



Speech By  
**Hon. Tim Nicholls**

**MEMBER FOR CLAYFIELD**


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Record of Proceedings, 18 September 2025

**HEALTH LEGISLATION AMENDMENT BILL (NO. 2)**

Resumed from 22 May (see p. 1437).

**Second Reading**

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

That the bill be now read a second time.

It certainly is a health day today. I want to thank the opposition for their collaboration and work in a bipartisan way in making sure that the great work the Crisafulli LNP government is doing is being considered. I acknowledge the work of the Health, Environment and Innovation Committee in conducting the inquiry into the bill and the organisations that participated in the committee's inquiry. My recollection from the committee report is that there were five organisations that made submissions. I have read their submissions and thank them for submitting them. I appreciate the committee's support for the bill and their sole recommendation, which is that the bill be passed. I also note that the committee, in its consideration, determined that public hearings were not necessary in relation to their examination of the bill.

The Crisafulli government is committed to strengthening the performance and clarity of our health legislation. The Health Legislation Amendment Bill (No. 2) 2025 achieves this in five key areas. It works in relation to: pharmacy business ownership and regulation; the reporting of occupational respiratory diseases; the detection and management of serious public health risks such as those presented by Japanese encephalitis; the clarity of our radiation safety application processes—obviously important; and appointment processes for the leadership of the Queensland Mental Health Commission. These amendments reflect our commitment to improving our regulatory levers and protecting the health and safety of all Queenslanders no matter where they live.

Queenslanders are very lucky to have world-class professional health care provided by our community pharmacies. The role community pharmacies play in promoting and protecting the health of Queenslanders cannot be understated. That is why we have expanded their scope of practice to treat and prescribe medications for acute health conditions, improving access for the community and reducing pressure on our GPs and hospital emergency departments. As part of strengthening the new modern framework for pharmacy business ownership, this bill ensures appropriate systems and processes are in place to achieve the intent of the Pharmacy Business Ownership Act 2024. This bill will make sensible changes to the operation of the act ahead of the expected commencement of the licensing scheme in November 2025. It will also support the effective operation of the Queensland Pharmacy Business Ownership Council. These amendments are aimed at promoting transparency of information for the public, protecting the community pharmacy model and ensuring clarity and procedural fairness for licence applicants. Importantly, the amendments also support the transfer of regulatory responsibility for pharmacy business ownership from Queensland Health to the council.

These reforms will ensure that the regulation of pharmacy business ownership in Queensland is effective, clear to the stakeholders and operates in the best interests of the community. I note that the committee received submissions from two key pharmacy peak bodies, the Pharmacy Guild and the Pharmaceutical Society of Australia, both of which supported these amendments. I thank both organisations for their continued engagement in ensuring the important role of community pharmacies is considered in health policy. You well know, Mr Deputy Speaker, as I have travelled with you in parts of your electorate of Cook, and many of our regional candidates know, the very vital role the community pharmacy plays in providing that first line for those people who cannot otherwise get to a GP. This is about ensuring that that continues to be provided and that process is strengthened.

Secondly, I want to deal with notifiable occupational respiratory diseases. This bill amends the Public Health Act 2005 in relation to the notification of diagnoses of occupational respiratory diseases. By establishing the National Occupational Respiratory Disease Registry the Commonwealth has now assumed primary responsibility for managing the reporting of information about preventable occupational respiratory diseases in Australia. This includes cancer and asbestosis, as well as silicosis. Members might be unfamiliar with—some might have been here, but not many, I think, at the time—when this parliament acted in relation to black lung disease and the effects it had on people who had been miners and the investigation that was instigated as a result of actions taken by the then opposition in referring the matter for further investigation.

Centralising this information and moving towards nationally consistent reporting requirements will improve our ability to understand and prevent these debilitating and life-threatening illnesses. The bill supports this important initiative by ensuring that all diagnoses of these diseases are notified to the national registry. The bill then decommissions the existing Queensland register. Obviously we do not need to duplicate. There is a national register; we no longer need the Queensland register. Queensland Health will continue to have access to patient information about Queensland diagnoses. De-identified information about diagnoses in other Australian jurisdictions will also be available through the secure national registry portal. As noted by the Lung Foundation Australia in its submission to the committee, it is crucial for Queensland policymakers and medical practitioners to continue having access to Queensland data within the national registry and to be able to access broader trends within the national data. I thank the Lung Foundation for their submission on this important amendment.

The bill also introduces clarifying amendments to ensure our officers across public health units and local councils can effectively respond to the risk of Japanese encephalitis virus, or JEV as it is known. To ensure effective testing for JEV, it is necessary to capture adult mosquitoes when they are most active. This is done by leaving light traps at relevant locations overnight. Current legislation is ambiguous about whether this can be done and this bill provides the clarity our officers need to leave necessary equipment at locations for reasonable periods of time. In effect, they can operate their mosquito traps for longer to ensure that we are scanning for as many opportunities as possible to identify mosquitoes that might carry JEV.

The bill also makes a minor amendment to correct an inconsistency in the Radiation Safety Act 1999. The intent of the act is that any person may apply for an approval from Queensland Health to dispose of radioactive materials. However, one provision within the act implies that only a licensee may hold an approval to dispose. Occasionally members of the public may come across radioactive materials. For example, a person may discover old aeroplane gauges at a newly purchased rural property or a high school science department might find samples of radioactive rocks and geological items. This bill amends the act to confirm that any person can apply for and hold an approval to dispose of radioactive material. This will ensure that potentially dangerous materials are brought to the attention of the department's experts in the radiation health team and disposed of safely.

Finally, the bill also amends the Queensland Mental Health Commission Act 2013 to ensure that an acting commissioner can be appointed when the commissioner may be unavailable or their office becomes vacant. I thank the Mental Health Commissioner for his support in identifying the need for these technical amendments.

This bill outlines sensible changes to Queensland's statute book. It gives effect to a range of improvements that ensure our pharmacies continue to provide high-quality professional and safe pharmacy services to the community, public health risks are managed and our legislation is clear and unambiguous for its users. It is on that basis that I submit the bill for the consideration of the House.