



# QUEENSLAND PARLIAMENT **COMMITTEES**

## **Health Legislation Amendment Bill (No. 2) 2025**

Health, Environment and Innovation Committee



**Report No. 8**

**58th Parliament, July 2025**

## **Health, Environment and Innovation Committee**

<b>Chair</b>	Mr Rob Molhoek MP, Member for Southport
<b>Deputy Chair</b>	Mr Joe Kelly MP, Member for Greenslopes
<b>Members</b>	Ms Sandy Bolton MP, Member for Noosa
	Ms Kerri-Anne Dooley MP, Member for Redcliffe
	Dr Barbara O'Shea MP, Member for South Brisbane
	Mr David Lee MP, Member for Hervey Bay

## **Committee Secretariat**

<b>Telephone</b>	(07) 3553 6626
<b>Email</b>	HEIC@parliament.qld.gov.au
<b>Committee Webpage</b>	<a href="http://www.parliament.qld.gov.au/HEIC">www.parliament.qld.gov.au/HEIC</a>

All references and webpages are current at the time of publishing.

## **Acknowledgements**

The committee acknowledges the assistance provided by Queensland Health.

## Table of Contents

<b>Chair's Foreword</b> .....	<b>iv</b>
<b>Executive Summary</b> .....	<b>v</b>
<b>Recommendations</b> .....	<b>vii</b>
<b>Glossary</b> .....	<b>viii</b>
<b>1. Overview of the Bill</b> .....	<b>1</b>
1.1. Aims of the Bill.....	1
1.2. Context of the Bill .....	1
1.2.1. Amendments to the Pharmacy Business Ownership Act 2024 .....	1
1.2.2. Transition to the National Occupational Respiratory Disease Registry .....	2
1.2.3. Improving detection and monitoring of mosquitoes for Japanese Encephalitis Virus .....	3
1.2.4. Other technical and clarifying amendments .....	3
1.3. Inquiry process .....	4
1.4. Legislative compliance .....	4
1.4.1. <i>Legislative Standards Act 1992</i> .....	5
Committee comment.....	5
1.4.2. <i>Human Rights Act 2019</i> .....	5
Committee comment.....	5
1.5. Should the Bill be passed? .....	6
<b>2. Examination of the Bill</b> .....	<b>7</b>
2.1. Amendments to the <i>Pharmacy Business Ownership Act 2024</i> .....	7
2.1.1. Review of Council decisions .....	7
2.1.2. Beneficial holdings under a trust – amendments to the definition of ‘material interest’ .....	8
2.1.3. Definition of ‘core pharmacy service’ .....	9
2.1.4. Timeframes for requesting information and inspections .....	9
2.1.5. Other amendments to the PBO Act.....	10
2.1.6. Stakeholder Submissions and Department Advice .....	12
i. Stakeholder Submissions .....	12
ii. Department Advice .....	13
Committee comment.....	13
2.1.7. FLP issue – natural justice and removing timeframes .....	13
Committee comment.....	14
2.1.8. FLP issue – beneficial interests, offence provisions and presumed responsibility .....	15
Committee comment.....	16

2.1.9. FLP issue – definition of ‘compound’ and Henry VIII clauses .....	16
Committee comment.....	16
2.1.10. HRA issue – beneficial interests and the right to property.....	17
Committee comment.....	17
2.1.11. HRA issue – Information sharing, the Pharmacy Business Ownership Register and the right to privacy .....	17
Committee comment.....	18
2.2. Transition to the National Occupational Respiratory Disease Registry .....	19
2.2.1. Stakeholder Submissions and Department Advice .....	20
i. Stakeholder submissions .....	20
ii. Department advice .....	20
Committee comment.....	21
2.2.2. HRA issue – transition to the National Registry and the right to privacy.....	21
Committee comment.....	22
2.3. Improving detection and monitoring of mosquitoes for Japanese Encephalitis Virus .....	22
2.4. Other technical and clarifying amendments .....	22
2.4.1. Stakeholder Submissions and Department Advice .....	24
<b>Appendix A – Submitters .....</b>	<b>25</b>
<b>Appendix B –Public Briefing, 13 June 2025.....</b>	<b>26</b>

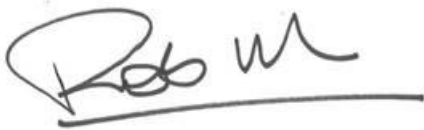
## Chair's Foreword

This report presents a summary of the Health, Environment and Innovation Committee's examination of the Health Legislation Amendment Bill (No. 2) 2025.

The committee's task was to consider the policy to be achieved by the legislation and the application of fundamental legislative principles – that is, to consider whether the Bill has sufficient regard to the rights and liberties of individuals, and to the institution of Parliament. The committee also examined the Bill for compatibility with human rights in accordance with the *Human Rights Act 2019*.

On behalf of the committee, I thank those individuals and organisations who made written submissions on the Bill. I also thank our Parliamentary Service staff and Queensland Health.

I commend this report to the House.

A handwritten signature in dark ink, appearing to read 'Rob M', is written over a horizontal line.

**Mr Rob Molhoek MP**

Chair

## Executive Summary

The Health Legislation Amendment Bill (No. 2) 2025 (the Bill) proposes to amend various acts within the Health legislative portfolio, including the *Pharmacy Business Ownership Act 2024* (PBO Act), *Public Health Act 2005* (Public Health Act), *Queensland Mental Health Commission Act 2013* (QHMC Act) and *Radiation Safety Act 1999*.

The objectives of the Bill are to:

- clarify operational requirements relating to the regulation of pharmacy business ownership in Queensland, to ensure the PBO Act operates as intended when the licensing framework under the PBO Act commences;
- support the transition of the state-based Notifiable Dust Lung Disease Register to the National Occupational Respiratory Disease Registry;
- enable equipment and materials to be left at places to collect samples of designated pest, including adult mosquitos, for detecting the presence of Japanese Encephalitis Virus (JEV);
- clarify that the Minister can appoint an Acting Mental Health Commissioner to the Queensland Mental Health Commission where a Mental Health Commissioner's term has ended; and
- clarify that any person can apply for and hold an approval to dispose of radioactive material.

### **The committee has recommended that the Bill be passed.**

The committee received 5 submissions and determined not to hold a public hearing. Submitters supported the objectives of the Bill and the proposed amendments required to achieve those objectives. The committee received a written briefing from Queensland Health on 4 June 2025, conducted a public briefing with Queensland Health on 12 June 2025, and received a written response from Queensland Health addressing issues raised in written submissions on 18 June 2025.

Key themes considered by the committee included:

- proposed amendments to the definitions of 'material interest', 'core pharmacy services' and 'compound' in the PBO Act required to achieve the policy intent of the PBO Act before it fully commences later this year;
- how removal of timeframes for requesting further information or documents, and requesting inspections of premises, under the PBO Act may impact timeframes for the Pharmacy Business Ownership Council's (Council) consideration of applications;
- proposed amendments to the Public Health Act necessary to ensure Queensland authorities can continued to effectively respond to the risk posed by JEV;

- proposed amendments to the Public Health Act to transition Queensland to the National Occupational Disease Registry to ensure reduced administration burden on practitioners and government agencies while still ensuring the risk posed by occupational respiratory diseases is appropriately monitored and managed.

The committee concluded that the Bill complies with the *Legislative Standards Act 1992* and the *Human Rights Act 2019*.

The committee made 1 recommendation, found on page vii: that the Bill be passed.

**Recommendations**

**Recommendation 1 ..... 6**

The committee recommends that the Bill be passed.



## Glossary

<b>2001 Act</b>	<i>Pharmacy Business Ownership Act 2001</i>
<b>Bill</b>	Health Legislation Amendment Bill (No.2) 2025
<b>Commission</b>	Queensland Mental Health Commission
<b>Commissioner</b>	Queensland Mental Health Commissioner
<b>Committee</b>	Health, Environment and Innovation Committee
<b>Commonwealth</b>	Commonwealth of Australia
<b>Council</b>	Pharmacy Business Ownership Council
<b>Department</b>	Queensland Health
<b>Explanatory notes</b>	Health Legislation Amendment Bill (No. 2) 2025 Explanatory Notes
<b>FLP</b>	Fundamental Legislative Principle
<b>Guild</b>	Pharmacy Guild of Australia
<b>HRA</b>	<i>Human Rights Act 2019</i>
<b>JEV</b>	Japanese Encephalitis Virus
<b>LSA</b>	<i>Legislative Standards Act 1992</i>
<b>Medicines Regulation</b>	Medicines and Poisons (Medicines) Regulation 2019
<b>Minister</b>	Minister for Health and Ambulance Services
<b>National Registry</b>	National Respiratory Disease Registry
<b>NORDR</b>	<i>National Occupational Respiratory Disease Register Act 2023</i> (Cth)
<b>OIR</b>	Office of Industrial Relations
<b>PBO</b>	<i>Pharmacy Business Ownership Act 2024</i>
<b>PSA</b>	Pharmaceutical Society of Australia
<b>Public Health Act</b>	<i>Public Health Act 2005</i>
<b>Public Health Regulation</b>	Public Health Regulation 2018
<b>QCAT</b>	Queensland Civil and Administrative Tribunal
<b>QMHC Act</b>	<i>Queensland Mental Health Commission Act 2013</i>
<b>Queensland Register</b>	Queensland Notifiable Lung Disease Register
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RS Act</b>	<i>Radiation Safety Act 1999</i>
<b>RSHQ</b>	Resources, Safety and Health Queensland

## 1. Overview of the Bill

The *Health Legislation Amendment Bill (No. 2) 2025* (the Bill) was introduced by the Honourable Timothy Nicholls MP, Minister for Health and Ambulance Services, and was referred to the Health, Environment and Innovation Committee (the committee) by the Legislative Assembly on 22 May 2025.

### 1.1. Aims of the Bill

The objectives of the Bill are to:

- clarify operational requirements relating to the regulation of pharmacy business ownership in Queensland, to ensure the *Pharmacy Business Ownership Act 2024* (PBO Act) operates as intended when the licensing framework under the PBO Act commences;
- support the transition of the state-based Notifiable Dust Lung Disease Register (Queensland Register) to the National Occupational Respiratory Disease Registry (National Registry);
- enable equipment and materials to be left at places to collect samples of designated pest, including adult mosquitos, for detecting the presence of Japanese Encephalitis Virus (JEV);
- clarify that the Minister for Health and Ambulance Services can appoint an Acting Mental Health Commissioner to the Queensland Mental Health Commission where a Mental Health Commissioner's term has ended; and
- clarify that any person can apply for and hold an approval to dispose of radioactive material.<sup>1</sup>

### 1.2. Context of the Bill

#### 1.2.1. Amendments to the Pharmacy Business Ownership Act 2024

A new legislative framework for the regulation of pharmacy ownership was introduced by the PBO Act. It will replace the *Pharmacy Business Ownership Act 2001* (2001 Act). The PBO Act seeks to create a 'contemporary and effective framework for the regulation of the ownership of pharmacy businesses which: promote the professional, safe and competent provision of pharmacy services by pharmacy businesses; and maintain public confidence in the pharmacy profession.'<sup>2</sup>

The PBO Act partially commenced in 2024 to establish the Pharmacy Business Ownership Council (Council). Provisions relating to employment of council staff commenced on 16 June 2025. It is expected that the remainder of the PBO Act will commence in November 2025.<sup>3</sup> The PBO Act, once fully commenced, will replace the regulatory framework which

---

<sup>1</sup> Explanatory notes, p 1.

<sup>2</sup> Cost of Living and Economics Committee, Report No. 1, 57<sup>th</sup> Parliament, Pharmacy Business Ownership Bill 2023, March 2024, p iv.

<sup>3</sup> Queensland Health, Correspondence, 4 June 2025, p1

continues to operate under the 2001 Act. Responsibility for regulatory pharmacy business ownership will transition from Queensland Health to the Council.<sup>4</sup>

During implementation of the PBO Act, several issues requiring legislative change were identified. The Bill seeks to address these issues with various clarifying provisions designed to ensure that the PBO Act operates as intended when it commences.

### 1.2.2. Transition to the National Occupational Respiratory Disease Registry

The Queensland Notifiable Dust Lung Disease Register (Queensland Register) was established in 2019 following amendments to the *Public Health Act 2005* (Public Health Act).<sup>5</sup> Prescribed medical practitioners are required to notify the chief executive of Queensland Health about cases of ‘notifiable dust lung disease’. The amendments were in response to the re-identification and emergence of occupational dust lung diseases, including coal workers’ pneumoconiosis and silicosis.<sup>6</sup>

The primary purposes of the register are:

- to improve the understanding and response to occupational dust lung diseases by collecting and analysing data on diagnosed cases;
- to ensure that Queensland Health has a comprehensive record of all diagnosed cases to help formulate effective public health policies and preventative measures;
- to prepare annual reports that provide high-level, grouped information on the number and types of notification, aiding in transparency and public awareness.<sup>7</sup>

On 22 May 2024, the *National Occupational Respiratory Disease Register Act 2023* (Cth) (NORDR Act) commenced. The NORDR Act established the National Respiratory Disease Registry (National Registry). The NORDR Act responded to the work of the National Dust Disease Taskforce.

The introduction of the National Registry introduced potential duplicity in reporting obligations. To prevent dual notification requirements, the Public Health Act was amended in 2024 to exempt medical practitioners from duplicate reporting of dust lung diseases to the Queensland Register where there has been notification to the National Registry.<sup>8</sup>

The Bill proposes to amend the Public Health Act and Public Health Regulation 2018 (Public Health Regulation) to transition notification of all ‘notifiable dust lung diseases’ from the Queensland Register to the National Registry. The proposed amendments ensure mandatory notification of certain respiratory diseases to the National Registry, even where

<sup>4</sup> Hansard, Record of Proceedings, Public Briefing – 13 June 2025, Brisbane, p 2.

<sup>5</sup> Health and Other Legislation Amendment Bill 2018, Explanatory Notes, p 9.

<sup>6</sup> Queensland Health Notifiable Dust Lung Disease Register Inaugural Annual Report 2019-2020, p 9.

<sup>7</sup> Notifiable Dust Lung Disease Register, Queensland Health, [www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/annual-report](http://www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/annual-report), accessed 25/6/2025.

<sup>8</sup> Health and Other Legislation Amendment Bill (No. 2) 2023, Explanatory Notes. See also section 279AF, Public Health Act.

disclosure is not mandated under the NORDR Act. This ensures ongoing visibility and tracking of occupational respiratory diseases using the National Registry.<sup>9</sup>

Implementation of the National Registry, and the Bill's proposed amendments to mandate notification to the National Registry of non-prescribed occupational respiratory diseases, would make the Queensland Register redundant.<sup>10</sup> As such, the proposed amendments to the Public Health Act decommissions the Queensland Register.<sup>11</sup> The Bill includes proposed amendments to ensure information from the historical Queensland Register is maintained.<sup>12</sup> This information will be subject to confidentiality protections.<sup>13</sup>

Queensland Health, Resources Safety and Health Queensland, and the Office of Industrial Relations will have direct access to notifications recorded in the National Registry. This ensures that Queensland can continue to respond to local trends about these diseases.<sup>14</sup>

### 1.2.3. Improving detection and monitoring of mosquitoes for Japanese Encephalitis Virus

Japanese encephalitis virus (JEV) is a potentially serious disease which is spread to humans by infected mosquitoes. The risk posed by JEV is increasing and significant with reported cases across a number of local government areas. Infection with JEV has already caused at least two deaths in Queensland in 2025.<sup>15</sup>

The Public Health Act provides powers for authorised persons to enter places and search for designated pests, including mosquitoes, which may carry JEV. The existing powers allow authorised persons to take equipment and materials into or onto a place to take samples for analysis and testing but does not explicitly permit leaving equipment and materials.<sup>16</sup> Detection of JEV requires capturing a sample of adult mosquitoes which requires light traps to be left at a location overnight or longer to obtain a sufficient sample for testing. The proposed amendments ensure authorised persons can undertake the tasks necessary to manage the risk posed by JEV.<sup>17</sup>

### 1.2.4. Other technical and clarifying amendments

The Bill also proposes technical and clarifying amendments to address the following issues including:

- amendments to the *Queensland Mental Health Commission Act 2013* (QHMC Act) to ensure that the Minister can appoint an acting Commissioner where a vacancy arises following the end of a Commissioner's term; and

<sup>9</sup> Explanatory notes, p 16.

<sup>10</sup> Explanatory notes, p 16.

<sup>11</sup> Bill, cl 44.

<sup>12</sup> Bill, cl 44 (new section 279AE, Public Health Act).

<sup>13</sup> Bill, cl 44 (new section 279AF, Public Health Act).

<sup>14</sup> Queensland Health, Correspondence, 4 June 2025, p 4.

<sup>15</sup> Hansard, Record of Proceedings, Public Briefing – 13 June 2025, Brisbane, p 2.

<sup>16</sup> Public Health Act, s 43(2).

<sup>17</sup> Queensland Health, Correspondence, 4 June 2025, p 5.

- amendments to the *Radiation Safety Act 1999* to ensure that any person may apply for and hold an approval to dispose radioactive material.

### 1.3. Inquiry process

During its examination of the Bill, the committee:

- invited written submissions on the Bill from the public, identified stakeholders and email subscribers, and received 5 submissions (a list of submitters is provided at Appendix A)
- received a written briefing on the Bill from Queensland Health prior to a public briefing with departmental officials from Queensland Health on 12 June 2025 (a list of officials who appeared at the briefing is provided at Appendix B)
- requested and received written advice from Queensland Health on issues raised in submissions.

The submissions, written advice and transcript of the briefing are available on the committee's webpage.

### 1.4. Legislative compliance

The committee's deliberations included assessing whether the Bill complies with the requirements for legislation as contained in the *Parliament of Queensland Act 2001*, the *Legislative Standards Act 1992* (the LSA),<sup>18</sup> and the *Human Rights Act 2019* (the HRA).<sup>19</sup>

---

<sup>18</sup> *Legislative Standards Act 1992* (LSA).

<sup>19</sup> *Human Rights Act 2019* (HRA).



### 1.4.1. Legislative Standards Act 1992

Assessment of the Bill's compliance with the LSA identified issues listed below which are analysed in Section 2 of this Report:

- consistency with the principles of natural justice, including procedural fairness;
- consistency with the requirement that legislation have sufficient regard to the rights and liberties of individuals, particularly the right to privacy and reputation;
- consistency with the requirement that a Bill has sufficient regard to the institution of parliament, in particular, that a Bill authorises amendment of an Act only by other Act and avoids the imposition of presumed liability.

Part 4 of the LSA requires that an explanatory note be circulated when a Bill is introduced into the Legislative Assembly.<sup>20</sup>

#### Committee comment



The committee is satisfied that the Bill has sufficient regard to the rights and liberties of individuals.

The committee is satisfied that the explanatory notes that were tabled with the introduction of the Bill contain the information required by Part 4 of the LSA and contain a sufficient level of background information and commentary to facilitate understanding the Bill's aims and origins.



### 1.4.2. Human Rights Act 2019

Assessment of the Bill's compatibility with the HRA identified issues with the following, which are analysed further in Section 2:

- the right to property (section 24);
- the right to privacy and reputation (section 25).

A statement of compatibility was tabled with the introduction of the Bill as required by section 38 of the HRA.

#### Committee comment



The committee found that the Bill is compatible with human rights.

The committee is satisfied that the statement of compatibility contains a sufficient level of information to facilitate understanding of the Bill in relation to its compatibility with human rights.

<sup>20</sup> LSA, s 22.

### 1.5. Should the Bill be passed?

The committee is required to determine whether or not to recommend that the Bill be passed.



#### **Recommendation 1**

The committee recommends that the Bill be passed.

## 2. Examination of the Bill

This section discusses key themes which were raised during the committee's examination of the Bill.

### 2.1. Amendments to the *Pharmacy Business Ownership Act 2024*

The PBO Act:

- creates a licensing framework for pharmacy businesses in Queensland (yet to commence);
- establishes the Council;
- transfers responsibility for regulating pharmacy business ownership from Queensland Health to the Council;
- implements other reforms to ensure effective enforcement of pharmacy business ownership restrictions.<sup>21</sup>

The Bill proposes various amendments to the PBO Act to address issues identified during implementation and ensure that it achieves its policy intention to provide appropriate regulation of pharmacy business licensing in Queensland. The PBO Act commences fully later this year.

The following significant issues are addressed by proposed amendments in the Bill:

- review of Council decisions
- beneficial holdings under a trust
- definition of 'core pharmacy service'
- timeframes for requesting information and inspections.

A range of other minor amendments to the PBO Act are also addressed by the Bill.

The proposed amendments to the PBO Act are discussed further below.

#### 2.1.1. Review of Council decisions

The Council or its delegate is responsible for considering applications under the new licensing framework.<sup>22</sup> A decision can only be externally reviewed after it has first been subject to internal review.<sup>23</sup> That internal review must be undertaken by a person who did not make the original decision and who holds a more senior office than the person who made the original decision.<sup>24</sup> Where the Council makes a collective decision regarding an application, internal review is not possible because there is no more senior decision maker available to conduct an internal review.<sup>25</sup>

---

<sup>21</sup> Queensland Health, Correspondence, 4 June 2025, p 1.

<sup>22</sup> Queensland Health, Correspondence, 4 June 2025, pp 1-2.

<sup>23</sup> PBO Act, s 186.

<sup>24</sup> PBO Act, s 189(3).

<sup>25</sup> Queensland Health, Correspondence, 4 June 2025, p 2.



The Bill amends the PBO Act to ensure that where the Council makes a collective decision, and where internal review is not available, external review is available.<sup>26</sup> External review of the Council's decision would be completed by the Queensland Civil and Administrative Tribunal.

### **2.1.2. Beneficial holdings under a trust – amendments to the definition of 'material interest'**

The policy intent of the PBO Act is that, subject to limited exceptions for friendly societies and the Mater Misericordiae Ltd, ownership of, and interests in, pharmacy businesses should be limited to practising pharmacists and their close adult relatives.<sup>27</sup>

The PBO Act seeks to achieve this through a legislative framework which regulates pharmacy businesses. Relevant measures include:

- Providing who may be an 'eligible person' and requiring an 'eligible person' to apply to the Council for a pharmacy business license. In general, only practising pharmacists, or entities controlled by them, are 'eligible persons' who may own a pharmacy business.<sup>28</sup>
- Providing that only practising pharmacists and their close adult relatives may hold a 'material interest' in a pharmacy business.<sup>29</sup>

The intention of the PBO Act was to ensure that beneficial interests (under a trust) were subject to the same ownership and material interest restrictions as legal interests; that is, that only practising pharmacists and their close adult relatives could have any interest, legal or beneficial, in a pharmacy business. The PBO Act, section 13, provides the definition of 'material interest' includes 'an interest in the business as a beneficiary of a trust of which an owner of the business is trustee'.<sup>30</sup>

However, during implementation activities, a potential loophole was identified which could circumvent the intended restrictions.<sup>31</sup> Such a situation could arise where a shareholder of a corporate 'eligible person', who is a practising pharmacist or close adult relative, holds their shares on trust for a beneficiary, where that beneficiary is not a practising pharmacist or close adult relative. Such a holding would not be subject to existing 'material interest' restriction because it is the shareholder, not the owner, who is holding the interest on trust.<sup>32</sup>

To address this problem, the Bill proposes to amend the definition of material interest to ensure all beneficial interests are captured regardless of whether the trustee is a shareholder or owner. The amended provision will instead read, 'an interest in the business as a beneficiary of a trust of which an owner, or a shareholder of an owner, of

<sup>26</sup> Explanatory notes, p 2. Bill, cl 31.

<sup>27</sup> Queensland Health, Correspondence, 4 June 2025, p 2.

<sup>28</sup> PBO Act, s 10

<sup>29</sup> PBO Act, s 16.

<sup>30</sup> PBO Act, section 13(1)(b).

<sup>31</sup> Queensland Health, Correspondence, 4 June 2025, p 2.

<sup>32</sup> Explanatory notes, p 2.

the business is a trustee'.<sup>33</sup> This clarifying amendment will ensure that a shareholder of a corporate owner of a pharmacy business cannot hold their shares on trust for anyone other than a practising pharmacist or close adult relative of a practising pharmacist.<sup>34</sup>

### 2.1.3. Definition of 'core pharmacy service'

The PBO Act regulates licensing of pharmacy businesses. A 'pharmacy business' is a business that provides pharmacy services in Queensland that include 'core pharmacy services'.<sup>35</sup>

'Core pharmacy service' means:

- the compounding of medicines for sale to members of the public; or
- the dispensing, by or under the supervision of a practising pharmacist, of medicines to members of the public.<sup>36</sup>

The definition of 'core pharmacy service' was drafted narrowly to avoid inadvertently capturing other types of businesses as 'pharmacy businesses' and to provide as much certainty as possible given the increased regulation of pharmacy business under the PBO Act.<sup>37</sup> However, some stakeholders raised concerns that the definition of 'core pharmacy services' was too limited.

To address this concern, the Bill amends the PBO Act to ensure that the sale of medicines, by or under the supervision of a pharmacist to the public, other than on prescription, are also within the definition of 'core pharmacy business'.<sup>38</sup> This will ensure businesses that sell non-prescription medicines under the supervision of a pharmacist, which may include providing 'over the counter' medications, are properly captured under the new licensing framework.

### 2.1.4. Timeframes for requesting information and inspections

Under the PBO Act, applications concerning licensing are made to the Council. No timeframe for determination of an application is provided by the Act. However, 'it is expected that the Council will develop internal processing standards, establish performance indicators and provide public guidance to minimise the impact of any delays to pharmacy business owners'.<sup>39</sup>

Pharmacy business licences operate for a term of up to 1 year.<sup>40</sup> The holder of a pharmacy business licence may apply to the council to renew the licence.<sup>41</sup> Where an application is made for renewal, and the application is not determined prior to expiration of the licence,

<sup>33</sup> Bill, cl 4 (new amended section 13(1)(b)).

<sup>34</sup> Explanatory notes, p 2.

<sup>35</sup> PBO Act, section 8(1).

<sup>36</sup> PBO Act, section 8(3).

<sup>37</sup> Pharmacy Business Ownership Bill 2023, Report No. 1, 57<sup>th</sup> Parliament, Cost of Living and Economics Committee, March 2024, pp 16-17.

<sup>38</sup> Bill, cl 3 (new section 8(3)(c), PBO Act).

<sup>39</sup> Explanatory notes, p 30.

<sup>40</sup> PBO Act, section 31(1)(a).

<sup>41</sup> PBO Act, section 33(1) and section 34.

the pharmacy business licence continues to have effect until the application is decided or the application is withdrawn.<sup>42</sup> These provisions should ensure that licensed pharmacy business operations are not disrupted while the Council considers an application.

As part of the Council's determination of applications, the PBO Act empowers the Council to:

- issue a notice to the applicant requesting further information or a document that the council needs to decide an application;<sup>43</sup>
- issue a notice to the applicant requesting inspection of premises.<sup>44</sup>

Both of these notices must be given to the applicant within 30 days after the application is made.<sup>45</sup> At present, there is no ability to extend this timeframe or to make multiple requests for information or conduct a re-inspection. During implementation, it was identified that 'the lack of flexibility may result in the Council needing to reject applications where necessary information cannot be obtained within the legislated timeframe' or where 'concerns could be resolved through a later inspection or a re-inspection'.<sup>46</sup>

The Bill proposes to amend the PBO Act to remove the existing 30-day timeframe to ensure that the Council has sufficient flexibility to request additional information or perform an inspection or re-inspection when considering applications. This will ensure the Council can obtain all information required to make an informed decision on each application.<sup>47</sup>

### 2.1.5. Other amendments to the PBO Act

In addition to the amendments discussed above, the Bill also includes further minor amendments identified as necessary during the implementation of the PBO Act to address the following:

- to consolidate annual reporting requirements of the Council;
- to clarify that the Council represents the state;
- to require the Council to keep a register of pharmacy businesses with sufficient detail to assist the public;
- to amend the definition of 'compound' in the PBO Act for consistency with the Medicines and Poisons (Medicines) Regulation 2019 (Medicines Regulation);
- to provide for information sharing between Queensland Health and the Council to support informed decision making.<sup>48</sup>

<sup>42</sup> PBO Act, section 33(2) and (3).

<sup>43</sup> PBO Act, section 26(1).

<sup>44</sup> PBO Act, section 27(1).

<sup>45</sup> PBO Act, sections 26(2) and 27(2).

<sup>46</sup> Queensland Health, Correspondence, 4 June 2025, p 3.

<sup>47</sup> Explanatory notes, p 3.

<sup>48</sup> Queensland Health, Correspondence, 4 June 2025, p 3

The requirement to maintain a register and the issues around the definition of compound are discussed further below.

### Requirement for the Council to keep a register of pharmacy businesses

Under the PBO Act, the Council is required to keep a register of pharmacy businesses.<sup>49</sup> The register must contain the business name and address of the licensed premises for the business and may contain details of services provided by the pharmacy business. The Council may publish the information contained in the register on its website.<sup>50</sup>

Potential issues with this approach were identified, including:

- no mandatory requirement for the register to be published on the council's website;<sup>51</sup>
- disputes about what information should be included on the register, including whether it should include additional information that may be relevant to promote increased transparency about pharmacy business ownership;<sup>52</sup>
- the potential for listed services included on the register to become outdated.<sup>53</sup>

In response to these concerns, the Bill proposes to amend the PBO Act, replacing existing section 207 of the PBO Act with a new section 207 which:

- requires the council to keep a register of pharmacy business licences and details of the licence holder, rather than a register of licensed pharmacy businesses;
- mandate the Council publishing the register online;
- remove the subsection which permits the register to include details of pharmacy services provided by a licensed pharmacy business.

### Amendments to the definition of compound

'Compound' is defined as 'mixing, compounding, formulating or reconstituting a medicine with any other substance'.<sup>54</sup> This definition was identified as potentially problematic because of its inclusion of 'reconstituting a medicine' and because the definition is not consistent with the definition of compound used in other legislation.<sup>55</sup>

The Bill proposes to amend the definition of compound in the PBO Act by reference to the definition of 'compound' in the Medicines Regulation which defines 'compound' in Schedule 22 as follows:

Compound, a medicine—

<sup>49</sup> PBO Act, s 207.

<sup>50</sup> Explanatory notes, p 21. PBO Act, section 207.

<sup>51</sup> See for example Submission 4, p 4.

<sup>52</sup> See PBO Bill 2023 Committee report, pages 73-75.

<sup>53</sup> Explanatory notes, p 4.

<sup>54</sup> PBO Act, schedule 1 (dictionary).

<sup>55</sup> Explanatory notes, p 5.

- (a) means mixing, compounding, formulating or reconstituting a medicine with any other substance for a particular patient or animal; but
- (b) does not include –
  - i. reconstituting a registered medicine for a particular patient or animal in accordance with the manufacturer's instructions for reconstituting the medicine; or
  - ii. mixing a medicine with feed for administration to a group of animals on a prescription.

The Bill's proposed approach removes inconsistency between legislation and clarifies the types of 'reconstitution' are captured by the definition of compound.



### 2.1.6. Stakeholder Submissions and Department Advice

#### i. Stakeholder Submissions

In their written submission, the Pharmacy Guild of Australia (Guild) supported the proposed amendments in the Bill and stated:

*These amendments are all critical to ensuring that Queensland communities and patients are protected from the increasing corporatisation of health care.<sup>56</sup>*

The Pharmaceutical Society of Australia (PSA) also provided a written submission to the committee and were generally supportive of the proposed amendments.

In addition to the feedback on issues discussed below, the Guild also raised concerns about the definition of 'supermarket' and 'premises' within the PBO Act. Queensland Health advised those issues have been previously raised and considered.<sup>57</sup> They are outside the scope of the Bill and would be a matter for the Guild to raise with the Minister.

#### Definition of 'core pharmacy services'

The Guild supported amending the definition of 'core pharmacy service' to capture the sale of medicines. However, the Guild also recommended additional amendments to the definition of 'core pharmacy service' to capture other services provided by pharmacy businesses, such as the provision of clinical advice.<sup>58</sup>

In contrast to the Guild's submission, the PSA supported maintaining a narrower definition of 'core pharmacy services' that did not capture other services, such as the provision of clinical advice. The PSA stated:

*It is essential that only pharmacy services involving physical possession of a medicine are captured under this definition. Pharmacists provide pharmacy services in a range of locations outside of a community pharmacy, including in medical practices, aged care homes and Aboriginal Community Controlled*

<sup>56</sup> Submission 4, p 4.

<sup>57</sup> Queensland Health, Correspondence, 18 June 2025, p 2.

<sup>58</sup> Submission 4, p 6.

*Health Services. The professional practice of pharmacists carrying out these services is appropriately governed by other legislation and standards...*<sup>59</sup>

### Definition of 'material interest'

The Guild supported the amendment to ensure that 'material interest' captured beneficial interests held by a shareholder. However, the Guild expressed concern that the definition of material interest did not have 'scope to apply to a range of interests that may unduly influence the operation of the business' and recommended additional amendments.<sup>60</sup>

### Definition of 'compound'

The PSA supported aligning the definition of 'compound' with the definition in the Medicines Regulation, and the exclusion of reconstitution of a medicine from the definition.

#### ii. Department Advice

In response to the written submissions received by the Committee, Queensland Health noted they had worked closely with the Guild on developing and implementing the PBO Act. Regarding additional recommendations contained in the Guild's submission, the department noted that these issues 'have been raised on a number of occasions previously' and stated 'the additional amendments proposed by the Guild are outside the scope of the [Bill]'.<sup>61</sup>

### **Committee comment**



The committee carefully considered the submissions of the Guild and PSA, Queensland Health's response, and other materials, regarding the current definitions contained in the PBO Act and the proposed amendment to the definition of 'material interest', 'core pharmacy services' and 'compound' contained in the Bill.

The Committee is satisfied that the proposed amendments are necessary and appropriate to ensure effective implementation of the licensing framework established by the PBO Act.



### **2.1.7. FLP issue – natural justice and removing timeframes**

The Bill proposes to amend the PBO Act to remove the current 30-day timeframes which apply when the Council request additional information or documents or request an inspection as part of their consideration of applications. Fundamental legislative principles require that legislation should, amongst other things, be consistent with the principle of natural justice,<sup>62</sup> including a requirement for procedural fairness.<sup>63</sup>

<sup>59</sup> Submission 3, p 1.

<sup>60</sup> Submission 4, p 7.

<sup>61</sup> Queensland Health, Correspondence, 18 June 2025, p 2.

<sup>62</sup> See LSA, s 4(3)(a)-(c).

<sup>63</sup> See, for example, Community Safety and Legal Affairs Committee, Report No. 13, 57<sup>th</sup> Parliament – Respect at Work and Other Matters Amendment Bill 2024, p 16.

By removing existing timeframes pertaining to requests for additional information, documents, or inspections, the Bill may introduce uncertainty into the application process. Under the PBO Act, as presently drafted, an applicant may have had a reasonable expectation that any such requests would be made within 30 days after filing their application, and with the passage of 30 days would have had certainty that no notice was forthcoming from the council. The removal of timeframes means the Council may request further information from the applicant, or inspection, until such time as the application is decided or withdrawn.

The purpose of the proposed amendments is to address concerns that the current timeframes are inflexible and ‘may result in the Council needing to reject applications where necessary information cannot be obtained within the legislated framework’ or where ‘concerns could be resolved through a later inspection or re-inspection’.<sup>64</sup> The time required to consider an application may vary depending on the complexity of the pharmacy business and its ownership structure. The proposed amendments ensure that applications are not unnecessarily rejected, which could lead to uncertainty and disrupt business continuity, where such issues could be resolved through inspection or information requests from the Council.

The PBO Act does not provide any relevant timeframes for determining an application; timeframes only apply to these additional requests. The PBO Act provides for ongoing operation of an existing licence pending a determination of an application by the Council. As such, the measures seem appropriately balanced to ensure the Council has all relevant information required to determine an application while removing the risk of applications being rejected where concerns could be rectified through requests for further information or an inspection, but existing timeframes cannot be met.

#### Committee comment



The committee is satisfied that the Bill’s proposed amendments to remove existing timeframes have sufficient regard to fundamental legislative principles. In particular, the amendments are consistent with principles of natural justice, including procedural fairness, when considered in light of their purpose and the broader statutory regime which applies to the Council when considering applications.

<sup>64</sup> Explanatory notes, p 3.





### 2.1.8. FLP issue – beneficial interests, offence provisions and presumed responsibility

The Bill proposes to amend definition of ‘material interest’ in the PBO Act to ensure that beneficial interests, held by a shareholder as a trustee, are subject to the same restrictions that apply to a beneficial interest held by an owner as a trustee. This provision is intended to ‘clarify that a shareholder of a corporate owner of a pharmacy business cannot hold their shares on trust for another person, unless the person is a practising pharmacist or close adult relative of a practising pharmacist.’<sup>65</sup>

The reasonableness and fairness of treatment of individuals is relevant when deciding whether legislation has sufficient regard to the rights and liberties of individuals.<sup>66</sup> Legislation should not ordinarily make a person responsible for actions or omissions over which they have no control.<sup>67</sup>

Section 16 of the PBO Act makes it an offence for a person to hold a material interest in a pharmacy business unless the person is a practising pharmacist or a close adult relative of a practising pharmacist who hold an interest in the business. The offence attracts a maximum penalty of 200 penalty units.

Changes to the definition of material interest may result in a beneficiary being liable for the acts and omissions of a trustee if the beneficiary is not eligible to hold a material interest. For example, an owner or shareholder trustee may appoint the beneficiary without their knowledge, where they are not eligible to hold an interest, and in circumstances where the beneficiary has no control.<sup>68</sup> This would constitute an offence under section 16.

Limits on who may hold a material interest in a pharmacy business are said to be justified on the basis that ‘medicines are not ordinary items of commerce and have the potential to cause significant harm to individuals if misused’.<sup>69</sup> Limiting the number of pharmacy businesses a person may own or hold an interest in was designed to prevent ‘the formation of monopolies’ which may result in a lack of oversight of pharmacy businesses and lead to a lesser quality of care.<sup>70</sup>

The policy intent of the PBO Act, and this Bill, is to preserve ‘the longstanding requirement for those involved in a pharmacy business to have professional oversight of the business or a special relationship to the business, for the public benefit and safety of consumers’.<sup>71</sup>

<sup>65</sup> Explanatory notes, pp 11-12.

<sup>66</sup> LSA, section 4(3). This list of examples in section 4(3) is not exhaustive and has been interpreted broadly by committees.

<sup>67</sup> Explanatory notes, p 23.

<sup>68</sup> Explanatory notes, p23.

<sup>69</sup> Explanatory notes, p 28.

<sup>70</sup> Explanatory notes, p 29.

<sup>71</sup> Explanator notes, p 23.



**Committee comment**

The committee is satisfied that the Bill's proposed amendments, amending the definition of material interest to capture beneficial interests where the trustee is shareholder of an owner, have sufficient regard to fundamental legislative principles. Taking into account the policy intent of the PBO Act and the proposed amendments in the Bill, the imposition of presumed responsibility on beneficiaries of trust is justified and has sufficient regard to the rights and liberties of an individual.

The two-year transitional arrangements provided for by the PBO Act also mitigates against any risk and will ensure that a beneficiary has sufficient time to divest themselves of a material interest where they are not a practising pharmacist or close adult relative.

**2.1.9. FLP issue – definition of 'compound' and Henry VIII clauses**

The Bill proposes to amend definition of 'compound' by reference to the definition of 'compound' in schedule 22 of the Medicines Regulation. As a consequence, future changes to the definition of 'compound' in the Medicines Regulation will affect changes to the definition of 'compound' in the PBO Act.

Whether a Bill has sufficient regard to the institution of Parliament depends on whether, for example, the Bill authorises the amendment of an Act only by another Act.<sup>72</sup> A Henry VIII clause is one that allows a regulation to amend an act. Such clauses may offend the institution of Parliament unless they are sufficiently justified.

Adopting the Medicines Regulation definition of compound was said to be justified in this instance because having different definitions would:

*...cause confusion...and the potential for different requirements between the two legislative schemes. Both the Medicines and Poisons legislative framework and the PBO Act operate in the pharmacy context and, as such, it is important that the legislation complement each other<sup>73</sup>*

**Committee comment**

The committee is satisfied that the Bill's proposed amendments, adopting the Medicines Regulation definition on compound, has sufficient regard to fundamental legislative principles. The concept of 'compounding' across both legislative regimes is fundamental to pharmacies and the regulation of medicines, and the proposed change is desirable to achieve consistency. In this case, the Henry VIII clause has sufficient regard to the institution of parliament and is justified.

<sup>72</sup> LSA, s4(4)(c).

<sup>73</sup> Explanatory notes, p 24.

The committee notes that according to the explanatory notes, it is unlikely that the definition would be removed from the Medicines regulation. This further re-assures the committee that the proposed approach is appropriate.



#### 2.1.10.HRA issue – beneficial interests and the right to property

The proposed amendments to the PBO Act, by amending the definition of material interest, ensures that a shareholder of a corporate owner of a pharmacy business cannot hold their shares on trust for a corporation or a person who is not a practising pharmacist or close adult relative of a practising pharmacist.<sup>74</sup> This closes the potential loophole (discussed above), removes ambiguity, and ensures the policy intention of the PBO Act is achieved.<sup>75</sup>

The proposed amendments may limit an individual's right to property.<sup>76</sup> The proposed clarifying amendments limit the property rights of shareholders who may hold property on trust for another person, and also limit the rights of persons, who are not practising pharmacists or close adult relatives, to hold beneficial interests in a pharmacy business.<sup>77</sup>

The proposed amendment removes ambiguity, ensuring proper implementation of the policy intention of the PBO Act.

#### Committee comment



The Committee is satisfied that the proposed amendments to clarify limitations apply to beneficial interests held by a shareholder do not impose a more significant limitation on human rights than was intended when section 13 of the PBO was introduced. The proposed amendment will provide clarity and is a justifiable limit on the right to property.



#### 2.1.11.HRA issue – Information sharing, the Pharmacy Business Ownership Register and the right to privacy

The PBO Act transferred various statutory functions and regulatory responsibility from Queensland Health to the Council.

The Bill introduces a number of information sharing amendments to the PBO Act designed to facilitate information sharing between Queensland Health and the Council. The proposed amendments:

- allow a member of the Council who has obtained confidential information to disclose that information to the chief executive of Queensland Health.<sup>78</sup>
- allow the Council to enter an information sharing arrangement with Queensland Health regarding information relevant to a Council decision under s 72 of the PBO

<sup>74</sup> Statement of compatibility, p 2.

<sup>75</sup> Queensland Health, Correspondence, 4 June 2025, p 2.

<sup>76</sup> Statement of compatibility, pp 2-3.

<sup>77</sup> Statement of compatibility, p 3.

<sup>78</sup> Bill, clause 33 (PBO Act, amended s 206). See also statement of compatibility, p 4.

Act (regarding whether a person is a fit and proper person to own a pharmacy business).<sup>79</sup>

- require the chief executive of Queensland Health to give the Council notice of existing pharmacy business information.<sup>80</sup>

The Bill's proposed amendments also require the Council to:

- maintain a register of pharmacy business licences, which contains certain information including details of licence suspensions and cancellations; and
- publish the register on the Council's website.<sup>81</sup>

The proposed amendments may limit an individual's right to privacy.<sup>82</sup> Persons likely to be affected by the amendments are persons who hold pharmacy business licences.

The purpose of the proposed amendments is to:

- ensure the Council and Queensland Health can fulfill their functions under the PBO Act and other relevant health legislation, and uphold the integrity of the pharmacy business ownership regulatory scheme.<sup>83</sup>
- 'promote transparency about compliance with the requirements of the PBO Act relating to ownership and the licence status of a pharmacy business'.<sup>84</sup>

The statement of compatibility considers the limitations on the right to privacy arising from the proposed amendments, and aptly demonstrates that the limitation is justified when balanced against the purpose of the amendments, the limited range of people affected, those peoples voluntary participation in the statutory scheme (which applies when they choose to apply for a licence), and offence provisions which make it an offence to disclose confidential information.<sup>85</sup>

#### Committee comment



The committee is satisfied that the Bill's proposed amendments pertaining to information sharing and publishing a register strike an appropriate balance between an individual's right to privacy and the need for effective oversight of pharmacy business ownership and promoting transparency for the benefit of the public.

<sup>79</sup> Bill, clause 17 (PBO Act, new s 73A). See also statement of compatibility, p 4.

<sup>80</sup> Bill, clause 40 (PBO Act, new s 229A). See also statement of compatibility, p 4.

<sup>81</sup> Bill, clause 34 (PBO Act, new s 207). See also explanatory notes, p 13.

<sup>82</sup> Statement of compatibility, pp 7-9.

<sup>83</sup> Explanatory notes, p 6; statement of compatibility, pp 4-5.

<sup>84</sup> Statement of compatibility, p 8.

<sup>85</sup> Statement of compatibility, p 9.

## 2.2. Transition to the National Occupational Respiratory Disease Registry

The 2019 amendments to the Public Health Act established the Queensland Register and require prescribed medical practitioners to give notice of a ‘notifiable dust lung disease’.<sup>86</sup>

A ‘notifiable dust lung disease’ is a respiratory disease prescribed by regulation, being cancer, chronic obstructive pulmonary disease, and pneumoconiosis (including asbestosis, coal worker’s pneumoconiosis, mixed dust pneumoconiosis and silicosis) caused or exacerbated by occupational exposure to inorganic dust.<sup>87</sup>

The National Registry, which commenced in 2024, was established to capture and share data on the incidence of ‘occupational respiratory diseases’.<sup>88</sup> ‘Occupational respiratory diseases’ may be prescribed or non-prescribed.<sup>89</sup> The NORDR Act provides for mandatory disclosure by respiratory and occupational physicians of ‘prescribed occupational respiratory disease’; at present, the only prescribed disease is silicosis. The NORDR Act also provides for voluntary notification of non-prescribed occupational respiratory disease.<sup>90</sup> The definition of ‘non-prescribed occupational respiratory disease’ would capture those diseases currently within the definition of ‘notifiable dust lung disease’ under the Public Health Act.<sup>91</sup>

The amendments proposed in the Bill would require prescribed medical practitioners to notify diagnoses of ‘notifiable dust lung diseases’, to be called ‘notifiable occupational respiratory diseases’, to the Commonwealth chief medical officer.<sup>92</sup> This will be recorded on the National Registry. ‘Notifiable occupational respiratory diseases’ will be pneumoconiosis, cancer and chronic obstructive pulmonary diseases caused or exacerbated by occupational exposure to inorganic dust.<sup>93</sup> Silicosis is not included as a ‘notifiable occupational respiratory disease’ because this is a ‘prescribed occupational respiratory disease’ and is subject to mandatory notification under the NORDR Act.<sup>94</sup>

The proposed amendments ensure mandatory notification of certain respiratory diseases to the National Registry, even where disclosure is not mandated under the NORDR Act.<sup>95</sup> This ensures ongoing visibility and tracking of relevant occupational respiratory diseases using the National Registry. Queensland Health, Resources Safety and Health Queensland, and the Office of Industrial Relations will have direct access to notifications recorded in the National Registry.<sup>96</sup> This ensures that Queensland can continue to respond to local trends about these diseases.

<sup>86</sup> Health and Other Legislation Amendment Bill, Explanatory notes, p 4.

<sup>87</sup> See section 279AA, Public Health Act; Section 49A Public Health Regulation 2018.

<sup>88</sup> National Occupational Respiratory Disease Registry Bill 2023 (Cth), Explanatory Memorandum, p 1.

<sup>89</sup> NDODR Act, ss 8, 14, 16.

<sup>90</sup> Explanatory notes, p 8.

<sup>91</sup> Explanatory notes, pp 15-16.

<sup>92</sup> Bill, cl 44 (new section 279AB, Public Health Act).

<sup>93</sup> Explanatory notes, p 15.

<sup>94</sup> Explanatory notes, p 15.

<sup>95</sup> Explanatory notes, p 16.

<sup>96</sup> Queensland Health, Correspondence, 4 June 2025, p 4.

Additionally, the proposed amendments to the Public Health Act 2005 decommissions the Queensland Register.<sup>97</sup> The National Registry achieves the same purpose and makes the Queensland Register redundant. Practitioners would no longer be required to notify the Queensland Register, removing duplicity in reporting and administration. The Bill includes proposed amendments to ensure information from the historical Queensland Register is maintained. This information will be subject to confidentiality protections.<sup>98</sup>

### 2.2.1. Stakeholder Submissions and Department Advice

#### i. Stakeholder submissions

The Committee received two written submissions addressing these amendments.

Interim Australian Centre for Disease Control supported the proposed amendments. It noted that requiring Queensland practitioners to notify an expanded list of dust lung diseases to the National Registry would improve the utility of the National Registry as a data set for all stakeholders. It further noted:

*Implementing the proposed amendments...would reduce the potential for duplicative report obligations...while ensuring Queensland continues to receive information on dust lung diseases which are a focus for the state.*

Lung Foundation Australia also supported the proposed amendments in principle. They noted:

*It is crucial for Queensland policymakers and medical practitioners to continue having access to Queensland data within the NORDR and to be able to access broader trends within the national data.*

On access to information, Interim Australian Centre for Disease Control also noted:

*Capturing and sharing information on these other diseases will improve the ability of all government and non-government stakeholders to monitor trends in diseases of concern as well as detect new threats to worker health.*

#### ii. Department advice

Queensland Health provided advice in response to the written submissions received by the committee. It noted:

*Through the secure NORDR portal, Queensland Health, the Office of Industrial Relations (OIR) and Resources, Safety and Health Queensland (RSHQ) have access to identifiable information about diagnosed patients who:*

- *Reside in Queensland*
- *Were exposed to a respiratory disease causing agent in Queensland*
- *Were diagnosed with an occupational respiratory disease in Queensland*

*Also, through the NORDR portal, Queensland Health, OIR and RSHQ can access de-identified statistical reports about diagnoses of patients in other*

<sup>97</sup> Explanatory notes, p 16.

<sup>98</sup> Bill, cl 44 (new section 279AF).

*jurisdictions, and Queensland medical practitioners can view and update information for their own patients.*

*Queensland Health will monitor the number and nature of Queensland-related notifications to NORDR. Queensland Health will also continue to liaise with OIR and RSHQ in relation to the prevention, control and early detection of occupational respiratory diseases in Queensland.<sup>99</sup>*

The Commonwealth Health Department's website notes that information from the registry will be shared with state and territory health agencies and work health and safety agencies to help understand trends and decide on ways to reduce worker exposure. It further notes that information 'will also be available to ethics committee approved research projects to support occupational disease research...'.<sup>100</sup>

Given the important information captured by the National Registry, and how such information may inform policy and research to reduce and respond to occupational respiratory disease, the ability for non-government health agencies, medical practitioners and researchers to access de-identified information held on the National Registry is critical.

#### Committee comment



The committee are satisfied that processes for accessing information about occupational respiratory diseases under the NORDR Act will facilitate appropriate public health responses to, and research about, occupational respiratory diseases moving into the future.



#### 2.2.2. HRA issue – transition to the National Registry and the right to privacy

The Bill proposes to amend the Public Health Act and Public Health Regulation so that prescribed medical practitioners are required to notify the Commonwealth chief medical officer of 'notifiable occupational respiratory diseases'. This information will be recorded on the National Registry. This replaces existing similar requirements for notification to Queensland Health for inclusion of the Queensland Register. The Queensland Register will be decommissioned, with the information already held maintained subject to ongoing confidentiality provisions.

Information included on the National Registry, and on the decommissioned Queensland Register, includes personal information of the patient. This may limit an individual patient's right to privacy.<sup>101</sup>

The purpose of the limitation is to 'assist in improving the recording of diagnoses of dust lung disease in Australia and preventing further worker exposure to respiratory disease

<sup>99</sup> Queensland Health, Correspondence, 18 June 2025, pp 2-3.

<sup>100</sup> About the National Occupational Respiratory Disease Registry | Australian Government Department of Health, Disability and Ageing (accessed 25 June 2025) <[www.health.gov.au/our-work/nordr/about](http://www.health.gov.au/our-work/nordr/about)>.

<sup>101</sup> Statement of compatibility, p 11.

causing agents'.<sup>102</sup> Transitioning to the National Registry will also help create government efficiency by consolidating government reporting and analysis.<sup>103</sup>

The National Registry is not accessible to the public. Registry data may be accessed by

- relevant federal government agencies;
- state and territory government health departments and work and safety agencies;
- the Registry operator; and
- specialist physicians (who only see de-identified data, except for their own patients).<sup>104</sup>

There are strong protections in the relevant Commonwealth and Queensland legislation to mitigate against misuse of confidential information.<sup>105</sup> The proposed amendments do not go further, regarding information maintained, than the arrangements that exist for the Queensland Register.

#### Committee comment



The committee is satisfied that the Bill's proposed amendments transitioning to the National Registry strike an appropriate balance between an individual's right to privacy and the need to keep a record of occupational respiratory diseases to protect the public and ensure appropriate government responses to the risk posed by occupational respiratory diseases.

### 2.3. Improving detection and monitoring of mosquitoes for Japanese Encephalitis Virus

The Bill amends the Public Health Act to permit authorised persons to leave equipment and materials at a place for a reasonable period to obtain the necessary samples to detect JEV.<sup>106</sup> This will ensure that persons responsible for managing the risks associated with JEV have the necessary powers to detect JEV and respond appropriately.

### 2.4. Other technical and clarifying amendments

#### Amendments to the *Queensland Mental Health Commission Act 2013*

The Bill proposes to amend the QMHC Act. The QMHC Act establishes the Queensland Mental Health Commission (Commission), which is led by the Mental Health Commissioner (Commissioner). The Commissioner is appointed by the Governor in Council on the recommendation of the Minister for a term of up to 5 years.<sup>107</sup>

<sup>102</sup> Statement of compatibility, p 11.

<sup>103</sup> Statement of compatibility, p 11.

<sup>104</sup> NORDR Act, ss 21-26.

<sup>105</sup> For example, see the NORDR Act, section 23.

<sup>106</sup> Bill, cl 43 (new section 43(5), Public Health Act).

<sup>107</sup> QHMC Act, s 18.



The QMHC Act gives the Minister power to appoint a person to act as Commissioner where there is a vacancy.<sup>108</sup> Vacancy is defined narrowly in the Act<sup>109</sup> and does not presently encompass a situation where the position becomes vacant because a Commissioner's term has ended.<sup>110</sup> This has the potential to disrupt the Commission's operations.

To minimise disruptions arising from a vacancy, the Bill proposes to amend the definition of vacancy to include a vacancy arising from completion of a term of office.<sup>111</sup> The Bill also proposes to amend section 23 to establish a maximum term of 6 months of an acting Commissioner, with the ability for the Minister to extend that period for a further 6 months.<sup>112</sup> The proposed amendments will ensure the Minister is empowered to appoint an acting Commissioner in the event of a vacancy arising at the end of a Commissioner's term. Specific inclusion of a 6-month term limit (with the possibility of a 6-month extension) reflects the temporary nature of the ministerial appointment and displaces the 1-year extension (with indefinite extensions) that apply to appointments by the Governor in Council.<sup>113</sup>

### Amendments to the *Radiation Safety Act 1999*

The *Radiation Safety Act 1999* (RS Act) provides the legislative framework for managing radioactive materials. The RS Act regulates acquisition, possession, transport, relocation and disposal of radioactive material.<sup>114</sup>

The Bill proposes to make an amendment to RS Act to make it clear that any person can apply for an approval to dispose, not just a 'licensee'<sup>115</sup>. The approval to dispose includes conditions for safe disposal procedures and ensures risks to the public and environment are adequately managed.<sup>116</sup>

The proposed amendments ensure achievement of the original policy intent of the RS Act which was to allow any person to be able to apply for a licence to dispose of radioactive material safely.<sup>117</sup> This recognises that some people may encounter radioactive material inadvertently, for example, when acquiring a new property, and must be empowered to dispose of it in keeping with the regulatory framework.<sup>118</sup> It is an offence for a person to dispose of radioactive material unless they hold an approval from Queensland Health.<sup>119</sup>

---

<sup>108</sup> QMHC Act, s 23.

<sup>109</sup> QMHC Act, s21(1).

<sup>110</sup> Queensland Health, Correspondence, 4 June 2025, p 5.

<sup>111</sup> Bill, cl 52 (new section 21(1)(aa), QMHC Act).

<sup>112</sup> Bill, cl 53 (new section 23, QMHC Act).

<sup>113</sup> Hansard, Record of Proceedings, Public Briefing – 13 June 2025, Brisbane, p 4.

<sup>114</sup> RS Act, s 4.

<sup>115</sup> RS Act, s 71.

<sup>116</sup> Explanatory notes, p 16.

<sup>117</sup> Queensland Health, Correspondence, 4 June 2025, p 6.

<sup>118</sup> Hansard, Record of Proceedings, Public Briefing – 13 June 2025, Brisbane, p 6.

<sup>119</sup> RS Act, s 26.





#### **2.4.1. Stakeholder Submissions and Department Advice**

The Commission supported the proposed amendment.<sup>120</sup>

---

<sup>120</sup> Submission 1, p3.

## Appendix A – Submitters

<i>Sub No.</i>	<i>Name / Organisation</i>
1	Queensland Mental Health Commission
2	Lung Foundation Australia
3	The Pharmacy Guild of Australia
4	Interim Australian Centre for Disease Control
5	Pharmaceutical Society of Australia

## **Appendix B –Public Briefing, 13 June 2025**

### **Queensland Health**

Nick Steele	Deputy-Director General, Queensland Public Health and Scientific Services
Kirsten Law	Director, Pharmacy Business Ownership Implementation Unit
Kate Sanderson	Manager, Legislative Policy Unit