




Speech By
Hon. Tim Nicholls

MEMBER FOR CLAYFIELD

Record of Proceedings, 12 June 2025

HEALTH LEGISLATION AMENDMENT BILL

Second Reading

 **Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (12.01 pm): I move—

That the bill be now read a second time.

I would like to acknowledge the work of the Health, Environment and Innovation Committee in conducting its inquiry into the bill and for its report. I want to extend my thanks to the individuals and organisations who provided valuable feedback during that inquiry. There were 11 submissions to that inquiry during the course of its investigations. The committee made one recommendation: that the bill be passed. I appreciate the committee's support for the bill.

I also foreshadow that I will be moving amendments during consideration in detail to the Pharmacy Business Ownership Act 2004 and that those amendments—which I circulated on Tuesday—will clarify the terms and conditions of the employment of staff of the newly established Queensland Pharmacy Business Ownership Council. This will include the terms and conditions of any staff who may be transferred from Queensland Health, which currently regulates the operation of community pharmacies. These amendments need to be put in place immediately to ensure that the council can employ staff before the licensing framework under the act commences, and that is to protect the entitlements of staff and to ensure they can be employed appropriately.

There are a number of matters that were raised in the committee and that are enlivened by the policy behind this bill. Queensland's frontline health workforce is the backbone of our public hospital system. Each day thousands of frontline clinicians across Queensland deliver critical care and support to their communities, yet until now those frontline clinicians have had limited input into how hospital and health services across our state are governed.

The bill amends the Hospital and Health Boards Act 2011 to ensure that each hospital and health board includes at least one practising frontline clinician from that hospital and health board area. This delivers on a clear government election commitment and provides for greater clinician engagement in strategic decision-making.

I note that during the committee process questions were raised about whether it is possible to manage conflicts of interest for board members who are also employees of the particular hospital and health service. I am confident that any conflicts of interest that arise can be managed appropriately through the existing mechanisms. In this respect, I note that the Queensland Integrity Commissioner noted the same. In her evidence to the committee she said—

... if this proposal proceeds, I do not propose any further amendments to the Bill as I am of the view that the existing statutory requirements regarding disclosure and management of conflicts of interest are adequate.

This is very clear.

For the benefit of those opposite, I would like to remind them that there are currently five serving hospital and health board members who are employed or engaged as clinicians by the same hospital and health service. In fact, the chair of one of those hospital and health services is an employed clinician of that hospital and health service. That chair is also the chair of the chairs' committee of all 16 hospital and health services, so this role is already being filled. It is currently the case that there are five board members who are also employees of hospital and health services. These board members were appointed by the former government. The former government was clearly of the view at the time when those appointments were made that these types of conflicts of interest were manageable.

Hospital and health boards make significant decisions about how health services are delivered in their areas of responsibility. These are decisions that affect workforce planning, resource allocation, service priorities and models of care. Ensuring those decisions are informed by clinical perspectives from within the service will strengthen governance and drive the more responsive, patient-centred outcomes that the residents in those communities are demanding.

The bill also strengthens enforcement against vaping goods. Vaping represents an urgent and escalating public health challenge. Earlier today I indicated some parts of the LNP Crisafulli government's crackdown on this illegal and illicit trade by rogue traders. Some of the biggest seizures of illegal products in Queensland's history have taken place in the last three months under the LNP government.

Despite clear evidence of harm, including respiratory illness, cardiovascular risks and nicotine addiction, illegal vaping products continue to be sold across Queensland. These products are often marketed as safe or nicotine-free, but we know this is not the case. Since November 2024 Queensland Health has seized more than a quarter of a million illegal vapes. In March, as I have indicated, Queensland Health officers executed the largest seizure of illegal cigarettes and vapes by any public health authority in Australia. More than 76,000 vapes, 19 million cigarettes and 3.6 tonnes of loose tobacco with a street value of \$20 million were seized.

With rising seizure volumes we face growing logistical challenges in storing and destroying these hazardous items. The more successful we are, the bigger the problem has become. Currently, seized vapes must be stored for a minimum of eight weeks to accommodate existing forfeiture, show cause and appeal processes. Due to the risk of fire and toxic leaks, storage is expensive and destruction is complex. These risks and costs are borne by the state and ultimately by taxpayers.

This bill enables the immediate forfeiture and destruction of seized vaping goods. This ensures swift removal from the community, reduces fire and environmental risks, and relieves pressure on enforcement resources. We can direct our resources to do what they should be doing; that is, taking more action to crack down on criminal gangs and illegal tobacco and vapes.

Additionally, the bill introduces a new court ordered cost-recovery mechanism. This will ensure that those who profit from the unlawful sale of products such as vapes, illicit tobacco and ice pipes can be held financially accountable for the costs they impose due to their illegal conduct. I have spoken many times about the need to break the financial imperative that drives this trade. Courts will now have clear authority to order convicted offenders to pay the costs of enforcement, including seizure, storage, destruction, investigation and prosecution.

In conclusion, this bill delivers pragmatic, considered reforms to support stronger governance and improved public health outcomes. Importantly, it delivers on an election commitment that was endorsed by the people of Queensland in October 2024 when they chose to throw out the past and deliver a fresh start for Queensland with the Crisafulli LNP government. It gives clinicians working in our hospitals a meaningful voice in board decision-making and strengthens the state's capacity to enforce the law against the supply of illegal vaping products.

Queensland Health enforcement officers are working tirelessly to protect our community, and I want to thank them. I make it my business to visit them whenever I can when I am travelling throughout the regions or here in the south-east. They are doing a terrific job. They are enjoying being given the powers to do what they are doing, and they are doing it even more successfully. They deserve the right legal framework to continue to do so effectively. With those few words, I thank the committee, I commend the bill to the House and I look forward to constructive debate.