




Speech By
Hon. Tim Nicholls

MEMBER FOR CLAYFIELD

Record of Proceedings, 14 March 2025

HEALTH LEGISLATION AMENDMENT BILL

Introduction

 **Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (11.20 am): What an exciting morning we have had, I must say—very enjoyable. I am looking forward to coming back in a couple of weeks—a very enjoyable time it is—and maybe getting some more questions of consequence because we certainly have not had any so far.

I present a bill for an act to amend the Hospital and Health Boards Act 2011 and the Tobacco and Other Smoking Products Act 1998 for particular purposes. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Health, Environment and Innovation Committee to consider the bill.

Tabled paper: Health Legislation Amendment Bill 2025 [207](#).

Tabled paper: Health Legislation Amendment Bill 2025, explanatory notes [208](#).

Tabled paper: Health Legislation Amendment Bill 2025, statement of compatibility with human rights [209](#).

The Crisafulli government promised Queenslanders that we would put clinicians back in charge to implement local health solutions for their community. I note that was the subject of a question today. We promised Queenslanders that we would empower frontline clinicians to make the best decisions for their patients and communities because they know what is happening on the ground. We promised Queenslanders we would encourage more clinicians to take on leadership positions in local Hospital and Health Services. This bill delivers again on our election promises. Promise made, promise fulfilled.

The Hospital and Health Boards Act specifically recognises that any person with relevant clinical expertise or experience can be appointed to the board on the recommendation by the minister. The new requirements for the clinician board members will commence on 1 April 2026, and this will align with the expiry date of a significant number of current board appointments which finish on 31 March 2026. It also provides time for the boards to conclude their business and find appropriate recruitment processes to secure candidates with the necessary skills and experience for the role.

I think members would appreciate that a considerable amount of work has gone into making sure we are honouring our commitments, we are honouring our obligations and we will continue to do so. I have been in this role for 133 days, and I have visited more than 60 health facilities across Queensland and spoken with hundreds of frontline clinicians.

Mr Bailey: Almost as many as I have.

Mr NICHOLLS: The difference, member for Miller, is they speak back to me, and that is not something that I understand is high on the list of amendments for you, as you chase around the countryside following me around.

To go back, the bill amends the Hospital and Health Boards Act to require at least one registered health practitioner working in the local health service to be appointed to each hospital and health board in Queensland. The clinician must be a practitioner who is registered under the health practitioner

regulation national law which means they must be a doctor, nurse, midwife or from another allied health profession that requires registration. The practitioner could be an employee of the hospital and health service, or they can be a clinician working under contract, someone like a VMO. This important reform will help ensure local clinicians who have firsthand experience working in our public hospitals and health facilities play a leading role in critical decision-making about service delivery and patient care in their community.

Those opposite would have benefited from having more clinicians involved in critical decision-making. Listening to clinicians would have meant that Labor knew 'satellite hospitals' was the wrong name for these great facilities. They would have known that 'satellite health centres' or some other more appropriate name would have been more suitable. We know those opposite did not want to consult with the clinicians actually running the hospitals and treating patients. Instead, decisions were rushed and often made to meet the political needs of the Labor Party and its re-election prospects rather than the health needs of Queenslanders—announcement after announcement without the details or the funding to back it up.

Those opposite should have listened to clinicians because it is apparent they did not understand the basics of how our hospitals operate. They rushed through announcements from the Capacity Expansion Program for an additional 2,200 hospital beds, but did not budget a single dollar to operationalise those beds—not a single cent in the budget to pay for the doctors, the nurses, the other clinicians, the orderly services, the grounds-keeping, the building and electrical services specialists. There were no nurses, no doctors, no allied health professionals to provide care to those patients, and no doubt more will be revealed in the budget.

Empowering clinicians rather than ignoring them might have helped avoid the more than \$6 billion worth of blowouts in Labor's failed Capacity Expansion Program, due to a rushed planning process and significant scope oversights. Listening to clinicians might have avoided a few problems we have been hearing about. For example, listening to clinicians in the Darling Downs Hospital and Health Service might have meant that when the new Toowoomba Hospital was being prepared, the things that should have been included that were not under Labor might have been. These are things like a patient flow and transit lounge. Moving patients through the system might have helped.

Do you think having cardiac services and operating theatres in a hospital might have helped? Do you think making provision for dialysis in an aging population might have helped? Do you think providing provision for mental health short-stay patients would have helped? In an aging population, you would have thought that listening to clinicians might have meant we would have had geriatric rehabilitation. Importantly, as we see a population that wants to grow, it would have been nice to have birthing suites in that new Toowoomba Hospital. In fact, you have to wonder, other than a concrete slab and lift towers, what would have been at the Toowoomba Hospital at the Baillie Henderson site had Labor continued with its reckless course under the Capacity Expansion Program.

Mr Watts: Not much.

Mr NICHOLLS: Not much is the answer. I take that interjection from the member for Toowoomba North who keeps a keen interest on all things Toowoomba, including the new hospital development. All of those were left out because clinicians were not consulted.

What about the new Coomera Hospital? There might be a member or two interested in the new Coomera Hospital? Where is the member for Coomera? Anyway, he will no doubt be hearing about it, as will all members on the Gold Coast. The new Coomera Hospital, had there been clinicians consulted, would have been designed with pharmacy and pathology services which it was not under Labor. It might have had an out-patients ward which it did not have under Labor.

What a fantastic member is our great new hardworking member for Mackay. I had the great pleasure of working with the member for Mackay in the campaign. At the Mackay hospital, they might have designed in a rooftop helipad so we could actually have helicopters bring emergency patients in, as the member for Whitsunday knows all too well. There was no provision for a Ronald McDonald House for families to stay there overnight with children, nor did they have a high-voltage generator. You would have thought a high-voltage generator might have been an important provision in the Whitsundays, because what happens in the Whitsundays quite often, as the member for Whitsunday tells us? Cyclones and floods. As well, they have had no success in the relocated community birthing centre and, in fact, have had considerable problems with the birthing centre because of the failure to consult properly. A local clinician would have known about those issues.

Our three great new members representing Townsville are vitally interested in the Townsville redevelopment—again, developed without a pharmacy, short two operating theatres and short a central sterilising department. Who would have thought that a hospital with no central sterilisation department

sounds like a good idea? It might sound like a good idea to the Labor Party, but a clinician would have told you it was not going to work so well. Further, a day medical centre and transit lounge and outpatient and consulting rooms were left out of the scope of works.

I turn to Redcliffe. I have been out to Redcliffe with the new member for Redcliffe, who, as a nurse, knows exactly what is going on. Perhaps Labor could have consulted with someone who actually knew something about the health system instead of the fourth worst health minister we have had, the former member for Redcliffe, who was so bad that she even got relocated by her own party. What did they not have? Paediatric outpatients, a mortuary, an education and training centre and a green heart and plantings in that area. The Redcliffe Hospital expansion has been delayed as a result of that failure to consult. The Prince Charles Hospital, one of our leading areas for heart transplants, had paediatric emergency department short-stay excluded, expansion space for operating theatres excluded and a full sterilising department not included in the scope of works. In Cairns, where I have been on a number of occasions, a surgical centre was not in budget.

Speaking to local clinicians who work on the ground, who know the area and who know how hospitals work, would have benefited all of these projects. If that had occurred we would not be facing what we now are, which is a \$6 billion blowout in Labor's failed Capacity Expansion Program. Nor would we have more than \$2 billion outstanding under the Sustaining Capital Program, because if you listen to clinicians they will tell you when things are wearing out, when things need to be replaced and that they need to be looked after so we do not have situations like at the Charleville Hospital. I give a big shout-out to 'Zoro', the mayor of the Murweh shire, who came to see us yesterday about a hospital that has lived well beyond its life and has not been sustained with the capital that it ought to have received over the past decade. Well might it be considered that a clinician would have identified a number of problems long ago and those problems would have been fixed.

The bill requires that the clinician must have been employed or engaged by the HHS for a period of at least two years prior to appointment and to have worked in that HHS a minimum of eight hours per week. This enables us to have the broadest range of clinicians who work in that hospital and health service available to provide advice and a genuine connection to the local area and health service. During the recruitment and appointment process I will be recommending the appointment of the most capable clinicians with relevant experience in the local area to ensure they make a real impact for each hospital and health board.

The bill provides that a clinician board member who works for the HHS will not be eligible to be the chair or deputy chair of the board. This is an important aspect of the appointment process and of the legislation. This will assist in maintaining an appropriate separation for members of the board between their role as an employed clinician—because they will work in the HHS—and their role on the board. While we want and need that clinical support, it is also important to have proper governance around how that should operate to avoid conflicts of interest. While they will be board members, they will not be able to have a board chair or deputy board chair position because those positions often have a casting vote. Doing that is clearly sensible.

The bill does not prevent other clinicians with relevant experience from either inside or outside the hospital and health services from being appointed to boards. I recall when we set up the hospital and health services—an initiative of the former LNP government to give local control back to local people, to cure the then disastrous state of the health system that had been bequeathed to us by the Labor Party. Who can forget the fake Tahitian prince—a classic example of the Labor Party? Who can forget then premier Anna Bligh saying she wanted to take a meat axe to the health department? That was the situation. Who can forget the failure to pay everyone in the health department—doctors and nurses were overpaid, underpaid or not paid at all—and claiming payments back from employees' estates after they had passed away? Remember them trying to claw back the payments from deceased estates? That was Labor's legacy.

Mr BAILEY: Madam Deputy Speaker, I rise to a point of order. As fascinating as an historical treatise is going back 15 years, we are talking about a bill that is current. I think the minister really needs to come back to the bill rather than dusting off his old notes from the Bligh government.

Madam DEPUTY SPEAKER (Ms Marr): I will take some advice. I take that point of order and ask the member to return to the bill.

Mr NICHOLLS: I thought it would be interesting because the member for Miller, of course, had his own pause for a period of time when he scuttled out of the Brisbane City Council before he came back to this place. I thought he might be interested in knowing a little bit about the history of this place.

Mr BAILEY: Madam Deputy Speaker, I rise to a point of order. You have given a clear direction to the Minister for Health and he is flagrantly ignoring it immediately.

Madam DEPUTY SPEAKER: I have taken advice. That is not a relevant point of order. Unless there is a point of order, I will ask the member for Clayfield to continue.

Mr NICHOLLS: Clinicians being appointed to boards and the detail of how those clinicians will be appointed to boards and the history of it I think is very important. We know about these provisions. We actually made the decision to create hospital and health services. We made the decisions in relation to who should be on those boards, including the appointment of clinicians to those boards. As a result of that, we fixed up a system that had failed. In fact, at the time of the change of government ambulance ramping was below 15 per cent. What was the ambulance ramping rate as at the end of the former Labor government? It was 45 per cent. Under the LNP it was 15 per cent, with clinicians managing and in control and being part of the boards, while under Labor it was 45 per cent. We know what happens when the old lefties—the commissars from the left who do not know whether they are coming or going, whether they should be there or should not be there, whether they are going to be there next week or removed afterwards—get in charge of the health system. They start fiddling around and run it into the ground.

What would suit the Labor Party would be to run the Queensland health system like the NHS in the UK is being run. They would love that—control over every aspect of it, no role for the private sector, no role for anyone. Then we would see exactly what we are getting here in Australia—that is, a flood of clinicians leaving and going somewhere else. How do we know that? They are coming to Queensland because they realise that under an LNP government their views will be respected and they have the potential to be put on the boards of our HHSs. It is across the spectrum because we can appoint people to the boards who are nurses, midwives, in allied therapies or doctors. In fact, we have many of those people on our boards right now. We will strengthen that by ensuring local HHS employees are put on those boards.

As I indicated earlier, the new requirements for clinician board members will commence on 1 April 2026, as this will align with the expiry date of a significant number of current board appointments on 31 March 2026. We are going through the process that has been mandated and run by the health department for the last 15 years. There will be a proper recruitment process for the appointment of people to those roles.

As I said earlier, I have been in the role now for just over 135 days. I visited more than 60 health facilities across Queensland. As I am fond of saying, from Currumbin to the cape and from Brisbane to Bedourie and beyond there is not someone in Queensland whose life will not be affected in some way, shape or form by the efforts of our magnificent Queensland Health staff. I want to take the opportunity to recognise all our health practitioners and those who support them in critical, enabling and administrative functions for their dedicated service to the people of our great state. The dedication of Queensland Health's frontline workforce is second to none, and this bill takes a critical step forward to ensuring that they are at the front and centre of our health system and that we will continue to listen to them.

I can tell the House that clinicians and other staff are enjoying the access they get to speak to the minister—to a number of ministers who have visited their premises. The feedback overwhelmingly is that they are glad they now have a government that is empowering them, that is supporting them, that is celebrating their successes and that is listening to them and is prepared to proceed with their ideas and their advice. I received that feedback only a couple of days ago when I was at the Redlands Satellite Health Centre speaking to the nurses there. They raised concerns about the manner in which communications occurred prior to the flooding in that part of the world. The member for Redlands and I listened and fed that straight back into the system. I heard it in Cairns where we were looking at the fast-track system there in relation to clearing the backlog in the emergency department, which has been done quite well in the last couple of months and is moving patients through. I heard of their support for the director-general's directive in relation to a significant event because patients should not be waiting in an emergency ward or an emergency bed for more than 24 hours. We are actually listening to clinicians and implementing solutions that are working to deliver outcomes for Queenslanders. They say it is a breath of fresh air to have a government that knows what it wants to do, has a clear plan for doing it and is doing it in a calm and methodical way. They are reassured by that. I want to continue to give that reassurance to our hardworking staff as we work with them.

Probably for the first time in a long time last Saturday I received a call from the Queensland Nurses and Midwives' Union's state secretary asking whether I would join her in a Facebook post to say thank you to the nurses and midwives who worked over that long weekend, especially those who were among the 2,000 clinicians and staff who stayed overnight. This is from an organisation that spent nearly half a million dollars in not wanting to see this side of the House get elected and yet we have a constructive working relationship. We will not agree on everything, but we are united in delivering better health services for Queenslanders, easier access to health services closer to where they live.

These amendments and our ongoing efforts to work with clinicians and our staff are all part of our Easier Access to Health Services Plan to ensure world-class health services are accessible to everyone in Queensland no matter where they live. It is part of the fresh start for Queensland that they were never going to receive under a tired, decrepit and retread Labor government.

I turn now to the second part of the bill. The bill also amends the Tobacco and Other Smoking Products Act 1998 to support our public health enforcement teams in tackling the scourge of illicit tobacco and vaping products.

Mr Lister: Hear, hear!

Mr NICHOLLS: I take that interjection from the member for Southern Downs because I know he is passionate about sorting out the problems that Labor left linger for too long. Queensland has a significant vaping problem. Evidence shows vaping can lead to serious health concerns including respiratory illness, cardiovascular problems and nicotine addiction. For our young people—and inevitably they are the targets of the marketers of these products—we know that vaping can exacerbate mental health concerns like depression and anxiety. That is why the Crisafulli government is committed to taking strong action against the illegal operators selling illicit tobacco and vapes in stores across Queensland.

Under the former government hundreds of illicit tobacco and vapes stores just popped up across the state. They were allowed to operate in plain sight, selling illicit products to children and young people, and Labor did nothing about it despite knowing about it. You only have to drive down the street to see vaping stores and tobacco stores popping up all over Queensland. They are notorious. They are notorious in the member for Miller's seat as well as in the member for Caloundra's seat. I know there is a huge one there. They are notorious and Labor let it flourish without taking action.

For too long the significant profits for many retailers from the illegal trade of these products have outweighed the risk of enforcement action. We are assuring Queenslanders that our government is taking decisive action and working to hit those unscrupulous retailers where it hurts, and this bill is one step towards achieving this. There is more to come.

Our enforcement efforts are continually ramping up and we are working hard to take away financial incentives and undermine the business models of these illicit stores. We have an incredibly hardworking enforcement team consisting of more than 150 enforcement officers across 11 public health units and a centralised enforcement team, all with the authority to enforce legislative controls. In fact, a number of the members in the Cairns region and I visited our public health unit there and spoke to the people who are doing the work in cracking down on these illicit vape stores. We listened to them and heard about their frustrations, the fact they were underresourced and the fact that the former government did not really seem to mind and was not really putting the resources or the support they needed into it. That is going to change. I am proud to update the House that the Crisafulli government has increased enforcement efforts so that almost 75,000 vapes have been seized in the last two months alone. That is significantly more than the 22,000 that were seized in the last two months of Labor's watch. Under Labor in two months, 22,000 were seized. Under the LNP in two months with someone who cares about public health, 75,000 vapes were seized.

The reality is vapes remain too easily available in our communities. Ongoing enforcement efforts have highlighted some practical issues which will be addressed in this bill. We are becoming victims of success, if you like, because of the enforcement effort. Current laws about the forfeiture of vapes are simply not fit for purpose. Existing procedural requirements are leading to extended and expensive storage of illegal vapes once they are seized. Before forfeiting and destroying seized vapes, a show cause notice must be issued allowing the former owner of the seized illicit products a 28-day period to object to the proposed forfeiture of the vapes to the state. The legislation allows for an appeal from a forfeiture decision in the 28 days after the notice of the decision and also allows the court to impose a stay on that forfeiture decision until the appeal is heard. This effectively means that the seized illegal vapes must be stored for a minimum period of eight weeks and sometimes much longer.

They are illegal—we know that—they have to be seized, then the show cause notice has to be issued, then there is a right of appeal from the show cause notice and then a court may order a stay of the show cause notice while an appeal is heard. It is taking too long. These are illegal products; let's not forget that. The lengthy storage period is problematic because vapes contain noxious chemicals like liquid nicotine and lithium ion batteries that can overheat, ignite and explode. Seized vapes have to be stored under stringent protocols including the use of ventilated fire-resistant containers and these facilities are costly, with individual units typically priced between \$35,000 and \$65,000 each. Because of our recent successful enforcement, storage capacity across the system is now approaching its upper limit. It is full. Without these amendments, storage capacity constraints will impede enforcement efforts

because we will not have a safe and secure place to store the vapes. To ensure Queensland Health can continue strongly enforcing vaping laws, the bill amends the Tobacco and Other Smoking Products Act to allow for the immediate forfeiture of seized vaping goods. This means illicit vapes can be swiftly destroyed and do not need to be stored for extended periods. This will ensure enforcement officers can continue seizing vapes and reduce their availability.

As I thanked our hardworking staff in the public-facing roles in HHSs and in the health department, I want to take a moment to thank the public health enforcement officers for their commitment. Their work is difficult, demanding, sometimes dangerous—they often require police to assist them—and often unrecognised, but let me assure them that it does not go unnoticed. On behalf of our community, I thank them for their vigilance and efforts to keep Queensland safe. Without their dedication, hundreds of thousands of harmful vapes would remain on the streets and in our schools.

While the amendments in the bill mean that vapes will no longer need to be stored for extended periods, their destruction also presents logistical challenges. Not only do we have to seize them and hold them; we have to get rid of them. Vapes must be dismantled before safe disposal, with each component including the plastics, batteries and toxic liquids requiring specialised handling. Improper handling can lead to personal injuries if batteries explode or ignite and to environmental contamination if toxic chemicals seep into our soil and water. The cost of safely dismantling and disposing of vaping goods places an additional financial burden on the state. Money that we could spend on enforcement is actually now having to be spent on destruction.

Queensland Health also incurs significant costs in enforcing offences relating to other illegal products such as ice pipes, bongs and illicit tobacco. These items, once seized, need to be transported to appropriate facilities, stored and then safely dismantled and destroyed to ensure they cannot re-enter the market. Currently, there is no specific power for courts to order convicted individuals to pay the reasonable costs incurred by Queensland Health for dealing with these products and for investigating and prosecuting offences under the Tobacco and Other Smoking Products Act.

To hold those who are supplying illegal products accountable for these costs, the bill amends the act to insert new court ordered cost-recovery provisions. These provisions will empower a court to order a convicted person to pay reasonable costs incurred by the state, including the costs of storing, transporting, dismantling and disposing of products such as vapes, ice pipes, bongs and illicit tobacco. The provision will also allow the court to order that the convicted person pay the department's reasonable costs of investigating the relevant offence and for the prosecution of the offence. Any amount ordered by the court will be a debt owing to the state and recoverable as such. This change will ensure that convicted offenders are held responsible for the impact of their illegal conduct and reduce the financial incentives associated with the sale of these illegal products in our communities. The Crisafulli government will continue to take decisive action against the illegal operators and hit them where it hurts—financially.

This is a bill that supports Queenslanders. This is a bill that improves public safety and better equips our public health enforcement officers. It will help to get vapes out of retail stores but most importantly out of the hands of kids and other young people. This is also a bill that strengthens our health system. It empowers clinicians and ensures local communities receive the best possible care. We said that we would put clinicians back in charge of hospitals, and that is exactly what this bill will do. I commend this bill to the House.

First Reading

Hon. TJ NICHOLLS (Clayfield—LNP) (Minister for Health and Ambulance Services) (11.52 am): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Health, Environment and Innovation Committee

Madam DEPUTY SPEAKER (Ms Marr): In accordance with standing order 131, the bill is now referred to the Health, Environment and Innovation Committee.