

**Health, Communities, Disability Services and  
Domestic and Family Violence Prevention Committee**

**Health Legislation Amendment Bill 2019  
Report No. 32, 56<sup>th</sup> Parliament**

**Government Response**

***Recommendation 1***

The committee recommends the Health Transparency Bill 2019 be passed with the amendments proposed at recommendation 2.

**Government response: Noted**

The Government notes this recommendation.

***Recommendation 2***

The committee recommends that new section 213F in clause 28 of the Bill be amended to provide greater clarity and certainty as to what treatment and care provided by health service providers are to be covered and what services are not to be covered by the conversion therapy ban.

**Government response: Supported**

The Government supports the Committee's recommendation that amendments be made to new section 213F in clause 28 of the Health Legislation Amendment Bill 2019 (Bill) to provide greater clarity and certainty as to what treatment and care provided by health service providers are to be covered and what services are not to be covered by the conversion therapy ban.

The Government's view is that the Bill in its current form is clear that it does not apply to legitimate clinical practices and would not prohibit health service providers from providing clinically reasonable care. However, the Government notes the Committee's view that the definition of *conversion therapy* could have unintended consequences. To address this concern, the Government proposes to amend new section 213F during consideration in detail of the Bill.

Amendments are proposed to:

- Revise the definition of *conversion therapy* under proposed new section 213F of the Public Health Act to remove any doubt about whether legitimate clinical practices are captured and ensure the intent of the legislation is clear.
- Revise the examples of conversion therapy to better illustrate the types of practices to which proposed new section 213F(1) applies, including clarifying that the Bill does not target any particular approach to treatment, such as counselling or psychotherapy. The

examples of conversion therapy practices may include using shame or coercion to create aversion to same-sex attractions or to encourage gender-conforming behaviours, or using other techniques or interventions that are based on the premise that being lesbian, gay, bisexual, transgender or intersex is a defect or disorder.

- Expand the list of practices in new section 213F(2) to make clear that evidence-based and other clinically appropriate practices are not a form of conversion therapy and are not prohibited under the Bill. This would include, for example, evidence-based assessment, diagnosis and treatment of persons with diverse sexual orientations or gender identities, including assessment and treatment of underlying or co-morbid conditions and psychosocial factors.
- Clarify and include examples to illustrate that the exception in new section 213F(3) is a broad exception that covers any practice that has a rational basis in evidence or clinical practice.

### ***Recommendation 3***

The committee recommends that the Minister inform the House, if the Bill is passed, what education and/or training or guidelines that he envisages would be provided to health service providers to assist them to understand what care and treatment provided to patients would be covered by the definition of conversion therapy in new section 213G and the offence provisions in new section 213H proposed in clause 28 of the Bill.

### ***Government response: Supported***

The Government supports the Committee's recommendation that the Minister for Health and Minister for Ambulance Services address what education and guidelines will be provided to health service providers to assist them to understand the prohibition on conversion therapy. The Minister will address this issue in his second reading speech.

Queensland Health has commenced implementation planning to support the objectives of the new legislation, if passed. It is anticipated that immediate actions will include disseminating communications materials for health practitioners, health service providers and the general community, including specific guidance for health service providers regarding the legislative changes and its impact on practice obligations.

Materials will be developed in consultation with individuals and organisations representing health service providers as well as stakeholders with relevant expertise, including peak professional bodies and experts in LGBTIQ health issues. Materials will be broadly disseminated through multiple channels, including online and social media, as well as traditional stakeholder networks.

Queensland Health will also support the legislation through an integrated education and research project to:

- make health service providers aware of the new offence and penalties;

- raise awareness in the community about conversion therapy and the harms associated with these practices;
- support research to better understand the extent and impact of conversion therapies in Queensland;
- prevent harm caused by conversion therapies in Queensland; and
- identify if community supports for survivors are required and what support services would be of assistance to survivors.

This project will be co-designed with interested stakeholders from the Queensland Government's LGBTI Roundtable. A workshop will be convened with stakeholders to test the project approach, the objectives and the outputs of the project. The project will also deliver a report with evidence-based recommendations to inform activities beyond 2020.

**Queensland Legislative Assembly**

Number: 5620T1373



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Tabled

By Leave

MP: HON MILES

Clerk's Signature: *[Signature]*