HEALTH AND LEGISLATION AMENDMENT BILL

Introduction

Hon. LJ SPRINGBORG (Southern Downs—LNP) (Minister for Health) (12.10 pm): I present a bill for an act to amend the Health Legislation Amendment Act 2011, the Hospital and Health Boards Act 2011, the Public Health Act 2005, the Queensland Institute of Medical Research Act 1945, the Queensland Mental Health Commission Act 2013 and the Transplantation and Anatomy Act 1979 for particular purposes. I table the bill and explanatory notes and I nominate the Health and Community—

Tabled paper: Health Legislation Amendment Bill 2013, explanatory notes.

Ms PALASZCZUK: I rise to a point of order. I ask for clarification about what has happened to matters of public importance, which is a regular hourly session. We had a motion put by the government and the order of business is then to go back to matters of public importance. I would like a clear explanation from the government as to why it is denying matters of public importance in this House today.

Mr DEPUTY SPEAKER (Dr Robinson): Leader of the Opposition, my understanding from the Standing Orders is that the sessional orders allow for the MPIs to be presented between the times of 11 and 12. The motion has taken its place. That is my understanding of normal standing and sessional orders.

Ms PALASZCZUK: Mr Deputy Speaker, we have had motions in this House before and we have moved immediately back to MPIs. I would like to move, in this House now, that we suspend standing orders to move immediately back to matters of public importance.

Mr DEPUTY SPEAKER: Leader of the Opposition, you need to seek leave to be able to do that.

Interruption.

LEAVE TO MOVE MOTION

Ms PALASZCZUK (Inala—ALP) (Leader of the Opposition) (12.12 pm): I seek leave to move that we return to matters of public importance in accordance with the normal business of this House. Very clearly in the past motions have been put by the government and, in fairness to all members of the House, I seek that we move back to matters of public importance.

Division: Question put—That leave be granted for the Leader of the Opposition to move a motion.

AYES, 13—Cunningham, Douglas, Hopper, Judge, Katter, Knuth, Mulherin, Palaszczuk, Pitt, Trad, Wellington. Tellers: Byrne, Miller


Resolved in the negative.

Ms PALASZCZUK (Inala—ALP) (Leader of the Opposition) (12.23 pm): I seek leave to move a motion without notice.

Mr DEPUTY SPEAKER (Dr Robinson): Order! Is leave granted?

Opposition members: Aye.

Government members: No.

Mrs Miller: Divide.

Ms Palaszczuk: They don't even want to hear the motion!

Mr DEPUTY SPEAKER: Order! Leave is not granted.

Mr Wellington: They haven't even heard the motion!

Mrs Miller: Divide. I said ‘divide’.
Mr DEPUTY SPEAKER: Members, leave was sought and leave has been denied and not granted. I put to the House the question, which was, ‘Is leave granted?’ and leave was not granted.

Opposition members: Divide.

Mrs MILLER: I said, ‘divide’.

Mr DEPUTY SPEAKER: Order! And you are dividing? A division has been—

Mr NICHOLLS: I rise to a point of order, Mr Deputy Speaker.

Mr DEPUTY SPEAKER: Order! You have a point of order, Treasurer?

Mr NICHOLLS: I do. The Leader of the Opposition sought for leave to be granted for her to move a motion without notice. The government said no. The matter was put and a vote was held. They did not move immediately to call for a division.

Opposition members interjected.

Mr NICHOLLS: Their time is up. Mr Deputy Speaker, I would submit to you that the next item of business needs to be called by the Clerk. This is a deliberate—

Ms Palaszczuk: Shutting down debate.

Mr DEPUTY SPEAKER: Order! I want to hear the point of order.

Mr NICHOLLS: This is a deliberate attempt to upset the orderly process of business in the House.

Ms PALASZCZUK: On the point of order, the member is debating a point. Mr Deputy Speaker, I ask for your ruling.

Mr DEPUTY SPEAKER: I have heard the Treasurer’s point of order.

Mr Wellington: What a sham from the Treasurer. Talk about an abuse of process!

Mr DEPUTY SPEAKER: Order! The House will come to order. The point of order is out of order. I call the Minister for Health.

Mr Wellington: So this is the Newman way, is it?

Mrs Miller: No. We called ‘divide’.

Mr DEPUTY SPEAKER: The leave was not granted and there was such a gap between the leave not being granted and any calling of ‘division’, so leave has not been granted and the Minister for Health has the call.

Mr Wellington: Disgraceful!

Mr DEPUTY SPEAKER: Member for Nicklin, we do not need your unhelpful comments in the chamber. Your interjection is out of order.

LEAVE TO MOVE MOTION

Mrs MILLER (Bundamba—ALP) (12.26 pm): Mr Deputy Speaker—

Mr DEPUTY SPEAKER: What is your point of order, member for Bundamba?

Mrs MILLER: I would like to move a motion without notice. I seek leave to move a motion without notice.

Mr DEPUTY SPEAKER: Is leave granted?

Opposition members: Aye.

Government members: No.

Mr DEPUTY SPEAKER: Leave is not granted.

Opposition members: Divide!

Mr NICHOLLS: Mr Deputy Speaker, I rise to a point of order.

Mrs Miller: No, no, no.

Mr DEPUTY SPEAKER: Order!

Mr NICHOLLS: Mr Deputy Speaker, I rise to a point of order. What we now have in deliberate contravention of the rules is deliberate action to disrupt the business of the chamber. Within your powers as the guardian of the rights of the chamber is the power to ignore such a call because it is
deliberately designed to disrupt the business of the chamber. There is petulance on behalf of the opposition. They made a mistake and failed to call for a division.

Mr DEPUTY SPEAKER: Treasurer, I have the gist of your point of order.

Mr NICHOLLS: I would ask you to consider that, Mr Deputy Speaker.

Mr DEPUTY SPEAKER: I have the gist of it.

Mr STEVENS: Mr Deputy Speaker, the Minister for Health had the call, had the floor. There was called by the member for Bundamba a point of order. Then she tried to move as a point of order a motion, which was not valid.

Mr DEPUTY SPEAKER: Order! The Minister for Health had already been called. The Minister for Health has the call.

HEALTH LEGISLATION AMENDMENT BILL

Introduction

Resumed from p. 2874.

Mr SPRINGBORG (Southern Downs—LNP) (Minister for Health) (12.28 pm): Thank you very much, Mr Deputy Speaker. I understand that I had already tabled the bill and explanatory notes, unless you wish me to go through it again. I nominate the Health and Community Services Committee to consider the bill.

The bill amends six Health portfolio acts to support policy initiatives of the government and to improve the effective operation of relevant acts. The most significant initiative is the amendment to the Public Health Act to establish the maternal death statistics collection. The number of maternal deaths in Queensland is low by international standards. However, the monitoring and review of maternal mortality is critical to the provision of evidence based services capable of supporting women during and following pregnancy.

Furthermore, the available research indicates that up to half of these maternal deaths may be preventable. Review of each maternal death is therefore an important way of shedding light on policy, practice and system changes required to improve maternal health care. The collection will increase awareness about the incidence and causes of maternal death, help inform strategies to prevent or minimise maternal mortality, and help plan maternal and child health services in both the private and public sectors.

The bill introduces a requirement that a report be made to the chief executive by the health practitioner who had primary responsibility for the care of a pregnant woman and is aware that the woman has died within 365 days of the end of her pregnancy. The introduction of this reporting requirement, as occurs in a number of other jurisdictions, will facilitate the collection of information relevant to the Queensland context and address the difficulties experienced by the Queensland Maternal and Perinatal Quality Council in being able to obtain sufficient information about maternal deaths.

The Health Legislation Amendment Act 2011 is to be amended to stop the introduction of a state-wide voluntary food business rating scheme under the Food Act 2006. The government recognises that schemes such as Eat Safe Brisbane and Eat Safe Logan have been effective in encouraging licensed food businesses—such as restaurants, cafes and food outlets—to improve food safety standards and assisting consumers to make informed food and dining choices.

In accordance with the government’s regulatory reform agenda, the impost of the proposed changes to the Food Act have been reviewed. It is considered that the benefits associated with a food business rating scheme can be achieved without imposing an additional layer of regulatory control over how such schemes may be implemented by local government.

The bill amends the Hospital and Health Boards Act 2011 to ensure that hospital and health boards are able to assume responsibility for the land and buildings under their control. As stated in the Blueprint for better healthcare in Queensland, it is proposed that current and future infrastructure development, assets and capital work projects be tailored to suit service delivery to local communities.

The existing transitional provision in the Hospital and Health Boards Act enabling the transfer of land and buildings between the department of health and hospital and health services expired on 30
June 2013. The bill inserts a new suite of provisions into the act to enable the transfer of land and buildings at any time between the department and HHSs, and between HHSs. These amendments are consistent with the government’s intention that the decentralisation of health care will be strengthened by giving hospital and health boards greater control over key aspects of decision making in their HHS.

The bill makes a number of amendments to the Transplantation and Anatomy Act 1979 to improve the effective and efficient operation of this act. Staff involved in the administration of this act, as well as clinicians involved with organ and tissue donation services, have identified a number of operational deficiencies that are hampering the efficient and effective administration of the act.

The amendments to the Transplantation and Anatomy Act will modernise the definition of senior available next of kin, which is integral to the approval processes for organ and tissue donation as well as non-coronial postmortems; ensure that prescribed tissue banks can lawfully recover their reasonable costs for the provision of organs and tissues donated from outside of Queensland; enable a non-coronial postmortem to be conducted for a person who has died in hospital at another facility if a hospital does not have a mortuary; and empower the director-general, rather than the Governor in Council, to authorise the establishment of schools of anatomy and the appointment of inspectors for such schools and clarify the requirements about a person’s views on organ donation, which is one of the conditions that must be satisfied in order for a person who dies in a hospital to be considered a possible donor.

Modernising the definition of senior available next of kin will reflect the greater diversity of family members evidenced in modern families, such as stepsiblings, and will ensure that contact with families will be able to be progressed in a more efficient and effective manner, as staff will have certainty they are acting in accordance with the legislation. Other amendments in the bill are operational in nature and will improve the effective operation of the acts they amend.

This bill supports a number of key initiatives of this government. Establishment of the Maternal Death Statistics Collection supports the ‘mums and bubs’ policy, which aims to provide safe, sustainable choices and opportunities for Queensland women and their families to ensure that they are given the best possible start to life. Enabling the transfer of land and buildings between the department of health and HHSs is consistent with the objectives of the Blueprint for better healthcare in Queensland, to rebuild Queensland Health and re-establish the state’s healthcare system as a national pacesetter. The bill will also ensure that hospital and health boards and local government are not hampered in making decisions in the best interests of their community. The bill is consistent with the government’s commitment to reducing the regulatory burden and red tape, and enhancing operational effectiveness. I commend the bill to the House.

First Reading

Hon. LJ SPRINGBORG (Southern Downs—LNP) (Minister for Health) (12.35 pm): I move—

That the bill be now read a first time.

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

Motion agreed to.

Bill read a first time.

Referral to the Health and Community Services Committee

Mr DEPUTY SPEAKER (Mr Robinson): Order! In accordance with standing order 131, the bill is now referred to the Health and Community Services Committee.

RESIDENTIAL TENANCIES AND ROOMING ACCOMMODATION AND OTHER LEGISLATION AMENDMENT BILL

Introduction