




Speech By  
**Ros Bates**

**MEMBER FOR MUDGEERABA**

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### **HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

 **Ms BATES** (Mudgeeraba—LNP) (2.00 pm): I rise today to make a contribution to the Health and Other Legislation Amendment Bill 2021. At the outset I will say that for the most part the bill is largely uncontroversial and some of the changes within are straightforward and are common sense. It is for this reason that the LNP will not be opposing this bill.

Today as we discuss the laws that govern our health system, I would like to pay tribute to my fellow nurses and other frontline workers. To my fellow nurses, you are the heroes who have supported us through the roughest surges in this rolling pandemic. To the frontline workers who go home after 12- hour shifts, or double shifts, dehydrated, nauseated and physically marked from wearing PPE to allow them to comfort and treat Queenslanders in our health system, I see you and I pay tribute. I understand how you feel when you have to zip up a body bag on your shift or watch a person suffocating to death from COVID, or the challenges of nursing a patient prone or feeling ribs breaking from doing CPR on someone's family member. I share the pain you feel when you have been punched in the face as you try to assess your patient or the anguish you feel when you have looked into a loved one's eyes or held them when they crumble as the doctor calls the time of death on their relative. I understand that you tell your family that your shift was fine, to spare them from what you saw that day.

For years nurses have been undervalued and no-one seemed to care. Now that the health system is on the brink of collapse everyone is concerned. Nurses are leaving the profession in record numbers, utterly fed up with being asked to do more with less while calling for higher staff-to-patient ratios in already crowded hospitals. I hope this government will consider nursing staff retention rates and working conditions as we move through and out of this pandemic.

I now turn to the bill. The bill amends health portfolio legislation as well as some pieces of legislation outside of the portfolio. It is quite a lengthy list, including 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 (Infection Control for Personal Appearance Services) Act 2003, the Termination of Pregnancy Act 2018, the Criminal Code Act 1899, the Radiation Safety Act 1999 and the Transplant and Anatomy Act 1979.

It is not my intention to talk to each of the changes which are being made across each piece of legislation. Instead I intend to focus my contribution on the parts of the bill the opposition sees as contentious. I want to start with the changes to the Hospital and Health Boards Act 2011. The bill will allow certain designated persons and prescribed health professionals to disclose confidential information to a person performing functions under the Mental Health Act 2016.

Secondly, the changes to the Hospital and Health Boards Act 2011 enable more allied health professions to access the Viewer which forms part of the Queensland Health patient information system. The opposition supports in principle the increased access to the Viewer by allied health professionals. If we can arm our clinicians with more information about the patients they are treating then that is a

good thing. With that increased level of visibility for clinicians should come improved patient outcomes and the opposition is supportive of that. In short, it should mean that a clinician can tailor their treatment based on the healthcare history of the patient and that is a good thing.

The health information of Queenslanders is very sensitive and accordingly it should be treated with respect. I acknowledge the submission made to the State Development and Regional Industries Committee by the office of the Integrity Commissioner and the Privacy Commissioner. Their submissions identified ongoing needs to strengthen privacy and security safeguards around health information technology systems. That is fair and reasonable feedback from important statutory bodies and any good government should always be looking to improve how that sensitive healthcare information is protected. Some suggestions for operational improvements to the Viewer were made in the submissions of the office of the Integrity Commissioner and the Privacy Commissioner.

The committee has made two particular recommendations about this part of the bill and they are as follows: that Queensland Health examine enhancing the functionality of the Viewer, in consultation with key stakeholders, so that an individual may have greater control over who can access specific information or categories of information; and that Queensland Health, in consultation with relevant providers, deliver a comprehensive and accessible engagement campaign to inform the community about what health information is available on the Viewer, who can access their health information and what options they have to control it. This is where the opposition will be watching very closely and this is why: when it comes to Labor governments, Queensland Health and IT projects, well, let us say it is a chequered history. Who could forget the electronic medical record rollout, the ieMR? The project blew out by close to \$300 million and it has been on ice for years. What about the \$70 million pathology system that was mothballed? Then there was the \$135 million purchasing system which blew up when it was turned on. The icing on the Queensland Health IT bungle cake is, of course—and no-one will forget—the Queensland Health payroll debacle: \$1.25 million gone forever. They have a chequered history indeed.

The Auditor-General also recently made some scathing findings about the low uptake of information systems in the *Improving access to specialist outpatient services* report in relation to the low uptake of the smart referral systems by GPs. The point is that this government has history of bungling IT projects and it is costing taxpayers billions of dollars with no real benefit to clinicians or the community. If the government does go ahead with the expansion of the Viewer, the laws of probability suggest that there will be some form of cost blowout. It is not that the opposition disagrees with the idea of expanding the functionality of the Viewer, because we do not; we are concerned about the execution of the changes by the government because, as we all know, very rarely does it go to plan under the ALP. The opposition will be watching carefully.

I also want to speak about the changes to the Termination of Pregnancy Act 2018 and the Criminal Code Act 1899. I listened to the contribution by the minister and I thank her. The changes will enable students registered under the Health Practitioner Regulation National Law who are undertaking a clinical placement with a health service to assist in a termination of pregnancy. My views on pregnancy termination are well known inside this place and outside and I am not going to speak about those today, but I will speak about the practicalities of these changes.

I will start with what the committee recommended about these changes. The committee has recommended that the minister take the following action: make clear that it will not be compulsory for students to assist with or observe terminations of pregnancy in order to complete their qualifications; that there is no forced requirement for clinical students to assist or observe termination of pregnancy and that those with conscientious objections are appropriately supported; information be available on alternative study options for students who express a conscientious objection to assisting in a termination of pregnancy; and identify what measures will exist to ensure that students feel supported in exercising a conscientious objection. These are entirely reasonable recommendations and the opposition supports each of them. No clinician in training should be forced to partake in these procedures should they not wish to do so. This is an area of health care which is niche, which is sensitive and is unlike any other procedure. Should a training clinician object to their involvement in this type of procedure that should always be respected. Their wishes should be upheld and the appropriate support and protections should be in place.

I also want to use my contribution to briefly speak about the changes to the Environmental Protection Act 1994. The changes will provide that development or use of premises that cause environmental nuisance is not an offence under the Environmental Protection Act if it has been assessed and is regulated by a requirement of an infrastructure designation by the planning minister. Others will speak more on this, but I do want to share some concerns that I have.

The committee has recommended that the minister provide more detail on how instances of environmental nuisance relating to a ministerial infrastructure designation as exempted by the amendment would be investigated and regulated. That is fair too because this is quite an extraordinary power. The examples given to the committee by departmental officers during committee hearings make sense, but that does not take away from the fact that, if unchecked or taken advantage of, the changes could prove to be against community interests. The powers need to be used with the greatest of respect and should never be abused by any minister.

I know many think it is always adversarial in this place. It is the opposition's job to hold the government to account and I have and always will do just that. Everyone in this chamber knows I will never shy away from that. However, I also will not shy away from acknowledging changes to legislation that the government introduces that serve the common good.

The changes proposed in the bill to the Transplantation and Anatomy Act 1979 are good sensible changes. The bill proposes to exclude human milk from the definition of 'tissue' in the act to ensure that sick and preterm infants can be efficiently provided with donated human milk to prevent or treat serious health conditions. Looking after preemie babies is a tough gig but it is a rewarding one. The LNP hopes that these changes will make it simpler for staff to provide breastmilk to preemie babies and that is important. To round out my contribution, the LNP will not oppose the bill but we will be carefully watching some of the changes to ensure the government is acting appropriately.