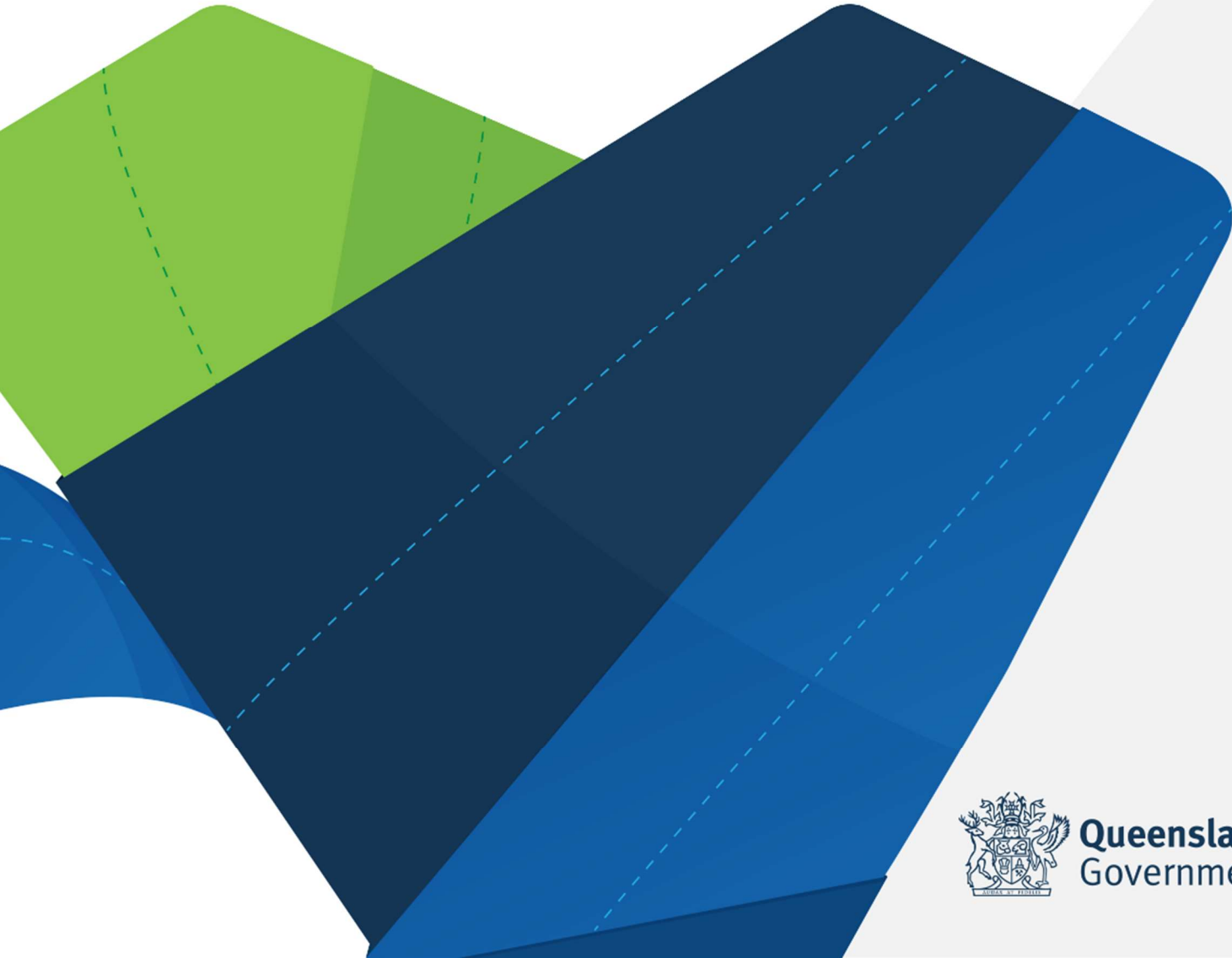


Health Legislation Amendment Regulation 2025

Consultation Paper
January 2025



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Purpose

The purpose of this consultation paper is to seek stakeholder feedback on amendments proposed for inclusion in the *Health Legislation Amendment Regulation 2025*.

Queensland Health acknowledges and thanks those stakeholders who have previously provided feedback on the proposed amendments. This feedback has been taken into consideration during the further development of the proposed amendments.

The consultation paper is for **consultation purposes only** and does not represent Queensland Government policy.

Your views are valuable and may be referred to in material provided to Government in considering this proposal. If legislative amendments are progressed, your feedback may be referred to in public documents, for example, as part of the Explanatory Notes.

Please provide any feedback on the proposed amendments by email to legislationconsultation@health.qld.gov.au by **5pm, Friday 7 February 2025**.

If you have any questions or require further information about possible changes, please email your queries to the email address above before the closing date and an officer from Queensland Health will contact you.

Overview of Proposed Changes

It is proposed to develop a Health Legislation Amendment Regulation to amend the:

- *Mental Health Regulation 2017*, to ensure references to corresponding laws of other States and Territories are current and accurate;
- *Hospital and Health Boards Regulation 2023*, to recognise an agreement between the chief executive of Queensland Health and the Department of Transport and Main Roads to allow the disclosure of confidential information related to road crash data without having to obtain case-by-case written approval;
- *Public Health Regulation 2018*, to:
 - prescribe technical requirements for new notifications required to be made to the Queensland Cancer Register;
 - include *Vibrio parahaemolyticus* as a pathological diagnosis notifiable condition to improve detection of outbreaks and facilitate timely public health action to control outbreaks; and
 - replace 'monkeypox (MPX)' with 'mpox' in accordance with the World Health Organization's revised naming to destigmatise the disease;
- *Hospital Foundations Regulation 2018*, to rename the Ipswich Hospital Foundation to West Moreton Health Foundation.

Changes to the *Mental Health Regulation* 2017

Background

The Queensland *Mental Health Act 2016* provides for the transfer, transport, apprehension, or detention of involuntary patients both from interstate mental health services, and from Queensland to other jurisdictions. The Mental Health Act requires that consideration be given to corresponding laws of the State or Territory. Corresponding laws recognise certain interstate treatment orders that provide for similar matters to an order made in Queensland, recognise persons authorised under corresponding law to perform specified functions or powers, and support sharing of relevant information across States and Territories to ensure continuity of care.

The *Mental Health Regulation 2017* prescribes the relevant legislation of other States and Territories as corresponding laws in Queensland by listing specific corresponding laws referenced in provisions of the Mental Health Act. While the current Mental Health Regulation remains effective in recognising all state and territory mental health legislation as corresponding law, some of these corresponding laws have recently been repealed and replaced, and references to these pieces of legislation require updating to ensure accuracy in interpreting corresponding law provisions in Queensland.

The proposed amendments are minor and technical in nature, and will not impact current or future operation of the Mental Health Act.

Proposed Amendments

It is proposed that the following references to corresponding laws at schedule 1 of the Mental Health Regulation be amended as follows:

Repealed corresponding law	Replacement corresponding law
<i>Mental Health (Forensic Provisions) Act 1990</i> (NSW)	<i>Mental Health and Cognitive Impairment Forensic Provisions Act 2020</i> (NSW)
<i>Criminal Law (Mentally Impaired Accused) Act 1996</i> (WA)	<i>Criminal Law (Mental Impairment) Act 2023</i> (WA)

Changes to the *Hospital and Health Boards Regulation* 2023

Background

In the *Queensland Road Safety Action Plan 2015-2017*, a commitment was made to improve the understanding of serious injuries from road related crashes. This involved engaging an expert panel, who recommended linking data between the Department of Transport and Main Roads

(DTMR) and Queensland Health to better understand serious injury data, and monitor and produce reports relating to serious road crash injuries.

The DTMR and Queensland Health work together on an ongoing basis to link and share data related to individuals involved in serious road crashes, aiming to support the DTMR to progressively improve road safety. This sharing arrangement allows the DTMR and Queensland Health to collaboratively progress road safety research, emphasising the need to comprehensively understand the nature, contributing factors and circumstances of road traffic crashes and resulting injuries.

Currently, Queensland Health relies on section 160(1) of the *Hospital and Health Boards Act 2011* to enable the sharing of this information, which requires case-by-case written approval from the chief executive. This is often a time intensive process, and places significant administrative burden on both Queensland Health and the DTMR.

To facilitate a more efficient data sharing arrangement without the need for case-by-case approval, Queensland Health and the DTMR finalised an agreement on 21 June 2024 (the Agreement) under the Hospital and Health Boards Act which will authorise Queensland Health to disclose confidential information on activity in public hospitals to the DTMR. This information may include emergency department data, emergency responder data, hospital morbidity data, and mortality data.

Proposed Amendments

For the Agreement to take effect, the Hospital and Health Boards Act requires the Agreement between Queensland Health and the DTMR to be prescribed in Schedule 8 of the *Hospital and Health Boards Regulation 2023*.

It is proposed to amend Schedule 8, Part 2 of the Hospital and Health Boards Regulation to prescribe the Agreement between Queensland Health and the DTMR to allow the efficient disclosure of confidential information related to road crash data on an ongoing basis.

This amendment will assist in reducing the administrative burden on both Queensland Health and the DTMR, and increase understanding of serious road crash injuries with the aim of progressively improving road safety for Queensland.

Changes to the *Public Health Regulation 2018*

Prescribing technical requirements for new notifications required to be made to the Queensland Cancer Register

Background

Population based cancer data is critical to understanding the impact of cancer and informing efforts to effectively address the burden of cancer. All Australian States and Territories have a cancer register and legislation which prescribes mandatory reporting requirements for this register. In Queensland, this register is known as the Queensland Cancer Register, and the *Public Health Act 2005* provides the requirements for mandatory reporting.

The requirements for mandatory reporting include a broad range of information that must be notified to the Queensland Cancer Register. The current notification requirements in the Public Health Act reflect the types of health facilities involved in the diagnosis and management of cancer when the register was established in the 1980s. These requirements no longer reflect contemporary diagnostic techniques and cancer management.

Currently, the Queensland Cancer Register is not notified of all important information from pathology laboratories, cancer diagnosis through diagnostic imaging, or cancer related treatment from hospitals. On 2 May 2025, the *Health and Other Legislation Amendment Act 2023* will amend the Public Health Act by imposing notification requirements on diagnostic imaging practices and requiring additional information from pathology laboratories and hospitals. This will address gaps in data and ensure the Queensland Cancer Register is contemporary and aligns with best practice. These updated notification requirements will provide more comprehensive coverage of cancer incidence and allow for the monitoring of the progress of a disease, including by requiring information about treatment and pathology findings following diagnosis.

To implement the new notification requirements, the Act requires that amendments be made to the *Public Health Regulation 2018* to prescribe the maximum timeframes in which notifications must be made to the chief executive of Queensland Health.

Separately, under the Public Health Regulation, notifications are not currently required for basal cell carcinoma of the skin (BCCs) and squamous cell carcinoma of the skin (SCCs). This is despite BCCs and SCCs with perineural invasion and/or nodal metastases requiring specialised surgery, hospital admission and radiation therapy. These types of cancers have a high morbidity and mortality burden, and therefore collection of data about BCCs and SCCs with perineural invasion and/or nodal metastases would be highly beneficial to understand the clinical management and outcomes for Queenslanders who are diagnosed with these cancers.

Proposed Amendments

To ensure the notification timeframes and requirements in the Public Health Act reflect contemporary cancer management and diagnostic techniques, it is proposed that Part 8, Division 3 of the Public Health Regulation be amended to:

- prescribe a 30 day time period for hospitals to give a notification about persons who have received cancer diagnoses or died while in hospital, to be made to the Queensland Cancer Register;
- prescribe a 120-day time period for hospitals to give notifications in relation to cancer related treatment episodes;
- prescribe a 30 day time period for a pathology laboratory to give a notification after a pathological examination has been carried out;
- prescribe a 30 day time period for diagnostic imaging practices to give a notification after a diagnostic imaging procedure has been carried out;
- make non-notifiable types of BCC skin cancer, other than BCC of the skin with perineural invasion or metastasis, a notifiable cancer; and

- make non-notifiable types of SCC of the skin, other than SCC of the skin with perineural invasion or metastasis, a notifiable cancer.

The proposed amendments will support Queensland and national cancer strategies by ensuring the Queensland Cancer Register remains relevant and contemporary in an evolving clinical environment and promotes improvement in cancer services, research, policy and programs to improve outcomes for people diagnosed with cancer.

Making *Vibrio parahaemolyticus* a notifiable condition in the Public Health Regulation 2018

Background

Vibrio parahaemolyticus is a naturally occurring marine and estuarine bacterium. Infections are commonly associated with the ingestion of raw or undercooked seafood. Environmental factors, such as salinity, temperature, and plankton availability can influence the abundance of *Vibrio* species. With changes to Australia's climate, including increased seawater temperatures, marine heatwaves and flooding, many coastal regions and urbanised environments may become ideal environments for the population of large numbers of *Vibrio* species.

This increased opportunity for human exposure poses a risk of rising sporadic *Vibrio parahaemolyticus* cases, and outbreaks linked to locally grown shellfish are expected to increase.

The Public Health Regulation specifies the conditions that are required to be notified in Queensland, which includes 'pathological diagnosis notifiable conditions', where a diagnosis of a condition can be made based on a pathological examination of a specimen of human origin and is prescribed under a regulation as a 'pathological diagnosis notifiable condition'.

The Public Health Act establishes a regulatory framework that provides for the identification of, and mechanisms to, prevent or minimise adverse health impacts of notifiable conditions captured in the Public Health Regulation. It also requires doctors, persons in charge of a hospital, and directors of pathology laboratories to notify the chief executive of Queensland Health when specified notifiable conditions criteria are met.

While *Vibrio parahaemolyticus* is currently notifiable in the Northern Territory, South Australia, Western Australia and Tasmania, it is not yet notifiable in Queensland.

Proposed Amendments

To assist in the management and response to *Vibrio parahaemolyticus* cases, noting the increased opportunity for human exposure, it is proposed to amend schedule 1 of the Public Health Regulation to include *Vibrio parahaemolyticus* as a pathological diagnosis notifiable condition.

This amendment will improve detection of outbreaks and facilitate timely public health action to control outbreaks.

Replacing 'monkeypox (MPX)' with 'mpox' in the Public Health Regulation 2018

Background

Mpox is a disease caused by the monkeypox (MPX) virus, which can infect people of all ages. Those diagnosed with mpox are infectious to others while they have symptoms. Mpox does not spread easily between people and is primarily spread through very close or intimate contact with someone infected with mpox. Those most at risk in Australia are men who have sex with other men. While most recover from mpox within a few weeks, some people, especially those with a weakened immune system, develop a more severe illness or complications.

On 28 November 2022, the World Health Organization (WHO) recommended using the preferred term 'mpox' as a synonym for monkeypox, to help reduce stigma associated with the disease. The WHO undertook consultation to gather views from a range of experts, as well as countries and the public, and feedback supported the term 'mpox' replace monkeypox. Following the WHO's recommendation, mpox replaced monkeypox in the *International Classification of Diseases 11th Revision*, the current global standard for health data, clinical documentation, and statistical aggregation.

The Public Health Act establishes a regulatory framework that provides for the identification of, and mechanisms to, prevent or minimise adverse health impacts of notifiable conditions captured in the Public Health Regulation. It also requires doctors, persons in charge of a hospital, and directors of pathology laboratories to notify the chief executive of Queensland Health when specified notifiable conditions criteria are met.

Schedule 1 of the Public Health Regulation prescribes monkeypox (MPX) as a notifiable condition on the basis that it is a significant risk to public health. It is prescribed as a pathological diagnosis notifiable condition and a pathology request notifiable condition. Further, schedule 2 of the Public Health Regulation prescribes monkeypox (MPX) as a notifiable condition that requires immediate notification upon diagnosis by pathological examination (instead of within the usual period of 48 hours).

Proposed Amendments

To reduce the stigma associated with monkeypox and to align Queensland with the current global standard, it is proposed to amend schedules 1 and 2 of the Public Health Regulation to replace 'monkeypox (MPX)' with 'mpox'.

This amendment will also align Queensland with New South Wales, the Northern Territory, and Victoria, where amendments have already been made to their notifiable conditions legislation to replace 'monkeypox' with 'mpox'.

Changes to the *Hospital Foundations Regulation 2018*

Background

On 13 December 2024, the Minister for Health and Ambulance Services approved changing the legal name of Ipswich Hospital Foundation (Foundation) to West Moreton Health Foundation. The Foundation has encountered ongoing challenges with brand recognition, which is adversely impacting the Foundation's outreach efforts and ability to secure critical funding from regional stakeholders and local residents. The region's current lack of understanding of what the Foundation does and the scope of who the Foundation represents is impacting its identity and effectiveness.

There is a current misconception that the Foundation's funds are exclusively allocated to supporting the needs of Ipswich Hospital, even though these funds are available to support all facilities within the West Moreton region, including hospitals at Boonah, Esk, Gatton, Laidley and Ripley. The Foundation's name does not accurately reflect the broader West Moreton geographic area that the Foundation supports, and has resulted in creating an exclusionary perception for the broader region's residents and stakeholders (that is, residents and stakeholders outside of Ipswich).

Schedule 1 of the *Hospital Foundations Regulation 2018* lists the names of all Queensland hospital foundations. Where a name of a hospital foundation requires updating, an amendment to schedule 1 of the regulation is necessary to effect this change.

Proposed Amendments

It is proposed to amend schedule 1 of the Hospital Foundations Regulation to rename Ipswich Hospital Foundation to West Moreton Health Foundation. This proposed name change will better represent the West Moreton community and align with the Foundation's launch of its new identity to improve outreach efforts.