




Speech By
David Lee

MEMBER FOR HERVEY BAY

Record of Proceedings, 12 June 2025

HEALTH LEGISLATION AMENDMENT BILL

 **Mr LEE** (Hervey Bay—LNP) (12.56 pm): I rise to speak in support of the Health Legislation Amendment Bill 2025. This is a bill for an act to amend the Hospital and Health Boards Act 2011 and the Tobacco and Other Smoking Products Act 1998. I will speak substantively to the health act and then make a smaller but by no means less important contribution to the tobacco act. We are taking a calm and methodical approach to improving governance in our hospital and health services, and that is why we are putting health clinicians back in charge. Hervey Bay has the highest rate of chronic disease as a total proportion of the Fraser Coast population in Australia. Our Hervey Bay median age is 51 compared to a Queensland median age of 38. Some 31 per cent of our population is aged 65 years and over. We need local clinicians who comprehend the impact that Labor's healthcare crisis has had in my community. We need local clinicians who will advocate for a well-considered Hervey Bay service plan and master plan that addresses the identified needs in my growing community. We need local clinicians engaged and grounded in their local communities.

What better way to fulfil the objectives of the Hospital and Health Boards Act in Hervey Bay than to appoint a locally engaged hospital employee or a contracted clinician. This bill will amend sections 23 and 25 of the Hospital and Health Boards Act 2011 to require at least one member of each HHS board to be a clinician who is employed or engaged by the service. However, they cannot be appointed to the hospital board as a chair or deputy chair. Currently under section 23(3) of the Hospital and Health Boards Act, at least one board member must be a clinician. That clinician could potentially be located anywhere. Arguably, they could be city based as a fly-in fly-out clinician sitting on a rural or regional hospital board. That is simply not good enough. Let us methodically lay the foundations for better health governance by appointing local HHS employed or contracted clinicians to the board to better strengthen the performance, accountability and integrity of our healthcare system.

I now turn to the statement of reservation, which states—

... of the 16 HHSs, 13 ... currently have a person with a clinical background appointed to at least one of the following ... representative positions: Chair, Deputy Chair, or Health Service Chief Executive ...

This statement is illogically premised on the assumption that the clinicians are already in charge of hospitals. Labor's assumption unreasonably infers our hardworking Queensland Health clinicians are responsible for Labor's healthcare crisis including, but not limited to, billions in capital blowouts, record elective surgery and specialist waiting lists, ambulance ramping and the PA spinal unit debacle. Facts are stubborn things, but statistics are pliable. The statement of reservation numbers imply healthcare clinicians have overseen Labor's botched decade of health care. Thankfully the Crisafulli government has a Hospital Rescue Plan. If Hervey Bay is ever to achieve the right care at the right place at the right time, we need local legislated board clinicians who live and breathe frontline clinical experience.



Mr LEE (Hervey Bay—LNP) (3.25 pm), continuing: All this confected outrage about conflicts of interest. Labor has no problem appointing their union mates to superannuation and other statutory boards. Talk about hypocrisy. Conflicts of interest can be managed on a case-by-case basis. Clearly those opposite have little real-life governance experience. The Minister for Health and Ambulance Services informed the House today that five HHS employees had been appointed under Labor as board members. Talk about political pointscoring. There are established health board disclosure requirements in place for the management of conflicts, including section 31 and schedule 1 to item 9 of the Hospital and Health Boards Act and section 40F of the Integrity Act. There is also a Queensland Health Good Practice Guide for Hospital and Health Boards. The Integrity Commissioner in correspondence dated 16 April 2025 said—

The existing statutory requirements regarding disclosure and management of conflicts of interest are adequate.

Mr Booth acting on behalf of the Integrity Commissioner in the relevant committee's transcript of proceedings underscored the importance of training, education and awareness in managing conflicts of interest. Conflicts of interest can be managed on a case-by-case basis because we have adequate statutory disclosure requirements in place.

I now turn to the amendments to the Tobacco and Other Smoking Products Act, TOSPA. The objective of this bill is to allow Queensland Health to promptly forfeit vaping goods under seizure. To empower courts to order convicted TOSPA offenders to pay the state the reasonable cost incurred in prosecuting the offence and make technical amendments to the act.

The Commonwealth government has banned the importation, manufacture, supply and non-personal possession of disposable and recreational vapes to combat the illicit trade on vaping and tobacco goods. This bill supports the enforcement of these bans and empowers enforcement officers to seize nicotine products.

Since 1 October 2024, Queensland Health enforcement teams have seized more than 170,000 vapes from stores with a street value exceeding \$5 million. Just last week, 3.3 million cigarettes, nearly 20,000 vapes and 300 kilograms of illegal chop-chop were seized in a Mackay warehouse. So, it should come as no surprise that Queensland Health is under significant pressures from managing the increasing volume in seizing vaping goods. Under TOSPA, Queensland Health has authority to forfeit illicit tobacco and nicotine products subject to issuing a 28-day show cause notice before forfeiture takes place. After 28 days, a forfeiture decision is made; however, the owner of the illicit products can appeal the decision within 28 days of receiving the notice. Currently, TOSPA provides that a court can grant a stay and prevent destruction of the illicit nicotine products.

The current situation is simply not sustainable and is further compounded by the existing show cause provisions. Vaping goods pose a significant safety and environmental risk to our community. Vaping goods are highly flammable, contain lithium ion batteries that can overheat and explode and include hazardous materials such as liquid nicotine, heavy metals and carcinogens. The non-hazardous plastic materials pose an environmental risk. It currently costs up to \$65,000 per shipping container to store seized vaping goods because of the specialised storage requirements including fire resistant ventilation and cooling of the shipping containers.

Aside from high storage costs, there is further cost associated with the destruction and disposal of the vaping goods. Vaping goods are classified as pharmaceutical waste and class 9 miscellaneous dangerous goods. Queensland Health have advised that this is the costliest type of waste to dispose.

In closing, this bill provides clear authority to the courts to order convicted offenders to pay the costs of enforcement including seizure, storage, destruction, investigation and prosecution costs. I commend the Health Legislation Amendment Bill 2025 to the House.