




Speech By
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MEMBER FOR LOGAN

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PHARMACY BUSINESS OWNERSHIP BILL

 **Mr POWER** (Logan—ALP) (3.09 pm): I rise as the chair of the Cost of Living and Economics Committee to endorse the Pharmacy Business Ownership Bill. I think all of us in this House have at some time in our lives relied upon our local pharmacist for trusted advice about our health care. I speak from experience. My local pharmacist, Damian Prineas, and I regularly talk. I know of his close and hardworking commitment to the Logan community, especially those who suffer complex and chronic health conditions and those who are elderly. They often rely on him for his advice and services. They also rely on him for the follow-up that comes from a pharmacist who does not just run a business that focuses on the profit and loss but sees their pharmacy credentials and their professionalism as a key part of what they are about and sees their vocation as contributing to health care, especially the careful administration and use of powerful drugs.

I also want to recognise the other pharmacists of Logan, especially in Logan Village and other places, with whom I have had strong dealings on their various business issues. They do an amazing job looking after people. We know that, with so much amazing science and life-improving and indeed life-saving medicines available, the local, human and trusted advice of pharmacists is more vital than ever. I see the care and concern that is shown to patients and I know that makes an enormous difference.

In 2001, former parliamentarians brought into this place a bill about pharmacy ownership and control. We saw then that there were large, uncaring corporate entities in other countries that were diminishing the roles of health care with the aim of using pharmacists to solely maximise corporate profit. That was something that this parliament rightly recognised in 2001 was not good for the people of Queensland and not good for the health care of the people of Queensland. Now in this bill we will clarify that and establish oversight with a statutory regulatory council to administer that act and the regulatory functions that were previously within Queensland Health under the 2001 act.

I want to recognise the advocacy over quite a considerable time of Chris Owen and the rest of the team at the Pharmacy Guild who are with us here today. They have been steady supporters of this bill and worked cooperatively through this process. They know that establishing this licensing framework for the ownership and interests of pharmacy businesses is vital for both the health care of Queenslanders and the functioning of their guild membership to have successful community businesses deeply in contact with the communities they serve.

The bill prohibits the council from issuing a licence if the pharmacy business wants to be located in—and, as was said in discussions, is therefore somewhat controlled by—a supermarket. That is because we recognise that pharmacies are all about health care. When people sometimes need to ask delicate questions of their pharmacist about embarrassing or personal things, that should not be done as the call for discounts and red-light specials is going over the air. That is why that is an important part of this bill.

The bill prohibits third parties from exercising inappropriate control over how pharmacy business owners provide pharmacy services related to medicines. We note that under the 2001 act there were businesses that attempted to have an inappropriate level of control through the provision of medicines and other services. We want to recognise that there should not be workarounds attempting to subvert the nature of the act. We want to see that pharmacy professionals are making caring choices about their patients; we do not want to see profit-driven outside influences playing a part. We also want to ensure that clauses in a contract or agreement that allow a third party to exercise inappropriate control cannot be enforced and will be void.

Importantly, the council will maintain a register of pharmacists to assist the community locate pharmacies and services of pharmacies but also to make someone understand that if someone is claiming to be a pharmacist and they are not on the register then they are indeed not a pharmacist.

The bill modernises the existing provisions relating to the functions and powers of inspectors, legal proceedings, delegations and protections from civil liability. It restricts the disclosure of information obtained in connection with the administration of legislation to limited circumstances and confirms that regulations may be made about fees, waiver of fees, record keeping and pharmacy premises standards.

In the long run this really is a cost-of-living issue, because this health bill focuses on stopping big corporate interests amassing disproportionate market power. If not for this bill, after going through that process of amassing that market power they would then seek to push up prices and force health consumers to take the product that gives the corporate interest the highest profit rather than the medicine that is right for the consumer. I have lived in the United States and I have seen situations where organisations such as CVS would put one pharmacy on one corner and another on the opposite corner—or the kitty corner, as it is called there—in order to maintain market dominance. In that way they could push their particular products and force other smaller pharmacists out of the market. We do not see that as healthy. We see what is in this bill as the right approach.

We know that this bill has opponents. There are those who line up against community pharmacies, and they are on the side of the big corporates. They say, 'Let's just let the market rip. Let the big corporations and their profits decide the health care of the most vulnerable.' On this side of the House we want professionals who are dedicated to a vocation to look after the elderly and chronically unwell first. We recognise that this bill fulfils the intent of the 2001 act and it provides further definitions. The submission of the Pharmacy Guild of Australia states—

- While the *Pharmacy Business Ownership Act 2001* ... has maintained the foundations for pharmacy business ownership in Queensland, the Act or the inability to ensure compliance with the Act has allowed the creep of corporate entities into the sector. Corporates have been able to exploit the vague and dated legislative provisions, at the expense of community pharmacy, and patients in the communities of those pharmacies.
- To allow large corporations and supermarkets like Coles and Woolworths to own or influence pharmacy businesses, would facilitate analysis, and exploit patient health records. In addition, it would reduce competition—

I think that is over time, not immediately—

and increases upward pressure on the cost of living of Queenslanders, as we have seen in the grocery sector. It would be remiss to expect that the pharmacy profession would be exempt from the price setting practices and market power exerted by the major corporate entities currently within the industry.

I think this is a fact. The other thing I think members should recognise is that the pharmacists themselves are driven by a vocation to give to health care, and keeping community ownership helps drive that. I note there is discussion over the definition of a pharmacy business and future problems that could be encountered. In our report we noted that the statutory regulatory council can give advice to the minister if any of those things start to creep in and we can then address those issues by regulation. That standing statutory regulatory council will provide that oversight.

I also note that the Aboriginal health services had concern. We want to work hard to close the gap. Indeed, the Pharmacy Guild themselves recognise that we want Aboriginal people to feel confident that they are dealing with someone who is on their side, who is professional with them and who has their best interests at heart and recognise that they will fill their scripts and work with their pharmacist. That is something that the guild is very committed to and, through the minister, the council is going to be committed to. We did not want to bring in something that had unintended consequences. That is why we did not make that recommendation at this time, although there is a watching brief on it.

We want to see the patient at the centre. We want to see professionals who have a vocation in health care working and building these things so they become a community institution of value to the whole community and give great health care.