




Speech By
Hon. Tim Nicholls

MEMBER FOR CLAYFIELD

Record of Proceedings, 18 September 2025

HEALTH LEGISLATION AMENDMENT BILL (NO. 2)

Second Reading

 **Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (8.01 pm), in reply: It has indeed been a long day. Nothing demonstrates that more than the style of the comments and contribution of the former deputy speaker. Nonetheless, we are here to sensibly debate some legislation, and I thank all members for their contributions to the debate. This bill does make important and timely reforms to safeguard the health of all Queenslanders and ensure that our health system is ready for the challenges ahead. I spent many hours in here listening to the contributions from members. I have to say that understanding of the bill's contribution to the health of Queenslanders was amply demonstrated on this side of the House but, sadly, less so from those opposite.

This bill readies the new pharmacy ownership licensing scheme for commencement in November, it closes critical loopholes that threaten the integrity of community pharmacies, it aligns our response to deadly dust lung diseases through national reporting, and it equips public health officers to detect Japanese encephalitis virus ahead of the summer mosquito season. The bill also ensures continuity in mental health leadership and clarifies rules for the safe disposal of radioactive materials. I would like to address some of the issues raised during the debate.

I will turn to the member for Miller first, the current shadow minister for health. He has dismissed this bill as threadbare, thin and trivial. The only thing that is threadbare is the member for Miller's grasp of health policy and basic facts about our hospitals—whether it his grasp of matters relating to elective surgery or his grasp on reality when it comes to the Toowoomba Base Hospital and their surgical lists. The member for Greenslopes made a contribution—or should I perhaps describe him as the future minister for health. He is putting a stake in the ground pretty early.

As I mentioned earlier, I am grateful for the committee's consideration of the bill. The committee's single recommendation was that the bill be passed. It does concern me that the member for Greenslopes considers the committee reviewed the bill, to use his words, 'only on the papers'. I distinctly note from the report, and I distinctly remember, members of the health department appearing before the committee to provide a fulsome response to all of the committee's questions. They appeared before the committee to provide that response. That is not 'on the papers'. As the member for Southport rightly pointed out, the committee's report included no statement of reservation. It is therefore unexpected—and, frankly, inconsistent—for the member for Greenslopes to now voice discontent with the process that he was intimately involved in and very much a part of. The committee—

Mr J Kelly interjected.

Mr NICHOLLS: Methinks the member doth protest too much. The committee—including, presumably, the member for Greenslopes as the deputy chair of the committee—made the decision not to hold a public hearing about the bill. There were five submitters in relation to the bill, and I note that all of them were supportive of the amendments contained within the bill, so it is disappointing that the

member for Greenslopes advised the House today that he has given the bill less than 10 minutes of his attention. Nonetheless, the reforms the bill delivers are important and necessary, and the committee's recommendation to pass the bill reflects that.

Returning to some of the other opposition commentary and the member for Miller's bizarre contribution to the debate, he managed to ridicule and undermine so many aspects of our health system and those working within it. This bill makes reforms that go to the heart of community health and safety. We heard from many members on both sides of the House about community health and safety, in particular about the role of community pharmacies. Protecting the ownership of local pharmacies, strengthening the fight against deadly dust lung disease and keeping our communities safe from mosquito-borne illness are the things this bill does. To write these off, as the member for Miller did in his contribution, as trivial is to write off the patients, families and frontline professionals whose lives are directly affected.

A government member: Shame!

Mr NICHOLLS: I take that interjection; shame indeed on the member for Miller. It is not the first time and no doubt it will not be the last. If the shadow minister thinks these issues are trivial, then that says everything about his priorities and nothing about the substance of this bill.

These amendments are not technical niceties; these are essential protections for Queenslanders. This bill makes important amendments to the Pharmacy Business Ownership Act—the act that industry stakeholders such as the Queensland Pharmacy Business Ownership Council and the Pharmacy Guild of Australia have agreed are crucial before licensing commences under the act. That was their submission.

For example, the bill enables appropriate and necessary information sharing between Queensland Health and the new council to ensure both the council and Queensland Health can perform their mandated legislative functions. It ensures that a shareholder of a corporate pharmacy business owner cannot hold shares on trust for someone unless they are a pharmacist or a close adult relative of a pharmacist, which is in line with the clear intent of the Pharmacy Business Ownership Act. These are not trivial matters; they are amendments that anyone who supports community pharmacies would support. Indeed, the Pharmacy Guild of Australia considers these reforms critical to ensuring that Queensland communities and patients are protected from the increasing corporatisation of health care.

The member for Miller and other opposition members also questioned the definitions of 'core pharmacy services' and 'material interest'. I find it very interesting that the opposition would raise these concerns given that in fact this very proposition was put before the Labor government during the development of the Pharmacy Business Ownership Act in 2024 but they did not accept them. Similarly, amendments to the Public Health Act support the transition from Queensland's dust lung register to the new national registry. Dust lung disease is not a trivial matter. These are serious and deadly diseases that cause immense suffering and sadness in families and communities. The harmonisation of the reporting and tracking of dust lung disease is critical to early detection and intervention and supports the goal of eliminating these preventable and deadly diseases. Doctors and public health experts have welcomed the national registry as a lifesaving tool. These are the things that the member for Miller thinks are trivial.

Similarly, JEV, a disease that can cause serious illness and death, is not a trivial matter. We heard at length from the member for Lockyer, who spoke about the impact in his area—and it goes out to Goondiwindi, in the piggeries out there. That is, in fact, why Queensland Health will provide free vaccination for JEV for people who work in those areas or are a close contact to those areas. As we saw earlier this year, the warm, wet weather of summer is the perfect breeding ground for mosquitoes. Higher mosquito populations mean increased likelihood of JEV infections. These amendments get ahead of our summer season and ensure our public health officers are equipped to monitor and respond to this risk.

It is irresponsible and misguided to trivialise JEV. We know that the member for Miller's understanding of the portfolio is a bit thin and threadbare, so he has probably forgotten about the 2022 outbreak of JEV. It was unprecedented in scale and severity, prompting Australia's Chief Medical Officer to declare it a Communicable Disease Incident of National Significance. I would argue that is by no means a trivial matter. It is also disappointing that the member for Miller considers mental health and radiation safety to be trivial, but I want to assure the member for Miller and those opposite that on this side of the chamber we do not trivialise mental health or radiation safety.

Mr BAILEY: Mr Acting Speaker, I rise to a point of order. I find those comments obviously offensive and I ask the minister to withdraw.

Mr ACTING SPEAKER: Minister, the member for Miller has taken personal offence. Will you withdraw, please.

Mr NICHOLLS: I withdraw. It is disappointing that those opposite consider mental health and radiation safety to be trivial, but I want to reaffirm to Queenslanders, as well as to those opposite, that on this side of the chamber we consider those matters important. It is important to get ahead of them and it is important to deal with them in a legislatively sensible way.

I do not know about the member for Miller, but personally I want to see radioactive materials dealt with appropriately and safely in our communities, and the bill supports this occurring. I find it passing strange if the member for Miller was a proponent for nuclear power and the unsafe disposal of nuclear and radioactive waste. He considers it trivial, though. The former campaigner for nuclear disarmament does not want to get rid of it; he wants to keep it in the community. I can tell that the member for Miller is struggling. The member for Greenslopes is hot on his heels, nibbling away—in the same way as the member for Gaven is nibbling away at the member for Murrumba. It is all the way through, and the member for Woodridge is nibbling at everyone.

Mr BAILEY: Mr Acting Speaker, I rise to a point of order.

Mr NICHOLLS: Here he is!

Mr BAILEY: The minister has been very pointed about sticking to the bill. He is straying far from the bill and I ask that he be brought back to the bill.

Mr ACTING SPEAKER: Thank you, member for Miller. Minister, I have been listening carefully and maybe there is a slight deviation from relevance in some of your recent comments. If you could come back to the bill, that would be appreciated.

Mr NICHOLLS: Of course. There has been a slight deviation from relevance; I accept that. There was a slight deviation in relevance to the bill, but not a slight deviation in relevance to the member for Miller. The member for Miller said that this bill is embarrassingly lacking in policy substance. On this side of the House we think the opposition should be embarrassed about their response to very important matters. I would also like to inform the House that I will be moving amendments—

Mr Bailey: What a surprise.

Mr NICHOLLS: The member for Miller said, 'What a surprise.' Where has the member for Miller been for the last 36 hours? Has he not been reading his favourite journal of record, the *Guardian*? Has he not been tuning in to his favourite radio station, the ABC? Has he not been listening—

Mr BAILEY: Mr Acting Speaker, I rise to a point of order on the basis that I was sat down earlier in this debate. The minister is now speaking about matters which I was sat down for. I ask for you to apply the same ruling—

Mr ACTING SPEAKER: What is your point of order?

Mr BAILEY: I ask for him to come back to the bill and not be straying far from the bill into areas other speakers have been sat down for.

Mr ACTING SPEAKER: Is your point of order relevance?

Mr BAILEY: Yes.

Mr ACTING SPEAKER: Thank you. I will take some advice. Member for Miller, thank you for your point of order. The minister's comments, as I understood them, were in relation to amendments to be moved by the minister which have been circulated. There is authority from other Speakers that comments about government amendments are relevant in the second reading debate and in consideration in detail. Minister, you have the call.

Mr NICHOLLS: I think the member for Miller's point should have been lack of relevance, and that is the lack of relevance from the member for Miller to this debate.

As I said, I will be moving amendments to the Medicines and Poisons Act and one other act during consideration in detail. These amendments will give effect to the Crisafulli government's position before the election, during the election and subsequent to the election—

Opposition members interjected.

Mr ACTING SPEAKER: Order! Members, your interjections are not being taken.

Mr NICHOLLS: These amendments will give effect to the Crisafulli government's position made clear before the election, made clear during the election and made clear subsequent to the election that we have a zero-tolerance position—

Opposition members interjected.

Mr NICHOLLS: These amendments give effect to the Crisafulli government's position made before, during and after the election that we take a zero-tolerance position in relation to illegal drugs. The government takes a zero-tolerance position in relation to illegal drugs. I want to make it absolutely clear that there is no safe way to take illegal drugs, and this government does not support publicly or privately funded pill testing. The amendments I will be moving will ensure that pill testing does not take place in Queensland.

Our position, as I said in answer to a question, is no different to many other state and territory governments across Australia, from both sides of politics. In Western Australia, the Cook Labor government said in January 2024 that 'Western Australia will not be changing its position' and, 'The Cook government has no plans to introduce pill testing in Western Australia at this time.' It was a position reinforced by government members in Western Australia and reported in *Hansard* in March 2024.

In South Australia, the health minister, Chris Picton, ruled out pursuing such a scheme in July 2022, stating, 'South Australian Labor was consistent before the election in not supporting pill testing as part of our policy.' He reiterated this in 2025—and the Malinauskas government is the most popular Labor government in the country at the moment—when he told *InDaily*, 'The Malinauskas government does not support the introduction of pill testing in South Australia.' That is from two Labor governments. It is also not supported by the Northern Territory, which has had both Labor and Country Liberal Party governments, and it is not supported by Tasmania or Queensland. We do not support anything that encourages drug dealers. There is no safe way to take drugs. Only the Labor Party is backing drug dealers in this House.

In upholding our commitment to transparency, I am also releasing and tabling the interim and final evaluation reports of the former government's trial of publicly funded drug-checking services in Queensland. Concerningly, these reports reveal that the majority of participants still intended to take illicit substances and that drug-checking services had not changed their attitude or increased their willingness to talk about their drug use with a healthcare provider.

Tabled paper: Document, dated 1 November 2024, titled 'The University of Queensland, Interim Report: Evaluation of the Queensland Drug Checking Services 2024 V2.1' [1285](#).

Tabled paper: Document, dated 4 June 2025, titled 'The University of Queensland, Final Report: Evaluation of the Queensland Drug Checking Services 2025' [1286](#).

The evaluation report proudly states in the executive summary that 44 per cent of people said they did not use the tested substance. That sounds like a positive—44 per cent of people said they did not use the tested substance—but upon examination of the details, it is revealed that, despite more than 1,000 participants in the trial, only 43 partially completed the follow-up survey. Only 43 completed more than 60 per cent of the survey. So, this figure of 44 per cent represents fewer than 20 out of 1,000 people. Of those surveyed, only five said they had disposed of the substance. That is \$1.15 million for a 12-month trial and evaluation, and only five people reported disposing of their drugs. The evaluation goes further to report that more than half of the people who accessed the fixed sites and indicated their intentions for using said they had not changed their mind about how much of the substance they would take. At the major festivals involved in the trial, 64 per cent of the people said they definitely would use the substance. That is a major concern and, quite frankly, a significant failure of the program.

I will also be moving an amendment on behalf of the Minister for Fire Services in relation to matters of concern. This amendment will be to the Fire Services Act 1990 to clarify the role of rural fire brigades during fires and other significant events impacting our community.

In closing, the reforms in this legislation ensure Queensland's health legislation is contemporary and clear. Protecting our community pharmacy model and preventing Japanese encephalitis virus and respiratory diseases are not trivial matters, as the member for Miller and those opposite would have you believe. They are not threadbare proposals. They are not worthy of less than 10 minutes of the member for Greenslopes' time. They are worthy of proper consideration by the members of this House and the members of the committee.

This is an important bill for the health and wellbeing of Queenslanders. I would like to thank Queensland Health's Legislative Policy Unit, in particular Kate, Riaza, Gemima, Angela and Karson, for all of their support in developing this bill. I would like to thank my staff who have made such a tremendous effort to make sure that this bill is in the best interests of Queenslanders. It does protect the health, wellbeing and rights of Queenslanders. It supports the delivery of the community pharmacy

model which we on this side value so much. It ensures that this parliament debates important legislation and it is certainly not trivial legislation as those opposite would have you believe.

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

Motion agreed to.

Bill read a second time.