Speech By

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MEMBER FOR NOOSA

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HEALTH LEGISLATION AMENDMENT BILL (NO. 2)

Second Reading

Ms BOLTON (Noosa—Ind) (5.24 pm): Before I start, can I say how appreciative I am. When the previous speaker first began the noise level was quite high, and it was really good to see that everyone then was respectful, so thank you.

The Health Legislation Amendment Bill (No. 2) includes a number of changes to pharmacy regulation and amending legislation. Prescribed medical practitioners are required to notify the Commonwealth of notifiable occupational respiratory diseases. This is part of the transition to the National Occupational Respiratory Disease Registry. It will also improve the detection and monitoring of mosquitoes for the deadly Japanese encephalitis virus by allowing public health officials—in addition to entering public and private spaces—to look for these and place testing equipment to catch adult mosquitoes with the use of light boxes. The previous speaker mentioned diseases like Ross River fever. Having been in the Northern Territory, where it is a huge issue, this is really appreciated in Queensland.

The bulk of the bill deals with changes to the pharmacy ownership act, which is still in the process of replacing the previous pharmacy control legislation because during that time several problems were identified which required the fixes contained in this bill. There were five submissions, all supportive, with the committee identifying a couple of issues. The first relates to clarifying which businesses are pharmacies and which are not, thus who is regulated. Under the current act a pharmacy delivers core pharmacy services, which is the compounding of medicines for sale or the dispensing of medicines by, or under the supervision of, a practising pharmacist.

Stakeholders said this definition could be too narrow, hence the bill expands the definition to ensure it covers the sale of non-prescription medicines by a pharmacist. The Pharmacy Guild supported these changes, although they argued it should be broader. It includes services such as the provision of clinical advice. However, the Pharmaceutical Society of Australia opposed expanding the definition, as clinical advice can be provided in a range of settings—for example, aged-care homes—that are already regulated under other legislation. The department advised that it had considered this issue on a number of occasions; however, it is outside the scope of the bill. Does this mean it will be addressed in a further bill? I hope so.

The bill also contains an amendment to ensure the definition of ‘compound’ is the one used in a separate piece of legislation, that is, schedule 22 of the Medicines and Poisons (Medicines) Regulation. This issue was raised as a potential Henry VIII clause because it allows the executive government to directly amend legislation through executive action—so-called because of Henry VIII’s attempt in 1539 to pass a bill allowing him to rule by decree. This is a real issue, as ministers could alter the medicines regulation themselves. However, having consistency of definition across regulations is important. The committee concluded that, on balance, the bill has sufficient regard to the institution of parliament and is justified. No doubt time will tell.

As we have heard, pharmacy regulations play a vital role in our primary healthcare system and determine who may own or hold an interest in a pharmacy. They also prevent pharmacies from being taken over by supermarkets as they have in the US. The Queensland community pharmacy program goes back to 2020. A Queensland Health report titled *Unleashing the potential: an open and equitable health system* drew on lessons learned from the beginning of the pandemic on needed improvements to health care. This led to a pilot program which started in 2023 and finished in June this year. It was made permanent in July. It enables participating pharmacists to undertake prescribing as part of a chronic disease management program for conditions such as heart disease, high blood pressure and asthma. An example of this in my own community is the Priceline Pharmacy in Noosa Civic. In May our committee visited one in North Queensland to see the benefits, and there were multiple benefits. These included providing assistance when doctors are booked out and reducing presentations to casualty and emergency.

Community-based health, as we know, is essential. I give a shout-out to our primary healthcare networks and our hospitals which, like Noosa private, serve our community on public contracts. This is vital for access, especially for our vulnerable and disadvantaged residents who lack transport or funds. Let me say that anyone travelling from Noosa to the Sunshine Coast University Hospital in an Uber has to pay a minimum of $350 for a return trip. Hence, it is imperative that our Sunshine Coast Hospital and Health Service ensures that public services at Noosa Hospital grow and that the emergency department expansion moves at a much quicker rate than we have seen.

I want to thank my fellow committee members and our secretariat for their work on the inquiry into this bill. I thank all of our healthcare workers, including pharmacists, for the care they provide every day to our communities. It is deeply appreciated.

Before I finish, I want to say that, should any amendments outside the long title of the bill be raised during consideration in detail, I will not be supporting this bill. If amendments do not go through the appropriate process of committee scrutiny, Queenslanders are denied the right to have their say, and that is wrong in all ways. Also, the fact that we cannot even raise in our speeches what all reports say may possibly be introduced is actually a form of gagging and not part of transparency. However, if this is not the case, I support the bill.