

Health Legislation Amendment Regulation (No. 1) 2017

Explanatory notes for SL 2017 No. 107

made under the

Ambulance Service Act 1991
Hospital and Health Boards Act 2011
Public Health Act 2005

General Outline

Short title

Health Legislation Amendment Regulation (No. 1) 2017

Authorising law

Section 54 of the *Ambulance Service Act 1991*
Section 282 of the *Hospital and Health Boards Act 2011*
Section 461 of the *Public Health Act 2005*

Policy objectives and the reasons for them

The purpose of the Health Legislation Amendment Regulation (No. 1) 2017 (the amendment regulation) is to:

- exempt athletes and officials associated with the 2018 Commonwealth Games from paying a fee for ambulance services for the period of the Games;
- capture the Lady Cilento Children's Hospital as a service area for the Children's Health Hospital and Health Service;
- enable the lawful disclosure of confidential information to entities without breaching statutory duties of confidentiality under the Hospital and Health Service and public health legislation, by prescribing and updating a number of agreements and entities; and
- update the list of communicable diseases for which notification of clinical or pathological diagnosis must be made to Queensland Health.

Commonwealth Games exemption from Queensland Ambulance Service fees

Permanent Queensland residents are automatically covered for the costs of emergency pre-hospital ambulance treatment and transport by the Queensland Ambulance Service (QAS).

However, visitors and non-permanent residents ('non-exempt persons') are liable for these costs under the *Ambulance Service Act 1991* (AS Act).

The AS Act provides for a regulation to be made about fees for the use of ambulance services. Section 5 of the *Ambulance Service Regulation 2015* (AS Regulation) currently prescribes the fees payable for the use of an ambulance service by a non-exempt person, and also prescribes circumstances where a non-exempt person is not required to pay those fees.

The Gold Coast City Council will host the 2018 XXI Commonwealth Games (the Games) from 4 April 2018 until 15 April 2018. As the Games host, the State Government is contractually obliged to provide free ambulance services to a participant, official or member of a delegation to the Games ('the Games family'), as accredited by the Commonwealth Games Corporation.

The Games family does not meet the current circumstances prescribed under the AS Regulation for an exemption from paying a fee for ambulance services. Therefore, it is necessary to provide a specific exemption for the Games family during the period the Games Village is open, which is from 20 March 2018 up until 18 April 2018.

Update redundant references to the Royal Children's Hospital

The *Hospital and Health Boards Act 2011* (HHB Act) provides that a regulation may establish a Hospital and Health Service (HHS), and may declare a health service area for a HHS. Health service areas include a part of the State or a public sector hospital, service or service facility.

The *Hospital and Health Boards Regulation 2012* (HHB Regulation) currently establishes the Children's Health Queensland HHS and declares the Royal Children's Hospital to be one of the service areas within that HHS. The Metro North HHS is also established, and prescribes the part of the Brisbane City Council local government area that is north of the Brisbane River to be one of its service areas. Because the Royal Children's Hospital was located within this service area, at Herston, the HHB Regulation specifically excludes the Royal Children's Hospital from being part of the Metro North HHS.

The Lady Cilento Children's Hospital is located at South Brisbane and replaced the Royal Children's Hospital, which has now closed. It is therefore necessary to remove the two references to the Royal Children's Hospital in the HHB Regulation, and to prescribe the Lady Cilento Children's Hospital as the new service area for the Children's Health HHS.

As the Lady Cilento Children's Hospital is located south of the Brisbane River, it will need to be exempted from the service area of the Metro South HHS, as this HHS captures the part of the Brisbane City Council local government area that is south of the Brisbane River.

Disclosure of confidential patient-identifying information

Hospital and Health Boards Act 2011

Section 142 of the HHB Act establishes a duty of confidentiality for 'designated persons'. This prevents the disclosure of confidential information about any person who is receiving or has received a public sector health service, if that person could be identified from the confidential information ('patient-identifying information').

Designated persons are Queensland Health employees, including contractors, volunteers and inspectors working or carrying out duties at a public sector health service facility.

The HHB Act provides a number of exceptions to the duty of confidentiality (sections 143 to 161B) to allow disclosure of patient-identifying information in circumstances where it is necessary or unavoidable to do so. Exceptions include the disclosure of patient-identifying information to Government and non-Government entities, for example:

- Section 150(b) provides that a disclosure can be made to an entity prescribed under a regulation for the purposes of evaluating, managing, monitoring or planning health services.
- Section 151(1)(a) provides that a disclosure can be made to the Commonwealth or another State, or an entity of the Commonwealth or another State, if the disclosure is allowed under an agreement which is prescribed under a regulation, and authorised in writing by the chief executive to be in the public interest.
- Section 151(1)(b) provides that a disclosure can be made to an entity of the State, if the disclosure is allowed under an agreement which is prescribed under a regulation, and authorised in writing by the chief executive to be in the public interest.

Entities and agreements referred to in the above exceptions are prescribed in the HHB Regulation as follows:

- Entities for the purposes of section 150(b) of the HHB Act are prescribed under section 35.
- Agreements for the purposes of sections 151(1)(a) and (b) of the HHB Act are prescribed under section 36 and schedule 3, parts 1 and 2.

Definition of 'designated person'

The Queensland Ambulance Service (QAS) and Queensland Health are required to share patient-identifying information with each other for a variety of purposes. These purposes relate to clinical audit, quality assurance or service planning, including:

- to manage patient load and minimise redirection of ambulances from hospital emergency departments; and
- to monitor national benchmark targets that involve measurement from first medical contact (by an ambulance officer) to medical care in a hospital.

Machinery of Government changes on 1 October 2013 resulted in the transfer of the QAS to the Department of Health. By virtue of being employed under the *Public Service Act 2008*, public service employees working for the QAS were automatically captured as designated persons under section 139A of the HHB Act. However, the QAS Commissioner and QAS officers (being those officers appointed under the AS Act) do not meet the definition of a designated person.

This means that disclosure of patient-identifying information under existing exceptions to the duty of confidentiality is permitted to the QAS public service employees, but not to the QAS Commissioner and QAS officers. This is problematic in circumstances where the information is required to be disclosed to a unit within the QAS that comprises both public servants (designated persons) and QAS officers, or to the QAS Commissioner.

Accordingly, it is necessary to prescribe the QAS Commissioner and QAS officers appointed under the AS Act as designated persons under section 139A of the HHB Act. This will bring those officers into line with other QAS employees who are employed under the *Public Service Act 2008* and all other Queensland Health employees, so that patient-identifying information can be disclosed between those employees and officers under exceptions to the duty of confidentiality in part 7 of the HHB Act.

Disclosure for the Spleen Australia Registry

Spleen Australia is based at the Alfred Hospital in Melbourne and is the sole provider of State-wide services to Australians living without a spleen, or with reduced spleen function. It aims to prevent serious infections in these people by raising awareness and educating patients, their families and medical practitioners. People living without a functioning spleen face a high risk of infection from serious and life threatening invasive bacterial diseases.

On 11 May 2015, Queensland Health started participating in the Spleen Australia registry on a voluntary patient opt-in basis. As at 3 June 2016, 524 Queenslanders had registered, out of more than an estimated 3,000 eligible persons. The Department of Health has received consistent feedback from clinicians that to maximise Queensland registrations they would like the option to directly refer a patient to the registry. As a result, Queensland Health has entered into an agreement to participate in the Spleen Australia registry on an opt-out basis. This means clinicians will be able to directly refer Queenslanders who live with a condition of the spleen to the registry. Those patients who do not want to be on the registry will be able to request removal and have all of their identifying data expunged from the registry.

To enable Queensland Health to lawfully disclose data to Spleen Australia for the registry, it is necessary to prescribe Alfred Health (for Spleen Australia) as an entity for the purposes of evaluating, managing, monitoring or planning health services under section 150(b) of the HHB Act. As a result, patients and their healthcare providers will receive information and support for their condition, and evidence-based research can be conducted to improve the care and treatment of persons living with clinical conditions of the spleen.

Disclosure for the Australian Stroke Clinical Registry

Affecting more than 50,000 people each year, stroke is the second leading cause of death and the leading cause of adult disability in Australia. Around 420,000 Australians are living with the effects of stroke, and the quality of hospital care for stroke varies across Australia.

The Australian Stroke Clinical Registry (AuSCR) is a national, clinical quality registry of acute stroke patients. The aim of the AuSCR is to monitor, promote and improve the quality of acute stroke care, by tracking the delivery of care for patients of stroke in acute hospitals as well as following-up their health outcomes.

The AuSCR operates by contracting with participating hospitals to provide confidential information about patients treated for stroke and transient ischaemic attacks (TIA or 'mini-stroke') to the AuSCR. This enables community based follow-up by the AuSCR office at 90 to 180 days after the patient's stroke. The data provided to the AuSCR also guides quality improvement interventions in hospitals, reduces variations in care delivery, and provides evidence of reduced deaths, disability and recurrent stroke. Through the AuSCR, hospitals can also use 'live' summary data to benchmark their clinical indicators against national data.

Queensland Health has entered into an agreement with the Florey Institute of Neuroscience and Mental Health (the Florey Institute), as the current data custodian of the AuSCR, to participate in the AuSCR. However, to enable Queensland Health to lawfully disclose patient-identifying information to the Florey Institute (for the AuSCR), it must be prescribed as an entity for the purposes of evaluating, managing, monitoring or planning health services under section 150(b) of the HHB Act.

Disclosure for Rheumatic Heart Disease Australia

Rheumatic heart disease (RHD) is chronic damage to the valves of the heart, caused by repeated episodes of acute rheumatic fever (ARF). ARF is caused by an auto-immune reaction to an infection. ARF leads to RHD in at least 60 per cent of cases. ARF is rare in most industrialised countries; however, ARF is a persisting problem in the Aboriginal and Torres Strait Islander populations in central and northern Australia.

ARF and RHD are preventable causes of morbidity and mortality. A coordinated approach is essential for the effective long-term management of ARF and RHD patients. For this reason, the Queensland RHD Register and Control Program was established in 2009 to improve detection, monitoring, and management of ARF and RHD in Aboriginal and Torres Strait Islander communities.

The Queensland RHD Register and Control Program is a jurisdictional level program that is hosted by the Cairns and Hinterland HHS, which coordinates the state-wide register on behalf of Queensland Health. As at 19 May 2017, there were 2002 clients on the register. Active case finding work, which commenced in 2014, has highlighted an additional 500 cases of ARF and RHD. Many of these cases have not been followed up or provided treatment in line with best practice guidelines.

Rheumatic Heart Disease Australia (RHDA) is the national coordination unit supporting the control of RHD in Australia. Funded under the Australian Government's Rheumatic Fever Strategy, RHDA is based at the Menzies School of Health Research in Darwin.

RHDA manages a Data Collection System as a central repository for the collection and reporting of population-level ARF and RHD data to the Commonwealth and the RHD Register and Control Program. Under the Rheumatic Fever Strategy, Queensland Health has agreed to establish and maintain mechanisms and infrastructure to enable data collection and sharing to the RHDA Data Collection System.

Queensland Health has entered into a Service Level Agreement (SLA) with the Menzies School of Health Research (which operates the RHDA) to enable the disclosure of patient-identifying information pertaining to ARF and RHD. This data will be used for disease monitoring and surveillance, and measuring program effectiveness. In particular, the data will be used to determine disease outbreaks, identify gaps in service delivery and identify areas for future investment or activity at jurisdictional and national levels.

To allow Queensland Health to lawfully disclose patient-identifying information about ARF and RHD patients to the Menzies School of Health Research, for the RHDA, the SLA must be prescribed in regulation under section 151(1)(a) of the HHB Act. As ARF is a notifiable condition, a similar amendment is required to the *Public Health Regulation 2005*, as discussed below.

Public Health Regulation 2005

The *Public Health Act 2005* (PH Act) aims to protect people from the spread of communicable diseases in ways that provide a balance between protecting public health and allowing individual rights to liberty and privacy. To fulfil this aim, information about people who have, or may have, a communicable disease must be reported to Queensland Health, and is held on a register. These diseases are known as ‘notifiable conditions’ and are prescribed in the *Public Health Regulation 2005* (PH Regulation).

Similar to the confidentiality framework under the HHB Act, the PH Act establishes a duty of confidentiality for information obtained for the notifiable conditions register. Section 77 of the PH Act establishes a duty of confidentiality for ‘relevant persons’, preventing the disclosure of confidential information that has become known to a relevant person in the course of performing the person’s functions in relation to notifiable conditions. A relevant person is defined in section 76 of the PH Act to include the Director-General, Queensland Health staff and other persons involved in the administration or enforcement of the PH Act.

The PH Act provides a number of exceptions to the duty of confidentiality to allow disclosure of patient-identifying information. For example:

- Section 84(1)(a) provides that a disclosure to the Commonwealth or another State, or an entity of the Commonwealth or another State, can be made if the disclosure is allowed under an agreement which is prescribed under a regulation, and is considered by the chief executive to be in the public interest.
- Section 84(1)(b) provides that a disclosure to an entity of the State, can be made if the disclosure is allowed under an agreement which is prescribed under a regulation, and is considered by the chief executive to be in the public interest.

Agreements for section 84(1)(a) are prescribed in section 12AA and schedule 3, part 1 of the PH Regulation. There are currently no agreements prescribed for the purposes of section 84(1)(b).

Disclosure to Menzies School of Health Research for Rheumatic Heart Disease Australia

As outlined above, Queensland Health has entered into an SLA with the Menzies School of Health Research to enable the disclosure of patient-identifying information pertaining to ARF and RHD. The data intended to be provided to the RHDA includes information captured by the Department of Health as a result of ARF being a notifiable condition under the PH Regulation. Therefore, it is necessary to ensure that disclosure of this data to the RHDA is permitted under the separate and specific confidentiality provisions for notifiable conditions.

The intent is to prescribe the SLA in the PH Regulation, to allow Queensland Health to lawfully disclose patient-identifying information pertaining to ARF to the Menzies School of Health Research, for the RHDA, pursuant to section 84(1)(a) of the PH Act.

Disclosure to Department of Natural Resources and Mines and Queensland Treasury

Currently, elevated lead exposure is a notifiable condition under section 72 of the PH Act. This requires pathology laboratories to notify the Department of Health of a pathological diagnosis of elevated lead exposure. This includes cases where the exposure occurs in the workplace.

The Department of Natural Resources and Mines (DNRM) and Workplace Health and Safety Queensland (WHSQ) in Queensland Treasury are responsible for managing lead exposure at a workplace. When Queensland Health receives verification that exposure to lead has occurred as a result of occupational exposure, the details of occupational exposure notifications are not able to be provided to DNRM and WHSQ, as the responsible agencies, due to confidentiality restrictions under the PH Act.

Queensland Health has entered into Memoranda of Understanding (MoU) with DNRM and Queensland Treasury. The MoUs enable Queensland Health to disclose patient-identifying information to DNRM and WHSQ regarding workplace lead exposures. The MoUs will also enable Queensland Health to more readily engage with the DNRM and WHSQ, when a workplace lead release adversely affects public health. However, disclosure of patient-identifying information can only occur once the MoUs are prescribed in the PH Regulation.

The intent is to prescribe the MoUs under section 84(1)(b) of the PH Act, to enable Queensland Health to lawfully disclose patient-identifying information to DNRM and WHSQ for the purposes of DNRM and WHSQ to investigate and assess workplace lead exposure protection measures, including off worksite public health risks.

Disclosure to the Queensland Family and Child Commission

Queensland Health and the Queensland Family and Child Commission (the QFCC) currently exchange non-identifiable information to validate QFCC reports about child deaths in Queensland. However, the QFCC has approached the Department of Health seeking arrangements to provide identifiable information to support the QFCC in undertaking its functions, which include reporting deaths of children and young people – including deaths from notifiable conditions.

The QFCC and the Department of Health have entered into an MoU to allow for confidential information to be shared about notifiable conditions between the agencies. In doing so, the Director-General of Queensland Health has approved that the disclosures of confidential information permitted in the MoU are in the public interest. The MoU will also allow the QFCC to provide information to the Department of Health, which will enhance the dataset contained within the notifiable conditions register.

The policy objective is to prescribe the MoU, under section 84(1)(b) of the PH Act, to allow Queensland Health to lawfully disclose patient-identifying information from the notifiable conditions register about deaths of children to the QFCC.

Disclosure of confidential information for Maternal Death Data

Chapter 6, part 1A of the PH Act provides for the establishment of the Maternal Death Statistics Collection to:

- collect data to monitor maternal mortality rates, increase awareness of the incidence and causes of maternal death, monitor and analyse maternity patterns and outcomes and research obstetric care; and
- help with planning of maternal health services and strategies to minimise maternal mortality.

The PH Act establishes a duty of confidentiality for information collected for the Maternal Death Statistics Collection. Exceptions to this duty of confidentiality are:

- Section 228O(1)(a) provides that a disclosure to the Commonwealth or another State, or an entity of the Commonwealth or another State, can be made if the disclosure is allowed under an agreement which is prescribed under a regulation, and is considered by the chief executive to be in the public interest.
- Section 228O(1)(b) provides that a disclosure to an entity of the State, can be made if the disclosure is allowed under an agreement which is prescribed under a regulation, and considered by the chief executive to be in the public interest.

Queensland Health provides data and information to the Australian Institute of Health and Welfare (AIHW) under the National Health Information Agreement (NHIA) and the Intergovernmental Agreement on Federal Financial Relations (IGAFFR) for a similar collection of information – the Perinatal Statistics Collection.

The NHIA is an agreement between the Commonwealth, State and Territory health, statistical and national authorities to coordinate the development, collection and dissemination of health information in Australia, including the development, endorsement and maintenance of national data standards. The purpose of the NHIA is to ensure the availability of nationally consistent high quality health information, to support policy and program development and improve the quality, efficiency, appropriateness, effectiveness and accountability of health services provided to individuals and populations.

The IGAFFR is an agreement between the Commonwealth and the States and Territories to implement a framework for federal financial relations. The agreement provides a robust foundation for the parties to collaborate on policy development and service delivery; and facilitate the implementation of economic and social reforms in areas of national importance.

Queensland Health is unable to provide data and information from the Maternal Deaths Statistics Collection to the AIHW because the NHIA and the IGAFFR are not prescribed for the specific purpose of the Maternal Deaths Statistics Collection. Therefore, it is necessary to prescribe the NHIA and the IGAFFR under section 228O(1)(a) to enable Queensland Health to disclose data from the Maternal Death Statistics Collection to the AIHW.

Updating the NHIA for the Perinatal Statistics Collection

The NHIA is already prescribed in the PH Regulation for the purpose of providing data and information from the Perinatal Statistics Collection to the AIHW. However, the version of the NHIA currently prescribed has been superseded by a 2013 version. Therefore, it is necessary to update the title of the NHIA to reflect the latest agreement.

Notifiable conditions

Inclusion of zika virus in the Notifiable Conditions Register

Zika virus is a mosquito-borne disease that has recently been recognised as a condition with significant public health implications. Zika virus is not individually listed as a notifiable condition, but is currently captured on the notifiable conditions register as part of the group ‘other unspecified flaviviruses’.

Unless it is listed individually as a notifiable condition in the PH Regulation, zika virus cases cannot be specifically notified on the notifiable conditions register. This prevents zika virus cases from being identified for a public health response to prevent transmission within the community. As zika virus was not listed as an individual notifiable condition, this presented difficulties in collecting surveillance data during the global 2016 zika virus outbreak where it was identified that cases of zika virus were imported to Australia by travellers. The intent is to list zika virus individually in the PH Regulation. This will allow case identification through notification on the notifiable conditions register and an immediate public health response can be undertaken for each case to prevent an outbreak from occurring.

Achievement of policy objectives

To achieve the policy objectives, the amendment regulation amends:

- the AS Regulation to provide a new exemption for Commonwealth Games family members from paying a fee for use of an ambulance service for the period 20 March 2018 up until 18 April 2018;
- the HHB Regulation to:
 - prescribe the Lady Cilento Children’s Hospital as a service area for the Children’s Health HHS, exempt the Lady Cilento Children’s Hospital from being part of the Metro South HHS, and remove references to the Royal Children’s Hospital;
 - prescribe the QAS Commissioner and QAS officers appointed under the AS Act as designated persons under the HHB Act;
 - prescribe Alfred Health as an entity, to enable disclosure of confidential patient information for inclusion in the Spleen Australia registry;
 - prescribe the Florey Institute as an entity, to enable disclosure of confidential patient information for inclusion in the AuSCR;
 - prescribe an agreement between Queensland Health and the Menzies School of Health Research, to enable disclosure of patient-identifying information relating to ARF and RHD to RHDA; and
- the PH Regulation to:
 - prescribe an MoU between Queensland Health and the DNRM, and an MoU between Queensland Health and Queensland Treasury (for WHSQ), to enable disclosure of confidential patient information about workplace lead exposures to DNRM and WHSQ;
 - prescribe an MoU between Queensland Health and the QFCC to enable disclosure of confidential patient information from the notifiable conditions register to the QFCC;
 - update references to the NHIA to refer to the current NHIA;
 - provide that the NHIA and the IGAFRR currently prescribed for the purposes of providing Queensland perinatal data to the AIHW are also prescribed for the purposes of providing Queensland maternal death data to the AIHW;
 - prescribe the SLA between Queensland Health and the RHDA, to enable disclosure of confidential patient information relating to ACF and RHD to RHDA; and

- prescribe zika virus in the list of notifiable conditions as a separate entry to the group 'other unspecified flaviviruses'.

Consistency with policy objectives of authorising law

The regulation is consistent with the policy objectives of the authorising Acts.

Inconsistency with policy objectives of other legislation

No inconsistencies with the policy objectives of other legislation have been identified.

Alternative ways of achieving policy objectives

The amendment regulation is the only effective means of achieving the policy objectives.

Benefits and costs of implementation

The estimated cost for pre-hospital care for the Games family will be between \$75,000 and \$100,000. This estimate is based on ambulance transport fees derived from large events held on the Gold Coast that attract non-Queensland residents, such as the V8 Supercars and Schoolies Week, and taking into account actual data collected during the Glasgow Commonwealth Games.

Implementation of the proposals will be met within existing budgets.

Consistency with fundamental legislative principles

The amendments to enable disclosure of confidential information to certain State and non-Government entities potentially breach the fundamental legislative principle that legislation has sufficient regard to the rights and liberties of individuals under section 4(2)(a) of the *Legislative Standards Act 1992*. Responses to these breaches are outlined below. All other amendments in the Regulation are consistent with fundamental legislative principles, as set out in section 4 of the *Legislative Standards Act 1992*.

Disclosures for Spleen Australia and the AuSCR

Disclosures of patient-identifying information to Alfred Health (for Spleen Australia) and the Florey Institute (for the AuSCR) (the entities) are underpinned by agreements with Queensland Health. The agreements, which take effect when the amendment regulation commences, operate alongside the HHB Act, the *Information Privacy Act 2009* and the National Privacy Principles to provide safeguards for the security and use of patient-identifying information provided for the Spleen Australia registry and the AuSCR.

The agreements outline the obligations on each entity in relation to the disclosure and use of confidential information. This provides both entities with appropriate protection in relation to meeting confidentiality obligations. The agreements also include provisions about dealing with breaches of confidentiality and the action that must be taken by the entities and Queensland Health to address breaches of confidentiality.

Disclosures for the RHDA

ARF and RHD are significant public health concerns. Therefore, access to data for research purposes is considered to be in the overriding public interest. The disclosure of confidential information to the Menzies School of Health Research (for RHDA) is underpinned by an SLA between Queensland Health and the Menzies School of Health Research. The SLA enables the sharing of confidential data relating to ARF and RHD for the purpose of disease monitoring and surveillance and measuring program effectiveness.

The SLA takes effect when the amendment regulation commences, and will operate to provide safeguards for the security and use of patient-identifying information provided for use by RHDA in the central data repository. The SLA contains provisions which outline the obligations on each party in relation to the disclosure and use of confidential information. This provides both parties with appropriate protection in relation to meeting confidentiality obligations. The SLA also outlines the actions that must be taken by each party and Queensland Health to address breaches of confidentiality, should such a situation occur.

Disclosures to the State Government entities

MoUs have been developed to enable the disclosure of patient-identifying information between Queensland Health and DNRM, Queensland Health and Queensland Treasury, and Queensland Health and the QFCC. The MoUs, which take effect when the amendment regulation commences, act alongside the *Right to Information Act 2009*, the *Information Privacy Act 2009* (Qld), PH Act, HHB Act. The MoUs contain protections and security measures for the confidentiality of the confidential information disclosed.

Consultation

The exemption for members of the Games family from paying for the use of ambulance services was raised at meetings of the interdepartmental Regulation Working Group, which is chaired by a representative of the Office of the Commonwealth Games (OCG) and the Department of Tourism, Major Events, Small Business and the Commonwealth Games. Queensland Health and the QAS are represented on this working group. The QAS and OCG have been consulted and support the amendment. As it fulfils a contractual requirement to host the Games, broader consultation on the amendment was not necessary.

The amendments to the HHB Regulation to prescribe Lady Cilento Children's Hospital and remove the Royal Children's Hospital are operational and no consultation was required.

The amendment to prescribe the QAS Commissioner and QAS officers as designated persons is supported by the QAS Commissioner. As the amendment arises out of machinery of government changes to transfer the QAS to the Department of Health, broader consultation has not been undertaken.

The amendments to prescribe Spleen Australia and the Florey Institute, and the agreements with Menzies School of Health Research, DNRM, Queensland Treasury (WHSQ) and QFCC are supported by those entities.

The amendments to prescribe the NHIA for Maternal Death Statistics Collection, and to update the name of the agreement for the Perinatal Statistics Collection, will ensure Queensland meets the requirements of the NHIA. Therefore, no consultation has been undertaken.

The amendment to prescribe zika virus separately from the group ‘other unspecified flavivirus’ is policy neutral. Therefore, no consultation was required. However, the proposed amendment has been discussed with public health physicians who are supportive of the amendment.

The amendments were assessed by the Department of Health, in accordance with The Queensland Government Guide to Better Regulation, as being excluded from further regulatory impact assessment. Therefore, consultation with the Office of Best Practice Regulation, Queensland Productivity Commission, was not required.

Notes on provisions

Part 1 Preliminary

Short title

Clause 1 provides for the short title of the amendment regulation.

Part 2 Amendment of Ambulance Service Regulation 2015

Regulation amended

Clause 2 provides that part 2 of the amendment regulation amends the *Ambulance Service Regulation 2015*.

Insertion of new s 5A (Exemption for Commonwealth Games family members)

Clause 3 inserts new section 5A to exempt ‘Commonwealth Games family members’ from paying a fee to use an ambulance service for the period 20 March 2018 to 18 April 2018. This period is the time that the Commonwealth Games Village will be open. Definitions are inserted for *accredited*, *Commonwealth Games Family member* and *Commonwealth Games*.

Part 3 Amendment of Hospital and Health Boards Regulation 2012

Regulation amended

Clause 4 provides that part 3 of the amendment regulation amends the *Hospital and Health Boards Regulation 2012*.

Relocation of ss 34A and 34B

Clause 5 relocates sections 34A and 34B to part 8, to create a new part specifically for confidentiality matters. This amendment is consistent with current drafting practice.

Replacement of pt 8, hdg (Miscellaneous)

Clause 6 replaces the part 8 heading to reflect that part 8 will now capture only matters relating to confidentiality. This amendment is consistent with current drafting practice.

Insertion of new s 34C (Prescribed designated person—Act, s 139A)

Clause 7 inserts new section 34C to capture the QAS Commissioner and QAS service officers as ‘designated persons’ under the *Hospital and Health Boards Act 2011*. This ensures that the QAS Commissioner and QAS officers will be treated the same as other Queensland Health employees, including QAS employees appointed under the *Public Service Act 2008*, so that information can be disclosed between those employees and officers under relevant exceptions to the duty of confidentiality in the *Hospital and Health Boards Act 2011*.

Amendment of s 35 (Disclosure of confidential information for purposes relating to health services)

Clause 8 amends section 35(1) to insert:

- new paragraph (h) to prescribe the Florey Institute of Neuroscience and Mental Health as an entity for the purpose of collecting data about eligible stroke and transient ischaemic attack patients for use in the Australian Stroke Clinical Registry and for community based follow-up; and
- new paragraph (i) to prescribe Alfred Health as an entity for the purpose of collecting data about a relevant asplenic patients for use in the Spleen Australia Registry.

This clause also amends section 35(3) to define *relevant asplenic patient*.

Insertion of new part heading (Miscellaneous)

Clause 9 inserts a new part 8A heading, as a result of the amendments in clauses 4 and 5 to create a new part 8 for confidentiality matters. This amendment is consistent with current drafting practice.

Amendment of sch 1 (Hospital and Health Services)

Clause 10 amends schedule 1 to replace the entry for the Royal Children's Hospital with the Lady Cilento Children's Hospital, to ensure the Lady Cilento Children's Hospital is prescribed as a service area for the Children's Health Queensland Hospital and Health Service. This clause also:

- removes the Royal Children's Hospital from being exempted from the service area of the Metro North Hospital and Health Service, as this hospital has closed; and
- excludes the Lady Cilento Children's Hospital from being captured as a service area in the Metro South Hospital and Health Service, because the hospital is physically located in the Brisbane City Council local government area that is south of the Brisbane River.

Amendment of sch 3 (Agreements)

Clause 11 amends schedule 3, part 1, to insert new paragraph 9B to prescribe the agreement called 'ARF/RHD Register Service Agreement' between the Menzies School of Health Research and Queensland Health for the purpose of enabling Queensland Health to lawfully disclose information about acute rheumatic fever and rheumatic heart disease to the Menzies School of Health Research, for Rheumatic Heart Disease Australia.

Amendment of sch 6 (Dictionary)

Clause 12 amends schedule 6 (Dictionary) to define the *Menzies School of Health Research*.

Part 4 Amendment of Public Health Regulation 2005

Regulation amended

Clause 13 states that part 4 of the amendment regulation amends the *Public Health Regulation 2005*.

Replacement of s 12AA (Prescribed agreements—Act, s 84(1)(a)(i)(B))

Clause 14 replaces section 12AA to provide that agreements mentioned in schedule 3, part 1 are prescribed for the purposes of:

- section 84(1)(a)(i)(B) of the *Public Health Act 2005*, which prescribes agreements with the Commonwealth or another State, or an entity of the Commonwealth or another State; and
- section 84(1)(b)(i)(B) of the *Public Health Act 2005*, which prescribes agreements with State entities.

Previously, this section only referred to agreements under section 84(1)(a) of the *Public Health Act 2005* because no agreements had been prescribed under section 84(1)(b).

Relocation of s 14 (Prescribed agreements—Act, s 226(1)(a)(i)(B))

Clause 15 relocates section 14 to part 3, because section 14 relates to perinatal statistics. This amendment is consistent with current drafting practice.

Replacement of pts 3A and 4 (Maternal death statistics)

Clause 16 replaces part 3A and part 4 with a new part 4 for maternal death statistics. It renumbers existing section 13A (Notifications about maternal death statistics) to be new section 14A. This section provides that for section 228F(2) of the Act, a notification about a maternal death must be given within 60 days after the health professional becomes aware of the death. The approved form for the notification is on the department's website.

This clause also inserts new section 14B to prescribe the agreements mentioned in schedule 3, part 3 pursuant to section 228O(1)(a)(i)(B) of the *Public Health Act 2005*. This provides a lawful path for the disclosure of maternal deaths information to the Australian Institute of Health and Welfare under the National Health Information Agreement (NHIA) and the Intergovernmental Agreement on Federal Financial Relations (IAFFR).

Amendment of s 17 (Prescribed agreements—Act, s 244(1)(a)(i)(B))

Clause 17 amends section 17 to replace the words 'part 3' with 'part 4' to refer to the agreements listed at new part 4 regarding cancer notifications.

Amendment of sch 1 (Notifiable conditions)

Clause 18 makes an amendment to schedule 1.

The amendment inserts a reference to zika virus to become a separate notifiable condition instead of being prescribed as part of the group 'other unspecified flaviviruses'. Making zika virus an individual notifiable condition will help protect public health by facilitating collection of data to enable the monitoring, detection and response to outbreaks associated with the virus.

Amendment of sch 3 (Agreements)

Clause 19 amends schedule 3.

Subsection (1) inserts new section 14B as an authorising section.

Subsection (2) inserts a new division 1 for agreements with the Commonwealth or another State, or an entity of the Commonwealth or another State, to prescribe the agreement called ‘ARF/RHD Register Service Agreement’ between Queensland (acting through Queensland Health) and the Menzies School of Health Research to allow information sharing for ARF and RHD.

Subsection (2) also inserts a new division 2 for agreements with State entities and prescribes:

- the memorandum of understanding regarding the exchange of information regarding notifiable conditions, between Queensland Health and the Department of Natural Resources and Mines; and
- the memorandum of understanding regarding the exchange of information regarding notifiable conditions, between Queensland Health and Queensland Treasury; and
- the memorandum of understanding regarding the disclosure of confidential information, between Queensland Health and the Queensland Family and Child Commission.

Subsection (3) replaces the heading of schedule 3, part 2 with ‘Confidentiality of information relating to perinatal statistics’.

Subsection (4) amends schedule 3, part 2 to replace the reference to the superseded NHIA with a reference to the current version of the agreement.

Subsection (5) inserts new schedule 3, part 2A (Confidentiality of information relating to maternal death statistics). New part 2A prescribes the current NHIA and the IAFFR to enable information sharing about maternal death statistics.

Subsection (6) amends schedule 3, part 3, to change the heading from ‘Cancer notifications’ to ‘Confidentiality of information relating to cancer notifications’. Part 3 has also been amended to reflect the current NHIA.

Subsection (7) amends schedule 3, to renumber parts 2A and 3 to parts 3 and 4.

Amendment of sch 4 (Dictionary)

Clause 20 amends schedule 4 (Dictionary) to insert a definition for the *Menzies School of Health Research*.