




Speech By
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MEMBER FOR TOOHEY

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HEALTH LEGISLATION AMENDMENT BILL

 **Mr RUSSO** (Toohey—ALP) (5.31 pm): I rise to address the Health Legislation Amendment Bill 2025—a piece of legislation that proposes significant changes to the governance framework of Queensland's hospital and health boards. This bill seeks to amend the Hospital and Health Boards Act 2011 by mandating that each board include at least one clinician employed or engaged by the relevant hospital and health service. While the intent of this amendment—namely, to better integrate frontline clinical insights into strategic decision-making—is clear, it is critical that we examine the broader implications of such a change.

Under current legislation, each hospital and health board must consist of five or more members, with at least one being a clinician. This existing framework already provides for clinical input, and the current practice supports this. According to the Health, Environment and Innovation Committee, 13 out of 16 hospital and health services currently have a person with clinical experience serving as chair, deputy chair or health service chief executive. This demonstrates that clinical voices are already represented at senior levels within our health governance structures. The proposed amendment therefore raises the question: is it necessary or even wise to compel the appointment of a clinician who is actively employed by the same hospital and health service? A significant concern is the potential for conflicts of interest. The Australian College of Nurse Practitioners has warned of the risks that may arise when a practising clinician assumes a governance role within their own organisation. These risks are multifaceted and include tensions between their clinical duties and strategic oversight responsibilities.

The Integrity Commissioner has also expressed strong reservations. She outlined that appointing current employees to the boards may lead to complex and administratively burdensome conflict-of-interest management plans. These conflicts could concern decisions relating to the appointee's own department, their professional responsibilities, employment conditions or even the interests of their immediate colleagues. Moreover, the inherent employer/employee relationship could undermine objectivity in boardroom deliberations. The Integrity Commissioner further questioned whether this is the best or the only way to ensure clinical input in governance decisions. She noted that such an arrangement comes with inherent and significant conflicts that cannot be easily managed.

In light of this, alternative approaches should be seriously considered. One viable alternative is the appointment of clinicians who are external to the relevant hospital and health service. This would allow for clinical expertise to inform governance while substantially mitigating the risks posed by direct conflicts of interest. It is also important to evaluate whether the benefits of the proposed model outweigh the complexity and cost of implementing and monitoring conflict management frameworks. Striking the right balance between clinical input and governance integrity is essential.

A further issue with the bill is the lack of provision for an independent review. Any change of this magnitude to public health governance should be subject to rigorous post-implementation evaluation. To ensure that the legislation remains effective and responsive, there should be independent review of the bill's impact within two years of its commencement. This would allow for evidence-based refinement of the policy.

The bill also amends the Tobacco and Other Smoking Products Act 1998 as part of the state's continued efforts to combat the scourge of illicit vaping. In 2024 the Australian government enacted the Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024, which came into effect on 1 July 2024. This act introduced a national ban on the importation, manufacture, supply, commercial possession and advertising of non-therapeutic and disposable single-use vapes. These reforms are part of a broader strategy endorsed by all jurisdictions through the National Tobacco Strategy 2023-2030 to reduce the public health harms associated with vaping, especially among young people. Vapes will now be regulated as therapeutic goods and may only be dispensed by authorised health professionals via registered pharmacies.

While the Commonwealth has provided the legislative foundation, enforcement remains largely a state responsibility. Queensland Health, in cooperation with the Therapeutic Goods Administration and Queensland police, plays a crucial role in upholding these laws. The amendments within this bill empower the chief executive of Queensland Health to swiftly forfeit and destroy seized illicit vaping products. Additionally, they propose to grant courts the authority to require convicted offenders to reimburse the state for reasonable costs associated with enforcement, including the storage, destruction and disposal of seized goods. I want to be very clear: I support any measure that continues the crackdown on illicit vapes. These products pose not only health dangers but also serious safety and environmental risks. I am proud to have been part of a government that passed the toughest tobacco and vaping laws in the nation.

In conclusion, while the Health Legislation Amendment Bill 2025 introduces important reforms, including clinical engagement in health governance and enhanced enforcement mechanisms for vaping regulation, the proposed changes must be carefully scrutinised. Conflicts of interest, the absence of an independent review mechanism and unresolved operational and environmental challenges raise valid concerns. These issues must be addressed if the bill is to deliver on its intended objectives without unintended consequences. Accordingly, the opposition supports the passage of the bill, with the exception of the amendments contained in part 2 relating to the Hospital and Health Boards Act 2011. We stand ready to work constructively to ensure that Queensland's healthcare governance and public health legislation remain transparent, effective and in the best interests of all Queenslanders.