




Speech By
Joan Pease

MEMBER FOR LYTTON

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Ms PEASE** (Lytton—ALP) (6.36 pm): I stand today to speak to the Health and Other Legislation Amendment Bill 2022. The bill amends seven health portfolio acts to support the provision of health services in Queensland and makes technical amendments to ensure legislation is contemporary and operates as intended. These are the Hospital and Health Boards Act 2011, the Public Health Act 2005, the Medicines and Poisons Act 2019, the Mental Health Act 2016, the Radiation Safety Act 1999, the Transplantation and Anatomy Act 1979 and the Water Fluoridation Act 2008. The bill will also amend the Recording of Evidence Act 1962 to establish a statutory framework for recording the proceedings of prescribed tribunals and providing access to copies of recordings and transcripts of the proceedings. It is intended that the Mental Health Review Tribunal will be a prescribed tribunal under the new framework.

The amendments in the bill have been informed by consultation and between September and October 2022 over 220 stakeholders were invited to participate in the consultation process on the bill. The committee itself received 12 submissions and I want to take the opportunity to say thank you to all of the submitters who made the effort to contribute a submission and put forward their opinions. I also want to acknowledge the work of my parliamentary colleagues on the Health and Environment Committee, particularly the chair, Aaron Harper, the member for Thuringowa, and all of the other parliamentary committee members. I also want to take the time to thank the secretariat. It has done a great job and I appreciate all of the work that it has done.

The bill itself will make important changes to the Hospital and Health Boards Act to strengthen protections for the physical and psychological wellbeing of workers in Queensland public health services, including clinical, administrative and operational staff. I want to take a moment to thank all of our workers in the HHSs and Queensland Health for everything that they do each and every day, particularly the workers who have dedicated much time in my electorate such as the wonderful staff at Gundu Pa and maternal child health services. I also want to take a moment to acknowledge the great staff who used to work at the Moreton Bay Nursing Care Unit until it was closed down by those opposite and when 85 residents lost their homes that day with the stroke of a pen. While talking about chaos and crisis, we all know what those opposite in the LNP are capable of doing.

The public health workforce operates in what is often a high-pressure, challenging environment. The importance of public health workers' contributions to the Queensland community became even more visible during the COVID-19 pandemic. The bill requires the HHSs to proactively consider the need to support and implement measures that support the health, safety and wellbeing of staff in Queensland public sector health service facilities, including staff who perform community or home-based work. This requirement is intended to complement and contribute to broader compliance activities required under existing work health and safety legislation.

Under the Medicines and Poisons Act, Queensland Health maintains a register containing information about licences and authorities granted to persons who may deal with medicines and poisons and a register with information about administrative action taken against persons who have dealt with

medicines and poisons in an inappropriate way. To enable the public, wholesalers and retailers to verify whether a person they are dealing with has appropriate approvals to deal with medicines or poisons, the bill inserts an authority for the chief executive of Queensland Health to disclose information from the registers to an individual seeking the information if it is in the public interest. Information from the administrative action register may be disclosed by giving information directly to a person who makes an inquiry. Information from the substance authority register may also be disclosed by giving information to a person or by publishing the register or part of it on Queensland Health's website if it is in the public interest. The public interest test will enable a range of factors, including the likely impact on a holder of an authority, to be considered in determining whether it is appropriate to disclose the information.

The bill also makes two key changes to the Public Health Act and these are to allow student information to be shared between schools and public dental and immunisation programs to support positive and important outcomes for children. The Queensland Health Primary School Nurse Health Readiness Program, or the vision screening program, is a public health program that screens the Queensland prep student cohort each year for the presence of lazy eye and other risk factors subject to parental/guardian consent. As the Public Health Act does not cover the vision screening program, schools cannot provide the program with information about families who have not returned an electronic or paper form that provides or refuses consent for the child to be screened unless the family has consented to the information being shared. The bill allows schools to disclose student information to the vision screening program. The act and the Public Health Regulation 2018 specify the particulars that can be disclosed, such as the name and date of birth of the student and the parent/guardian contact details. The student information will allow vision screening nurses to oversee the consent process for vision screening without having to rely on school staff. These amendments will reduce the administrative burden on school staff and nurses and maximise the number of children who are screened for this preventable vision loss.

The Public Health Act establishes the Queensland Cancer Register and requires a broad range of information to be notified to the QCR. The notification requirements in the act reflect the types of health facilities involved in the diagnosis and management of cancer when the register was established in 1980. The information does not reflect contemporary diagnostic techniques and cancer management. The QCR is currently not notified of all important information from pathology laboratories or all relevant cancer related treatment from hospitals. To address these data gaps and ensure the QCR is contemporary and keeping up with best practice, the bill amends the Public Health Act to require pathology laboratories to provide additional cancer related examination results performed by the pathology laboratory following a person's primary cancer diagnosis, extend the cancer diagnosis notification requirements to diagnostic imaging practices and enable additional data to be required from hospital notifiers, including cancer treatment centres, about all cancer related treatment provided—that is, each cancer treatment episode and each procedure or investigation regarding cancer.

The notification methods for existing notifiers will not change. The QCR has been in place for almost 40 years and additional data being notified to the QCR will be protected by the existing strict safeguards that mitigate the risk of unauthorised access in line with industry best practice. The new notification requirements will provide comprehensive coverage of cancer incidents in Queensland, allowing the QCR to monitor the progress of the disease after diagnosis, evaluate the effectiveness of treatment and monitor disease free intervals to provide an indication of a person's cancer returning. They will also help to provide more comprehensive data for research to determine the cause of cancer and improve the quality of cancer services and for programs to educate the Queensland community on the risks of cancer.

The bill will also allow the Mental Health Review Tribunal to implement electronic recording of its proceedings. To ensure the new framework established by the Recording of Evidence Act applies appropriately to the MHRT, the bill limits the parties to which the MHRT can provide records, including written records, audio or electronic records or transcript, to judicial persons, the registrar of the Mental Health Court, the Chief Psychiatrist performing a function or exercising a power under the Mental Health Act, inspectors appointed under the Mental Health Act and persons entitled to be given written notice of the decision in the proceedings.

The bill also amends the Mental Health Act to remove the requirement for an adult with capacity to waive the right to be represented at the Mental Health Review Tribunal in writing. The requirement for the waiver to be in writing can be an administrative burden for some patients and can create a barrier to individuals exercising their rights in a timely manner. It has resulted in situations where the MHRT is unable to dismiss a legal representative even though the person with capacity has chosen to waive their rights to representation. Currently in these circumstances the MHRT must adjourn the proceedings until a written waiver can be completed and consequently slow down the proceedings. I commend the bill to the House.