



Speech By
Hon. Tim Nicholls


MEMBER FOR CLAYFIELD

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HEALTH LEGISLATION AMENDMENT BILL (NO. 3)

Resumed from 14 October (see p. 3000).

Second Reading

 **Hon. TJ NICHOLLS** (Clayfield—LNP) (Minister for Health and Ambulance Services) (12.06 pm): Mr Speaker, I congratulate the member for Hinchinbrook on an outstanding first speech in this place. I say congratulations and you are a welcome addition to this House. I move—

That the bill be now read a second time.

The Crisafulli government is committed to ensuring Queensland's health legislation is fit for purpose and can respond appropriately to the needs of our communities. The Health Legislation Amendment Bill (No. 3) 2025 delivers on these objectives through amendments in five key areas: the regulatory framework for providers of assisted reproductive technology; the consent framework to support organ donation in cases of circulatory death; the accreditation standards for surgery procedures; the governance arrangements for important statutory office holders; and the reporting of occupational respiratory diseases. Together, these amendments will address practical challenges, advance important regulatory frameworks, strengthen accountability and improve patient outcomes.

I would like to thank the Health, Environment and Innovation Committee for its consideration and inquiry into the bill. The committee made one recommendation: that the bill be passed. I would also like to thank the individuals and organisations who provided submissions and participated in the committee's inquiry.

The opposition members of the committee published a statement of reservation about the bill. The statement of reservation supports the amendments in the bill about assisted reproductive technology, organ donation and cosmetic surgery. The statement notes faux concerns from opposition members about the amendments relating to statutory office holders, despite having established the same arrangements while they were in office. I will address those concerns in a moment. Firstly, I want to outline the key reforms in the bill.

Countless families across Queensland—indeed, across Australia—have benefited from assisted reproductive technology, otherwise called ART. For many, ART treatment provides a pathway to parenthood that would otherwise be out of reach. However, as we have seen in recent years—and very recently—errors and adverse events within clinics can result in lifelong consequences for patients and the people who are born as a result of ART treatment. The former government introduced the Assisted Reproductive Technology Act 2024 to regulate this sector which was previously self-regulated. This legislation is complex and critical, establishing a regulatory framework that plays a pivotal role in governing conduct that impacts so many families that its development demanded the utmost care.

Regrettably, and despite this requirement, those opposite rushed its introduction, against advice, with insufficient drafting time. Those opposite provided insufficient time for stakeholders to adequately engage with the process. Since its passage in September 2024, implementation of the ART Act has

highlighted the consequences of Labor's rushed legislation. The framework imposed rigid rules that were impractical in some instances and disproportionately disadvantaged some families. The effect of some provisions was unclear, creating difficulties for providers and patients in navigating the requirements. I have heard the distressing real-world impacts of these drafting issues. Through no fault of their own, patients had their treatments interrupted or postponed—a very distressing outcome for many women and families at such a vulnerable time.

This bill addresses those identified issues through targeted and timely amendments which ensure the ART Act's regulatory framework operates effectively and as intended. Critically, these changes embed insights provided by stakeholders to ensure the regulatory framework aligns with community expectations, promotes equitable outcomes and does not result in unnecessary hardship.

I thank the stakeholders, including donor-conceived people, advocacy groups and ART providers, for their engagement through the development of this bill. The majority of submissions received by the committee on the ART Act amendments expressed support for the amendments. As noted by Donor Conceived Families Australia in their submission to the committee, the ART Act amendments represent a 'balanced, compassionate and evidence-based approach that serves the interests of all parties involved' in ART treatment.

Turning to other aspects of the bill, amendments to the Transplantation and Anatomy Act 1979 will provide a clear legal framework to better support organ donation to occur in certain circumstances. Organ donation is the gift of life. I want to take this opportunity to encourage all Queenslanders to consider registering as organ donors and to share that decision with their families. These important steps can help give the 1,800 Australians waiting for an organ transplant a better chance at living fuller, healthier lives along with the more than 14,000 people on dialysis, many of whom would benefit from a kidney transplant. Organ donors give others the gift of a second chance at a longer, healthier life. The bill honours this gift by ensuring life-saving donations have the greatest chance of success.

Amendments to the Transplantation and Anatomy Act establish a framework for a person's next of kin to consent to medical procedures to be carried out before a person has died in cases where a person meets the criteria for donation after what is known as circulatory death. Unlike cases of brain death, donation after circulatory death requires medications to be given and tests to be performed before life-sustaining measures are withdrawn. That is because tissue and organs deteriorate rapidly once a person's heart stops beating. These procedures improve the chances of a successful organ transplant. Appropriate safeguards have been included in the bill. Discussions about withdrawal of care and organ donation are kept separate. Consent for these procedures will only be sought after a decision has already been made to withdraw life-sustaining measures. There was strong stakeholder support for these amendments during the committee process. DonateLife Queensland noted that the amendments 'provide a safe and ethical framework for improving transplantation outcomes for the people of Queensland'.

I turn now to another important reform in the bill. Cosmetic surgery is a significant and growing industry which has experienced a wide range of reported patient safety issues. The term 'cosmetic surgery' potentially covers a broad range of procedures and can be used or interpreted differently by clinicians and the community. To be clear, the amendments in the bill will apply to elective and invasive cosmetic surgery that has the dominant purpose of achieving what the patient perceives to be a more desirable appearance. This can include face and neck lifts, calf implants and some types of liposuction.

Cosmetic surgery is not used to prevent, diagnose or treat medical diseases or conditions and does not include procedures such as reconstructive surgery, mole removal or cosmetic injectables. Across Australia we have heard of cosmetic surgery procedures being undertaken in facilities that had a lack of suitable sterilisation and infection control and where patients undertook procedures without being fully informed about the risks and potential complications. A comprehensive review of regulation of cosmetic surgery noted considerable variation to the regulation of facilities providing cosmetic surgery across states and territories which exposed patients to risk. As a result, all Australian health ministers tasked the Australian Commission on Safety and Quality in Health Care to develop national standards for the safe delivery of high-quality cosmetic surgery. This process has occurred over many years and involved extensive consultation.

The amendments in the bill ensure the Private Health Facilities Act 1999 has a clear head of power to require licensed private health facilities that provide surgery in Queensland to comply with the national cosmetic surgery standards. I am proud to say that we already have private health facilities that are implementing those standards. We have been advised by the Australian Commission on Quality and Safety in Health Care that one private hospital and three day hospitals in Queensland have already been assessed against the national standards. Work has also been completed or is currently underway in other states and territories to require compliance with those national standards. The amendments in

the bill will help to lift the standards of care in the cosmetic surgery sector and ensure all facilities that perform cosmetic surgery must take important steps to improve patient safety. The amendments to the Private Health Facilities Act also make improvements to the sharing of private hospital information with Queensland government entities.

I will turn to aspects of the bill that deal with governance of the health system. The public health system in Queensland has a budget of more than \$33 billion—a record high budget—with spending on health care being the single largest area of expenditure by government. This record budget reflects the government’s commitment to addressing issues such as hospital capacity, elective surgery backlogs and workforce shortages inherited after Labor’s decade of decline. Our record investment also highlights the critical importance of ensuring that oversight of the health system is functioning well and that our health system leaders are held to account for their performance. We need to ensure that every single one of our statutory appointees is committed and energised to take on the crucial oversight role.

That is why this bill amends four health portfolio acts to provide a broader range of circumstances when statutory office holders can be removed from their positions. These changes recognise that persons appointed to these important positions of public trust must be held to high standards. These office holders have critical governance roles in providing public health services across Queensland, improving health and wellbeing, regulating pharmacy ownership and supporting and improving public health services.

The statement of reservation from the opposition members of the committee raised concerns about these changes; however, that statement fails to acknowledge the committee’s report that the same provisions and the same wording are used in at least 21 other pieces of legislation. What a surprise! In fact, the statement of reservation accuses the Crisafulli government of being hypocritical. Hypocritical? I would like to remind those opposite that the very same wording and the very same clause was included in the omnibus Debt Reduction and Savings Bill 2021 introduced by the then treasurer, the member for Woodridge. That bill was passed with—and that wording can be found today in—section 82 of the National Injury Insurance Scheme (Queensland) Act 2016. That is only one example among others I am more than happy to share if required. The approach in this bill is not novel or unique. It is used across the statute books and adopted on numerous occasions by those opposite. This approach recognises that there are rare circumstances where statutory officers are not fulfilling their intended functions or duties in providing effective oversight of critical public services.

Although the bill broadens the grounds for removing persons from those positions of trust should it become necessary to do so, it does include important safeguards to ensure these decisions are fair and transparent. Natural justice will continue to apply, such as being given notice of the proposed decision and an opportunity to be heard. Also, decisions about the removal of board members will need to be made by the Governor in Council, which provides oversight of decisions through a formal government decision-making process. The vast majority of our statutory appointees do a tremendous job in providing valuable oversight of the public health system, and I thank them for their service to Queenslanders.

Finally, the bill includes a minor amendment to reflect that the federal parliament passed legislation to establish the Australian Centre for Disease Control on 6 November 2025. As part of the Commonwealth legislative changes, responsibility for the National Occupational Respiratory Disease Registry will be transferred to the newly created Australian Centre for Disease Control. The bill ensures notifications of occupational respiratory diseases made under Queensland’s Public Health Act 2005 will be made to the relevant Commonwealth officer in the Australian Centre for Disease Control.

This bill delivers a broad range of practical amendments to Queensland’s health legislation. It clarifies and improves the regulatory framework for assisted reproductive technology, strengthens pathways to enable life-saving organ donations, improves standards for providing cosmetic surgery and promotes high standards of performance for those in leadership positions in Queensland’s public health system. These changes ensure Queensland’s health legislation is fit for purpose and positioned to better respond to the evolving needs of our communities. It is for those reasons that as the minister I commend the bill for the consideration of the House.