




Speech By  
**Peter Russo**  
**MEMBER FOR TOOHEY**

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## PHARMACY BUSINESS OWNERSHIP BILL

 **Mr RUSSO** (Toohey—ALP) (3.47 pm): I rise to speak to the Pharmacy Business Ownership Bill 2023. In its report No. 1 to the 57th Parliament, tabled in the Assembly on 8 March, the Cost of Living and Economics Committee recommended to the Assembly that the bill be passed. The Pharmacy Business Ownership Act 2001 has been in place for over 20 years and has had significant amendments during that time. The government has advised that the 2001 act is outdated and limits Queensland Health's ability to ensure compliance with its requirements.

The Pharmacy Business Ownership Bill 2023 seeks to repeal the 2001 act and replace it with a modern and effective framework for the regulation of the ownership of pharmacy businesses. The explanatory notes state—

The policy objectives of the Bill are to:

- clarify the requirements in the 2001 Act relating to who may own or hold an interest in a pharmacy business, and retain the limits on the number of pharmacy businesses that a person may own or hold an interest in;
- establish a regulatory council as a statutory body to administer the Act and transfer regulatory functions from Queensland Health to the council;
- establish a licensing framework for the ownership of and interests in pharmacy businesses;
- prohibit the council from issuing a licence if the pharmacy business is located in a supermarket;
- prohibit third parties from exercising inappropriate control over how pharmacy business owners provide pharmacy services related to medicines and provide that clauses in a contract or agreement that allow a third party to exercise inappropriate control are void;
- require the council to report the results of compliance audits;
- require the council to maintain a register of pharmacies, to assist the community to locate pharmacies and services provided by pharmacies;
- modernise existing provisions relating to the functions and powers of inspectors, legal proceedings, delegations and protections from civil liability;
- restrict disclosure of information obtained in connection with the administration of the legislation to limited circumstances; and
- confirm that regulations may be made about fees, waiver of fees, record keeping and pharmacy premise standards.

A pharmacy has evolved over the years from originally being a dispenser of medicine and its associated support for the community for coughs and colds. It involved the study of medicinal plants through to the compounding of ingredients. A modern community pharmacy is a healthcare facility that provides pharmaceutical and support services to the community. From independently owned pharmacies to corporately owned chain pharmacies, a variety of pharmacies are in operation and all are an integral component of Queensland's healthcare system.

The importance of our community pharmacies was recognised by our government when we became the first jurisdiction in Australia to authorise pharmacist administration of the COVID-19 vaccines, providing much needed access to the life-saving vaccine in our regional communities.

For many people, their local pharmacy is their first port of call when they or someone they love is unwell or injured. Community pharmacists are medicine experts, providing professional advice and counselling on medications, including their use and effects. Their services are both highly accessible and highly regarded. In the vast majority of cases, their services are offered to consumers without the need to make an appointment.

Our government is committed to ensuring our community pharmacies can continue to provide world-class health care to Queenslanders. Many community pharmacies are the health hub of their community—a place where the staff know their customers by name and take time to talk and check in. This is especially the case for some of our vulnerable or elderly community, who often view their pharmacy not just as a shop but as somewhere they can go and have a confidential conversation with someone they can trust.

Pharmacy business owners and groups made up the majority of the 125 submissions received by the committee to this inquiry. These submitters were broadly supportive of the bill, albeit having identified a number of requested changes to certain definitions and provisions. Pharmacy business ownership in Queensland is regulated under the 2001 act which, as I said earlier, has been in place for over 20 years and has been subject to significant amendment. The explanatory notes advise that the 2001 act is now 'outdated and limits Queensland Health's ability to ensure compliance with its requirement'.

The new regulatory framework to be established by the bill is informed by recommendations of the former Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee in its report No. 12 of the 56th Parliament, *Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*, which was tabled in October 2018. The health committee report in 2018 included 11 recommendations relating to: the regulation of pharmacy ownership in Queensland; the establishment of a pharmacy advisory council; scope of practice for pharmacists and pharmacy assistants; and the communication of pharmacy services. The Queensland government's response to the health committee's report was tabled in April 2019 and accepted all 11 recommendations in full or at least in principle.

The explanatory notes for the proposed bill advise that the decision to establish a regulatory council rather than an advisory council was 'based on stakeholder feedback received during consultation on the bill'. Queensland Health has acknowledged, however, that other stakeholders have strongly opposed pharmacy ownership restrictions and the associated regulatory model set out in the bill. This divergence of views has been reflected in the submissions and evidence presented to the committee. The Pharmacy Business Ownership Act 2023 that the bill will establish is expected to commence by proclamation approximately 12 to 18 months after assent. Queensland Health advised—

This will allow time for implementation activities including development of the IT system required for the licensing framework, set up of the council, development of subordinate legislation (fees regulation and premises standards), and industry education.

The health committee noted that there were a diverse range of views from stakeholders on whether ownership requirements as set under the 2001 act remain necessary to protect consumers and deliver accessible and affordable medicine. The committee ultimately recommended that the requirements be retained. The proposed bill serves to implement the health committee's recommendation by replicating both the current restriction on ownership to pharmacists and the limitation on the number of pharmacy businesses in which a person may have an interest, subject to a number of clarifications as to the application of the provisions.

To support the operation of the restriction on who may own a pharmacy business, the bill defines a pharmacy business as a business that provides pharmacy services in Queensland that include core pharmacy services. Under the proposed bill, a core pharmacy service means: the compounding of medicines for sale to members of the public; or the dispensing by, or under the supervision of, a practising pharmacist of medicines to members of the public. The department noted that the definition of core pharmacy service differs across jurisdictions and that the proposed definition for Queensland was designed to be narrow so as to not inadvertently capture other types of businesses as a pharmacy business for the purpose of the ownership restrictions.

The explanatory notes justify the limitations on who may own or hold an interest in a pharmacy on the basis that 'medicines are not ordinary items of commerce and have the potential to cause significant harm to individuals if misused'. More broadly, the notes highlight the potential negative impact on the community if these items are distributed improperly—for example, if they are diverted to criminal organisations. According to the explanatory notes, limiting the number of pharmacy businesses a person may own or hold an interest in is designed to prevent the formation of monopolies which may result in a lack of oversight of pharmacy businesses and lead to a lesser quality of care. I commend this bill to the House.