




Speech By
Hon. Shannon Fentiman

MEMBER FOR WATERFORD

Record of Proceedings, 30 November 2023

HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

Introduction

 **Hon. SM FENTIMAN** (Waterford—ALP) (Minister for Health, Mental Health and Ambulance Services and Minister for Women) (11.43 am): I present a bill for an act to amend the Criminal Code, the Hospital and Health Boards Act 2011, the Mental Health Act 2016, the Public Health Act 2005, the Termination of Pregnancy Act 2018 and the legislation mentioned in schedule 1 for particular purposes. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Health and Environment Committee to consider the bill.

Tabled paper: Health and Other Legislation Amendment Bill (No. 2) 2023 [2059](#).

Tabled paper: Health and Other Legislation Amendment Bill (No. 2) 2023, explanatory notes [2060](#).

Tabled paper: Health and Other Legislation Amendment Bill (No. 2) 2023, statement of compatibility with human rights [2061](#).

The Health and Other Legislation Amendment Bill (No. 2) 2023 will: lay the groundwork for introducing minimum midwife-to-patient and baby ratios in maternity awards; enhance access to termination of pregnancy care in Queensland; promote quality improvement and patient safety in public health facilities in Queensland; and improve the operation of health legislation.

The quality of maternity care at our public hospitals is one of this government's key priorities and an issue that I care about deeply. Queensland families deserve access to the best quality care, and our midwives work incredibly hard to deliver compassionate and comprehensive care to mothers and their babies. That is why we are implementing minimum midwife-to-patient ratios in our larger hospitals. Queensland was the first state in Australia to introduce nurse-to-patient ratios in 2016, and we have since seen other states follow our lead. This is the next step.

Currently, we do not have any minimum midwife-to-patient ratios in our Queensland maternity wards. The amendments clarify that for calculating midwife-to-patient ratios on maternity wards a baby will be counted as a separate patient when they are staying in a room with their birth parent. Under our proposed changes, the minimum ratio will be one midwife to every six patients, including babies. Midwives have been calling for this change for years. We know that ratios work, and I am so proud that we are delivering for our frontline staff. More staff members means better patient outcomes.

Since 2015 we have legislated minimum nurse-to-patient ratios in prescribed medical, surgical and mental health wards in public health facilities as well as across Queensland Health's 16 public residential aged-care facilities. Queensland's minimum nurse-to-patient ratios have led to low mortality and readmission rates as well as shorter lengths of stay. Ratios also give nurses more time to complete necessary care and time to detect patient changes. Nurses also reported better job satisfaction and less burnout, while patients were more likely to recommend the hospital to family and friends. I am confident that these same benefits will be realised in our larger hospitals once we implement minimum

midwife-to-patient ratios. I thank and pay tribute to all of the amazing staff who have pushed for these changes to become possible. Thanks to them, the care that Queensland mothers and their bubs will receive is going to be far safer.

The Palaszczuk government has always recognised the importance of Queenslanders' access to reproductive services. In fact, we just marked five years since our government progressed landmark reforms to establish a new framework for lawful terminations in Queensland under the Termination of Pregnancy Act. As a result of these reforms, termination of pregnancy is now regulated primarily as a health service rather than under the criminal law.

Although we have come a long way, there is still work to do to remove barriers that pregnant people face when seeking reproductive health care. Access to termination-of-pregnancy care remains a significant issue for Queenslanders. Early medical terminations are currently performed using the termination drug MS-2 Step, which is a schedule 4 medicine approved in Australia for the medical termination of pregnancy. However, there is only a short window of opportunity for pregnant persons to choose to have less invasive, early medical termination by taking MS-2 Step—up to nine weeks gestation. A person seeking a termination after this time may have to be admitted to hospital for a more complex and psychologically challenging medical induction or surgical termination. For people living in rural and remote areas, this often involves the added social and financial burden of travelling long distances to access these services. The current arrangements result in inequitable access to safe, early medical termination-of-pregnancy services. We know that too many people are missing out on the short window to choose to have a less invasive early medical termination by taking MS-2 Step because they do not have access to a medical practitioner who prescribes the drug.

Access to safe termination-of-pregnancy care is a human right. No pregnant person in Queensland should have to travel hundreds of kilometres to access this essential drug. On 11 July 2023, the Therapeutic Goods Administration announced that from 1 August 2023 changes would be made to the prescribing and dispensing requirements for MS-2 Step. One of these changes means that MS-2 Step can now be prescribed by any healthcare practitioner with appropriate qualifications and training. The prescribing of MS-2 Step is no longer limited by the TGA to registered medical practitioners, and we have taken action to implement this change in Queensland as soon as possible. During consultation, stakeholders overwhelmingly agreed that nurses and midwives have the necessary skills, experience, qualifications and training to undertake this important role and provide greater access to reproductive health care, particularly in rural and remote communities.

The amendments in the bill to the Termination of Pregnancy Act and the Criminal Code will enable nurses and midwives to perform medical terminations using a registered termination of pregnancy drug in appropriate circumstances and in accordance with their authorised activities under the Medicines and Poisons Act. Importantly, this framework will include the gestational limits at which registered termination of pregnancy drugs, such as MS-2 Step, can be used. The bill includes a regulation-making power to allow additional types of registered health practitioners to be prescribed to perform medical terminations of pregnancy using a registered termination of pregnancy drug, such as MS-2 Step, in the future. This will allow flexibility to adjust the legislation over time to extend access to termination of pregnancy services as other cohorts of health practitioners become suitably trained, qualified and experienced to perform medical terminations of pregnancy such as Aboriginal and Torres Strait Islander health practitioners.

As is already the case, doctors will remain the only practitioners authorised to perform either surgical or medical terminations of pregnancy for gestations nine weeks and above. The bill also allows prescribed practitioners, such as Aboriginal and Torres Strait Islander health workers, and students on clinical placement to assist nurses and midwives in performing early medical terminations. This will ensure these prescribed practitioners are able to learn and gain experience in providing reproductive and termination of pregnancy care.

The bill also removes gendered language from the Termination of Pregnancy Act and related provisions in the Criminal Code and the Powers of Attorney Act. The Termination of Pregnancy Act currently only authorises terminations in Queensland to be performed on a 'woman'. This language is not inclusive of people who are gender diverse or do not identify as women, such as transgender men, who may also require reproductive health care. The bill will ensure that all pregnant people can lawfully access termination of pregnancy care in Queensland. Removing gendered language will strengthen legal recognition of transgender and gender-diverse communities accessing health care in Queensland and aligns with this government's commitment to make our laws more inclusive. The use of gender-neutral language in legislation is also consistent with contemporary drafting practices.

The bill also includes important amendments to procedural aspects of the Mental Health Act about the use and storage of expert reports and court transcripts. The most significant change in the bill will allow expert reports and transcripts from Mental Health Court proceedings to be admissible in criminal proceedings for any criminal offence. The reports and transcripts will only be able to be used to assist the criminal courts to consider a person's unsoundness of mind, fitness for trial and sentencing. This change does not impact the court's discretion about whether the evidence is admissible, and courts will still be able to decide whether to admit a report or transcript in evidence based on established evidentiary principles.

The bill will also streamline procedures for the use of expert reports that have been filed with the Mental Health Court registry but not yet formally received in evidence. This will facilitate the reports being used for planning and delivery of a person's assessment, treatment and care while they await their Mental Health Court hearing and for the reports to be considered by other experts when formulating their opinion and evidence for the Court.

We know Queensland's health system is world class. However, the delivery of health care is complex and occasionally things do not go as expected. The Hospital and Health Boards Act includes a clinical incident management framework to ensure patient safety issues are addressed in a timely and meaningful way. The framework fosters a culture of safe and reliable care through analysis and learning to reduce preventable occurrences and improve patient safety.

To encourage a focus on learning, professional development and clinical improvement, the Hospital and Health Boards Act prohibits the disclosure of information about clinical incident management, particularly information which may identify a patient or a health professional, subject to very limited exceptions. Although it is very important that these processes are subject to strict confidentiality provisions, it has been identified that changes are required to improve patient safety and ensure that the provisions are working effectively.

An important change is that the bill will require a quality assurance committee to notify a health professional's chief executive if the committee reasonably believes that a health professional poses a serious risk of harm to a person because of their conduct or performance. The current provisions of the act prevent quality assurance committees from sharing information about serious risks with the department or a hospital and health service so that these risks can be proactively addressed.

The inclusion of 'serious risk of harm' is a deliberately high threshold for reporting. It is designed to ensure quality assurance committees are only required to report when there are very significant concerns that harm is being caused. This threshold will also encourage health professionals to continue to participate in the quality assurance committee process. The bill will also improve the sharing of recommendations from root cause analysis reports and ensure the chief executive of Queensland Health can take action on clinical reviews and health service investigations regardless of whether those processes were commenced by a hospital and health service or by the department.

The Palaszczuk government is committed to prioritising the health and safety of all Queenslanders. The bill facilitates initiatives that promote quality improvement and patient safety to drive the safe and effective operation of our health system to achieve the best possible health outcomes for Queenslanders. As Minister for Women, it is extremely important to me that all pregnant women and people in Queensland have the right to choose termination of pregnancy care and pregnancy health care. Access to those services should not depend on someone's postcode.

At the last election, we committed to boosting frontline health services and expanding nurse-to-patient ratios in maternity wards and I am so proud we are delivering something for which our frontline staff have called for many years. I would like to again acknowledge and thank our amazing nurses and midwives and other health workers for their dedication to serving the people of Queensland and providing world-class health care. I would also like to take this opportunity to thank the many individuals and organisations that engaged in Queensland Health's consultation process and provided feedback on the policy proposals in this bill. I commend the bill to the House.

First Reading

Hon. SM FENTIMAN (Waterford—ALP) (Minister for Health, Mental Health and Ambulance Services and Minister for Women) (11.55 am): 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 Health and Environment Committee

Mr DEPUTY SPEAKER (Mr Kelly): Order! In accordance with standing order 131, the bill is now referred to the Health and Environment Committee.