

## **DRAFT SECOND READING SPEECH**

**HON. MICHAEL FERGUSON MP**

### ***Poisons (Miscellaneous Amendments) Bill 2017***

*\*check Hansard for delivery\**

Madam Speaker, I move that the Bill now be read a second time.

This Bill will make various amendments to the *Poisons Act 1971*, including changes to improve administrative arrangements for health workforce access to scheduled substances while retaining adequate controls that ensure the safety of the public.

The scope of practice of allied health professions in Australia is increasingly evolving to include scheduled substances as part of treatment regimes, in order to better meet the needs of patients and clients.

While the administration of scheduled substances can currently be approved through regulations, prescribing rights, sale and supply can only be approved by changes to the Principal Act.

This Bill therefore extends the regulation-making powers to include prescribing, sale and supply of scheduled substances by authorised health professionals, provided that they are acting within their professional scope of practice.

The Government's *One Health System* reform agenda has focused on improving health outcomes and access to services for the Tasmanian community.

To achieve this, a number of statewide models of care have been developed and implemented as part of the Tasmanian Clinical Services Profile.

Allied health professionals are key members of the health care team, and enabling them to operate at the top of their scope of practice will mean that our models of care can be more innovative, support integrated and multidisciplinary care, and deliver a more localised and efficient utilisation of resources.

Podiatric surgeons and podiatrists with an endorsement for scheduled medicines are the immediate priorities for professions to be included as 'authorised health professions' in the regulations and thereby granted prescribing rights in Tasmania.

At a national level, prescribing is recognised as part of the scope of practice of podiatric surgeons and podiatrists endorsed by the Podiatry Board of Australia, and a recent Tasmanian consultation on podiatry prescribing indicated strong support for this practice in Tasmania.

These changes will deliver benefits to the Tasmanian community, providing a greater choice of health professionals that can meet their needs.

And in the long term, these changes will help to reduce some of the burden on our doctors, so that they are able to focus on patients with complex health needs and other clients that need their care the most.

The authorised health professional changes will also build on other recent initiatives to improve access to scheduled substances such as:

- allowing pharmacists to provide influenza vaccinations to increase the ease of community access to influenza vaccines;
- increasing the role of nurse practitioners in Tasmanian health care;
- enabling suitably qualified Tasmanian Health Service speech pathologists to administer topical anaesthetic substances to support expanded clinical practice;
- expanding the range of drugs available to support midwifery practice in Tasmania; and
- introducing arrangements for medical practitioners to issue standing orders to registered nurses and midwives for the supply of scheduled substances in public hospitals, private hospitals, day treatment centres, community health centres, at remote locations and during public health emergencies.

This initiative will also support an increased scope of practice for the roll-out of extended care paramedic practice in Tasmania, which will improve out of hospital care and help avoid hospital admissions.

Enabling allied health professionals to operate at the top of their scope of practice is also an important strategy that will help with recruiting and retaining health professionals.

The Government is committed to supporting the health workforce, as we recognise that safe, high quality and sustainable health services are only possible through a well-supported and dedicated workforce.

The Bill also provides for the Minister for Health to make short-term interim orders that enable early access to drugs by authorised health professionals while regulations are being made.

These orders are similar to existing Ministerial orders under the Poisons Act and will commence on gazettal. Interim orders are time-limited for a period of not more than six months.

Timely access to administration rights for scheduled substances by first aid providers is an emerging issue.

Access is currently granted through regulations that name the scheduled substances and the relevant organisations, which is a time-consuming process and does not allow effective management as access can only be removed by amending or rescinding a regulation.

For first aid providers there may be a need to remove access to scheduled substances, where a first aid provider is not following correct practice or where clinical advice is received that practice has changed and first aid provision of a particular scheduled substance is no longer appropriate.

To ensure timely granting and removal of access to drugs, the ability for first aid providers to access scheduled substances will now be granted by a licence specifying the permitted substances and the conditions of their use.

The relevant substances for which licences may be granted will be specified in the Regulations.

In March 2013, the Ombudsman recommended changes to administrative and legislative arrangements in relation to section 59E of the Poisons Act, to improve processes for authorities to make drugs available to certain patients.

The Bill will allow for conditions in authorisations made under section 59E to be changed as the situation requires, without further application by the practitioner.

The Ombudsman also recommended that the Department make immediate provision for the internal review of decisions on section 59E applications, with the right of review available to the practitioner concerned as well as the affected patient. This right of review is included within the Principal Act.

The Poisons Act uses the term 'eligible midwife' for a midwife with approval under the Pharmaceutical Benefits Scheme for access to scheduled substances.

The distinction between a midwife and an eligible midwife is being removed at the national level and so the terminology needs to be varied so that relevant midwives with endorsements to supply scheduled substances are identified under the Act.

In June 2014, Australian Health Ministers Advisory Council members endorsed amendments to the Poisons Standard to reflect the outcomes of the Uniform Control on Poisons project.

For Tasmania to comply with the revised Poisons Standard some regulatory changes are required. Most changes can be achieved by regulation. However, some changes to the Poisons Act are also required to implement new controls for samples.

The Bill does this by inserting a new power to make regulations to control samples.

The Bill also amends the Poisons Act to adjust or remove a number of outdated provisions to better reflect and support contemporary practice. Changes include

removing the provisions relating to telegrams and updating provisions for manual recording of the Poisons Book to provide the option of electronic reporting.

Other minor matters dealt within the Bill include:

- requiring that veterinary surgeons must be practicing in Tasmania to prescribe narcotic substances and certain restricted substances within Tasmania;
- clarifying that section 10 (2) of the Principal Act, which requires notification of the suspension or cancellation of a licence does not apply where the change is made at the request of the licensee;
- extending the term of wholesale chemist licenses to up to two years to reduce the regulatory burden on licensees;
- restructuring penalty provisions in sections 28 and 29 of the Principal Act for failure to comply with records keeping requirement;
- clarifying in sections 45 and 48 that a person carrying a raw narcotic or a narcotic substance lawfully prescribed and dispensed in an overseas country and declared on entry into Australia is not committing an offence;
- correcting terminology in section 54E as the term “grow” as defined in the Act includes the term “cultivate”;
- updating the provisions regarding notification to the Secretary in relation to notifiable restricted substances or narcotic substances and notifying drug seeking behaviour. The updated provisions make it clear it is lawful to provide information and that it is unnecessary to issue a script to a patient before reporting drug seeking behaviour; and
- permitting rights to be revoked or suspended under section 92 of the Act if it is in the public interest to do so.

Madam Speaker, as I have noted, these amendment will improve administrative arrangements for the health workforce to access scheduled substances. Importantly, however, the arrangements also retain adequate controls to ensure public safety.

I commend the Bill to the House.