate constituents and advocates with whom I have met, I have asked this government several times whether it is considering adding publicly funded homebirth to the suite of options available to birthing parents in Queensland. I look forward to movement on this front. Of course, hospitals like the Mater Mothers' Hospital down the road from my electorate office are fabulous places for many people to give birth but, for those with trauma relating to past birth experiences and other medical issues, it is appropriate to provide a wider range of options.

Expansion of midwifery programs to ensure midwifery continuity of care is crucial as is the expansion of child and baby health clinics including access to home visits from zero to six weeks postpartum, a proper review into obstetric violence in Queensland, a review by the Queensland Audit Office of maternity care services and enhanced funding for rural maternity services. It is so important

that we invest in maternity care here in Queensland. Investing in babies and their parents at the earliest opportunity pays dividends in so many ways and relieves pressure on other parts of our social support system like education, youth justice and our mental health system.

There is so much more that we as lawmakers could be doing to support the health system in Queensland. For a start, following on from the speech I gave yesterday around the appropriation bills, we need to fund our health system to do its job. Our healthcare workers, the absolute heroes of the COVID-19 pandemic, are telling us loud and clear that they need our support. It is this government's job to ensure that the system is robust with the ongoing funding that we need.