



Speech By
Jennifer Howard

MEMBER FOR IPSWICH

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HEALTH LEGISLATION AMENDMENT BILL (NO. 2)

Second Reading

 **Ms HOWARD** (Ipswich—ALP) (4.55 pm): I rise to speak on the Health Legislation Amendment Bill (No. 2). The Labor opposition supports the bill and its intention to clarify ownership requirements for pharmacies in Queensland, remove duplicate reporting for the notifiable lung disease register, allow sufficient testing of mosquitoes for Japanese encephalitis and clarify requirements for appointing an acting mental health commissioner as well as fix drafting inconsistencies in the Radiation Safety Act.

We do have some concerns with regard to the amendments to the Pharmacy Business Ownership Act, especially regarding certain definitions used in the legislation. In 2024, the former Labor government passed the Pharmacy Business Ownership Bill to provide Queensland with a modern, effective framework for regulating ownership of pharmacy businesses. The bill transferred regulatory authority from Queensland Health to the new independent Queensland Pharmacy Business Ownership Council. This is a regulatory model similar to what was already in place in other Australian jurisdictions. The Labor Party is a proud supporter of community pharmacies and the community pharmacy model. Queensland's 1,250 pharmacies are an integral part of our healthcare system and they play an important role in providing accessible health care to our communities, especially in the regions.

In their submission to the committee, the Pharmacy Guild of Australia cited examples of how corporate control and ownership of pharmacies can be detrimental to communities. In the United States there was a rapid expansion of corporate owned pharmacies during the eighties and nineties which forced half of the 40,000 independent pharmacies to close by the year 2000. Independent pharmacies now make up only about 35 per cent of all pharmacies in the US. Many corporate owned pharmacies in the US are now facing store closures around the country due to commercial underperformance. For example, Walgreens are planning to close 1,200 underperforming pharmacy stores over the next three years. The store-closing trend continues in the United Kingdom and Europe, where in the past decade corporate ownership and deregulation of pharmacies has caused thousands of pharmacies to close their doors due to commercial underperformance and shareholder losses. So much for the communities and customers that relied on those pharmacies.

I recently had the pleasure of congratulating Ipswich pharmacist Bob Slater on his retirement after 50 years as a pharmacist. For 46 of those years he worked in the Ipswich community, where he was well respected and a friendly source of care and kindness for generations of local families. I would say that Bob embodies everything that is good about the community pharmacy model, and that is why Labor will always back our community pharmacies. They put the health and wellbeing of our communities first, not profits.

In 2018, when the Palaszczuk Labor government established the inquiry into the establishment of a pharmacy council and the transfer of pharmacy ownership in Queensland, I was struck by one submission that came from a pharmacist who owned the Priceline franchise at Riverlink Shopping

Centre in Ipswich. The pharmacist was supportive of the pharmacist owned regulatory model in Queensland and how it benefited local communities. I want to share a story that the pharmacist told at that time about a regular customer who came into his pharmacy one day with a number of concerning symptoms, including severe abdominal pain. The customer asked for reflux medication, but the pharmacist, who knew the customer quite well, could see that he was not himself. The pharmacist rang a doctor for advice and the doctor advised the customer seek urgent medical attention. The pharmacist called an ambulance there and then. It turned out that the customer was suffering from the onset of a stroke. The pharmacist's early intervention likely saved the customer's life and prevented him from suffering any significant long-term consequences. That is another reason the pharmacist owned model delivers the best health outcomes for Queenslanders.

The Queensland Pharmacy Business Ownership Council now has responsibility for administering and enforcing the pharmacy business ownership restrictions. This bill will amend the Pharmacy Business Ownership Act 2024 to clarify operational requirements relating to the regulation of pharmacy business ownership and to ensure the act operates as intended when the act's licensing framework commences. These changes will go some way towards protecting community pharmacies and enabling them to put the health and wellbeing of local customers ahead of commercial interests.

Stakeholders during the committee process did, however, raise concerns about the definitions in the bill, which they argue are not comprehensive enough. For instance, the Pharmacy Guild of Australia made an important point: the definition of 'core pharmacy services' does not include the provision of clinical advice by a practising pharmacist. We all know that this is something many pharmacists do, so including this in the definition of 'core pharmacy services' would better reflect the services provided by Queensland's pharmacies.

The other amendment in this bill will allow equipment and materials to be left at sites to help collect a sufficient sample size of mosquitoes for analysis and testing for Japanese encephalitis. In March this year Queensland Health detected the first case of Japanese encephalitis in mosquitoes in Brisbane. In vulnerable populations Japanese encephalitis can be potentially fatal, so it is extremely important we do everything we can to be vigilant. Other changes include the minister being able to appoint an acting mental health commissioner at the end of a commissioner's term and fixing a drafting inconsistency in the Radiation Safety Act to allow people with an approval from Queensland Health to dispose of radioactive waste, whether they have a licence or not.

The Labor opposition supports the changes in this bill, but this bill does not fix Queensland's health system, which David Crisafulli promised to do during the last election campaign. He promised to reduce ambulance ramping to 30 per cent, but it is the worst it has ever been, with ramping now sitting at 47.8 per cent. In Ipswich, almost 68 per cent of ambulance patients at Ipswich Hospital were not in the ED within 30 minutes, and that is a disgrace. People are waiting longer in hospital EDs and they are waiting longer for specialist appointments.

Dr ROWAN: Mr Deputy Speaker, I rise to a point of order on relevance and the long title of the bill. I would suggest to you that the member for Ipswich is now straying from both.

Mr DEPUTY SPEAKER (Mr Lister): Member for Ipswich, I have sat in the chamber and heard a succession of deputy speakers deal with the relevance issue. I ask you to remain relevant to the long title of the bill and the specifics of the bill before us, please. The House would appreciate it, thank you.

Ms HOWARD: When we are talking about a health bill it is important to talk about my community, because we have invested a record amount of money into Ipswich health services. I want to make sure we continue to maintain the best possible health services because the people of Ipswich deserve them. While we support the amendments in this bill, we need more than just minor changes to fix Queensland's health system. We depend on it.