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MEMBER: Mr LANGBROEK

Mr LANGBROEK (Surfers Paradise—LNP) (3.03 pm): I rise to make a contribution to the Health and Other Legislation Amendment Bill debate. Before I begin I would like to thank the committee for its work in assessing this bill, the Legal Affairs and Community Safety Committee report No. 38 of the 55th parliament. The bill before us has several elements. It proposes amendments to the Criminal Code, the Hospital and Health Boards Act 2011, the Public Health Act 2005 and the Queensland Institute of Medical Research Act 1945.

The first element seeks to amend the Criminal Code to standardise the age of sexual consent and proposes to use the words 'anal intercourse' in place of the word 'sodomy'. The bill achieves this by removing the offence of unlawful sodomy in section 208 and amending the offences of unlawful carnal knowledge in sections 215 and 216 and to extend the definition of carnal knowledge in those provisions to include anal intercourse. It amends other acts to align with these changes. These proposed changes are the result of a draft Queensland Sexual Health Strategy 2016-21 which was released for public consultation in May. Currently there is a difference between the age of consent for anal intercourse, which is 18 years of age, and all other sexual intercourse, which is 16 years in Queensland. Ultimately, this amendment is about creating consistent laws in our state. As page 5 of the committee report states, whilst the current provisions in the Criminal Code do not by their express terms discriminate on the grounds of sexual orientation, in practical effect they do discriminate against same-sex attracted men under 18.

The committee report highlighted that in pragmatic terms this amendment supports healthy and safe sexual relationships and provides Queenslanders with sexual health information. This amendment not only encourages equality practically but textually. The removal of the word 'sodomy' from legislation and adopting the words 'anal intercourse' eliminates the stigma associated with this form of intercourse. Currently, Queensland is the only jurisdiction in Australia without a standardised age of consent. New South Wales, Victoria, Western Australia, the Northern Territory and the Australian Capital Territory all have a standardised age of consent of 16 years. In Tasmania and South Australia the standard age is 17. South Australia was the first to legislate a standardised age of consent in 1976, with the most recent being New South Wales and the Northern Territory in 2003.

The LNP will not be opposing this legislation. However, we do need certainty and clarity from the government as to how it will educate the 16- to 17-year-old cohort around these changes. While the bill before us mentions time and time again that it will work to provide information to support safe and healthy sexual relationships, upon closer inspection the Queensland Sexual Health Strategy actually contains little to no detail on how this will be delivered. The priority actions are very light on detail. Priority action 3 and related parts fail to outline or explain how the government intends to provide education and support on the proposed changes in the bill. There is also no information in the Queensland Sexual Health Strategy that mentions advice about education programs that refer to physical side effects of sexual activity on bodies that may not have developed completely or the mental health aspect. In fact, priority action 3, titled 'Improving education and support for children and young people', is very light on any real detail to better inform and educate young people. It is obvious that, like most of the Palaszczuk Labor government's work in the past 21 months, they actually have no plan beyond the concept of what the minister has explained today. All we have seen from this report are ambiguous points which actually do not tell students, families, schools and support organisations how this government will deliver important education and support programs to Queensland students. These important changes deserve more than a half-baked idea from the government.

The LNP's efforts remain on providing meaningful education strategies that make young people aware of the health risks associated with unprotected sex, regardless of the act itself. It is important that the community is properly educated and informed. I would like to hear from the minister just how education for 16- and 17-year-olds will be tailored to explain the physical and mental aspects of the changes and what support will be implemented and whether the strategy will be updated once this bill goes through.

The second element of the bill seeks to amend the Hospital and Health Boards Act 2011 to facilitate access to patient information for GPs and researchers. The first amendment is about improving patient outcomes by ensuring that general practitioners have access to a comprehensive view of a patient's clinical history. This is set out in the explanatory notes at page 3. The second element aims to simplify a currently complex application process to better facilitate access to patient data for research purposes. The bill amends the Hospital and Health Boards Act 2011 to give GPs access to the Queensland Health database, the Viewer. The Viewer is a web based program that provides a consolidated read-only view of patient information which includes the patient's name, address and demographic information, admission and discharge history, pathology and medical imaging reports and other information relating to medical history.

026 The committee has reported that enabling GPs to access this information-sharing program would lay the foundations for better coordinated treatments for patients. It would also ensure that tests are not duplicated. In its current form, the legislation does not allow a designated person to disclose patient information to another person, except in prescribed circumstances. Part 7 of the act lays out exceptions to this under section 142, but does not go far enough to enable a general practitioner to access their patient's information. Thus, clause 14 of the bill before us expands on the definition of a 'designated person' to include GPs.

In their submission, the Australian Medical Association stated that, while they are supportive of the changes, it would be beneficial to allow GPs to upload information onto the program to provide a more comprehensive view of a patient's medical history. Their submission acknowledges that whilst allowing GPs to contribute information to the Viewer could present challenges, including privacy concerns and potential IT issues, it may result in better patient care, particularly for palliative care patients. Some other suggestions included further expanding the category of medical professionals who can access the Viewer, as well as allowing access to personal indemnity insurers and lawyers. I note that the committee has indicated that it is open to considering expansions to allow GPs to contribute information to the Viewer in the future.

Given that Queensland is the first state to allow GPs access to such a program, it is imperative once again that education and appropriate precautions are adopted to ensure that such information is secure. The committee report mentioned that viewing information for reasons outside of the user's duty of providing patient care would be considered an offence. Sharing such information without authorisation from the Hospital and Health Boards Act is also deemed an offence. Offenders can face a penalty of 600 points, which equates to $73,140. The report advises that defences would also be included within the program, which would undergo frequent auditing and monitoring. To ensure that only authorised users can access patient information, users must provide a range of patient information, including their Medicare number and date of birth. Users will also be trained in using the program, which includes being notified of the penalties associated with misuse.

Further changes to the Hospital and Health Boards Act aim to improve the current application process that researchers must apply to gain access to patient information. The AMA highlighted that research projects have been delayed because of the complex framework provided by the application process under the Public Health Act. Currently, research must be approved by the Human Research Ethics Committee or another review body and then reviewed by the department of health or hospital and health services. This research governance review ensures that all potential issues have been addressed, including financial considerations and regulatory obligations.

Given that patient information is necessary for many research projects, a process currently exists that allows researchers to gain access to patient information in the instance that a patient is unable to give consent. Whilst other frameworks do exist to allow a person to act on a patient's behalf, including under the Guardianship and Administration Act 2000 and the Powers of Attorney Act 1988, these frameworks do not necessarily legislate that a nominated person can disclose a patient's confidential information on their behalf.

Under the framework in the Hospital and Health Boards Act, researchers can apply to Queensland Health to access patient information under chapter 6, part 4 of the Public Health Act. The chief executive can grant access to this information held by a health agency under section 281 of the Public Health Act. As mentioned before, the AMA has indicated that this can be a long and convoluted process that hinders the progress of important research projects. Accordingly, the amendment takes away the requirement for researchers to apply through the Public Health Act process to obtain patient information, as the process is unnecessary if the research project meets the following requirements, as stated in the explanatory notes—

- the research has ethics approval

- commencement of the project has been authorised by the relevant chief executive in accordance with administrative requirements within Queensland Health, and
- the patient's participation in the research has been approved under a substitute decisionmaking framework.

This amendment facilitates greater efficiency in research by removing unnecessary red tape.

Amendments to the Public Health Act 2005 outlined in the bill will enable researchers to access information on deceased patients and to facilitate information sharing between schools and health service providers, to encourage an increased uptake of school immunisation and dental programs. Those are important programs and we have seen significant coverage in terms of immunisation rates and participation in dental programs. The amendments will enable more and more patients, especially those at vulnerable stages in their lives, to access those programs and allows us to increase the participation rates as much as possible.

The bill clarifies a definition under the Public Health Act 2005 to allow researchers access to information on deceased patients. Under the act, the definition of 'health information held by a health agency' did not stipulate whether it refers to both living and deceased persons. The amendment clarifies the definition and, in effect, grants researchers access to information on both living and deceased persons for research purposes.

As I have already mentioned, the committee has recommended amending the Public Health Act to encourage the better uptake of the School Immunisation Program and school dental programs. The amendment involves information sharing between schools and immunisation or oral health service providers. That will allow providers to identify and follow up with eligible students who have not returned consent forms, and grants those health services access to information that will inform future decisions on how to improve participation. This is an important amendment that provides families with a direct link to service providers. As a parent and a registered but non-practising dentist, I know that promoting good oral health care routines to Queensland students is vital to ensuring that they develop healthy habits, such as brushing correctly and flossing, that last a lifetime.

The Queensland Immunisation Strategy 2014-17 outlines a goal of ensuring that 85 per cent of Queensland adolescents are fully immunised through the programs provided at schools. The report states that records from 2015 indicate that year 8 students fell well short of the immunisation target and that participation rates in the school dental programs have fallen. Thus, this is an important measure to ensure that health service providers can facilitate and encourage a greater uptake of their programs. Other jurisdictions, including Victoria, Tasmania, Western Australia and the Northern Territory, have legislation that to varying degrees grants selected healthcare providers with access to student information, to encourage increased participation in those programs. New South Wales, South Australia and the Australian Capital Territory have not legislated to allow access for such purposes.

Some stakeholders, including the Queensland Catholic Education Commission and Independent Schools Queensland have supported the motivation behind the amendments. However, they have indicated that such an initiative may inflict privacy and administrative burdens. Independent Schools Queensland highlighted their concerns about how this initiative might be administered and mentioned the varying data management systems used in schools across Queensland, a lack of certainty regarding data storage and disposal, as well as ambiguity in how data discrepancies will be managed as information is uploaded. The committee has said that a one-size-fits-all solution cannot solve those issues due to the varied data management styles of Queensland schools. However, concerns can be addressed using communication tools, marketing resources and with support from the department. The bill also makes consequential amendments to reflect changes made federally to the Australian Immunisation Register Act 2015.

Finally, the bill makes amendments to section 19 of the Queensland Institute of Medical Research Act. Previously, the Governor in Council was required to approve payment bonuses that can range up to $10 million combined, per financial year. The Governor in Council must approve the amount should the annual limit exceed $10 million. The amendment removes the need to seek the Governor in Council's approval for bonuses that accumulate to less than $10 million per financial year. In effect, this allows the Queensland Institute of Medical Research to independently manage bonuses up to this amount. We all know that Queensland is home to some of the country's most brilliant and innovative minds and we want those researchers to be attracted to and stay in Queensland, to make important medical discoveries. Providing payments in an efficient manner will allow QIMR to be competitive in a country where other states have attractive remuneration programs.

027 This includes New South Wales where broad approval is not necessary regardless of the amount paid. Under the Garvan Institute of Medical Research Act 1984, these payments are reported to the Finance, Risk and Audit Committee. Further, Victoria's Walter and Eliza Hall Medical Research Institute

internally mandates distributions. The board's authorisation is required and the institute's commercialisation committee must watch over activities to determine remuneration which is capped. QIMR has indicated their support for this amendment and has alluded to favouring Victoria's framework.