

POISONS AMENDMENT (INTERSTATE PRESCRIPTIONS) BILL 2025 (No. 45)

Second Reading

[3.51 p.m.]

Mrs ARCHER (Bass - Minister for Health, Mental Health and Wellbeing) - Honourable Speaker, I move -

That the bill be now read the second time.

I am pleased to bring this bill before the House. I will start by noting that the *Poisons Act 1971* has been in place now for many decades. While it has served us well across its wide range of functions, including protecting the health and safety of Tasmanians, there is no doubt it is complex and somewhat unwieldy legislation. It presents many challenges in interpreting, amending and applying its provisions.

The Department of Health has commenced a comprehensive review of the *Poisons Act*. We know it needs more than just this change and we look forward to seeking public input as

soon as possible on a new *Poisons Act*. That is important context for what we consider here today: this bill to allow interstate prescribing of narcotic substances and declared restricted substances.

Barriers to accessing ADHD diagnosis and care have been the subject of significant coverage in the media and extensive inquiries both here and nationally. We have all heard many stories and many have personal experience of these challenges and their impacts. Today I made a commitment made by my predecessors in this portfolio to enable interstate prescribing of ADHD medicines, among others. Currently, a pharmacist presented with a script issued interstate for these medicines is not legally able to dispense it. For the purposes of the act, it is not a legal script issued by somebody with the appropriate qualifications. This restriction applies to psychostimulant medicines commonly used to treat ADHD, opioid analgesics, most medicinal cannabis products and benzodiazepines, a wide range of medicines used for a wide range of conditions.

It's important to acknowledge this restriction has existed for very good reason. Many of the medicines to which it applies are drugs of dependence or drugs which pose a higher risk to patients or to the community at large, especially if diverted or misused. However, the environment has changed. We have widespread availability of telehealth and electronic systems that can tell us across medical practices, pharmacies, and traditional jurisdictional boundaries a lot more about which of these high-risk medicines have been prescribed and dispensed to which patients. The old safeguard has become out of step with the expectations of patients and the way they access care. It too often operates as a barrier to legitimate access to appropriately prescribed medicines.

It follows that this bill will increase access to medicines. We expect that this will benefit general practice and emergency departments by reducing presentations to get replacement scripts issued by local practitioners. We expect this will benefit patients by enabling their interstate practitioners to prescribe for them directly without requiring a partnership with a local prescriber, although where such a relationship is beneficial for the patient and practitioners, they may choose to maintain it.

We heard from one residential aged-care facility which engages an interstate telehealth local service for urgent out-of-hours medical support due to difficulties identifying an available local option. This facility has seen avoidable hospital admissions and prolonged avoidable pain for residents due to the inability of their locum doctors interstate to urgently prescribe appropriate pain relief out-of-hours. This is just one example of how this bill can make a difference.

While the purpose of this bill is easily explained, the actual amendments which give rise to the necessary outcome are a little more complex. The bill defines 'interstate prescriber' and creates them as a class of authorised health professionals, ensuring they have the relevant powers to prescribe under Tasmanian law. It also removes provisions requiring authorised health professionals, dentists, nurse practitioners, midwives and medical practitioners to be in Tasmania in order to prescribe declared restricted substances or narcotic substances.

Another change this bill makes is to the existing restrictions around bringing these substances into the state and possessing them. Currently, the act requires that they be brought in on your person or in your luggage. This amendment removes that requirement.

Increasing access to medicines, especially drugs of dependence, is not without risk. As a result, we have included some important safeguards in this bill which relate to the monitored medicines database. Unfortunately, we do not yet have a truly national monitored medicines database with unlimited cross-border data sharing. Each jurisdiction has its own instance of a common system which contains, broadly, information about residents of that jurisdiction and activity that occurs in that jurisdiction.

Because of this, we're specifically requiring an interstate prescriber to check TasScript when they prescribe to a Tasmanian. TasScript will tell them which monitored medicines, including narcotic substances, have been prescribed and dispensed to that patient. This is an important clinical tool for prescribers and dispensers to check the safety of a prescription in the context of a patient's other medicines, as well as a key safeguard against doctor shopping.

We're also requiring Tasmanian dispensers - pharmacists - to check the relevant interstate monitored medicines database when dispensing to those who reside outside of Tasmania. Again, this will ensure that the pharmacists have access to the best available information about that patient and can use this clinical tool in their decision-making. It will ensure that people cannot come to Tasmania to avoid the prescription monitoring systems of their home state.

I recognise this at times may be frustrating for busy community pharmacists who in the course of their activities may have to access multiple databases. I am assured that work is underway nationally to progress the development of a truly national real-time prescription monitoring service that will greatly simplify this process.

This bill clarifies the intended jurisdiction of the act, specifying that it is intended to apply to interstate prescribers in relation to the writing and issuing of prescriptions for narcotic substances and restricted substances insofar as they relate to the supply of such substances in Tasmania, or are issued to residents of Tasmania, including operating outside the territorial limits of Tasmania in relation to these matters.

The bill also creates a head of power to make regulations in relation to issuing and dispensing scripts by interstate prescribers. This is important and we have already drafted regulations that will give further effect to these laws and safeguards if the bill is passed. The effect of the draft regulations is essentially to require prescriptions to conform with the requirements for Tasmanian prescriptions, except where it is a prescription for an interstate patient, in which case it is exempt from that requirement.

This is important as interstate visitors are often very distressed to find that they cannot receive their usual medications from a local pharmacist on the basis of their script from their usual doctor in their home state. This can be profoundly upsetting and disruptive, impacting people with cancer unable to access their pain medicine, parents unable to access their child's ADHD medicine, and many others. These travellers must find an available appointment with a local doctor. Sometimes they attend emergency departments; sometimes they simply cut their holidays short. I thank those people for sharing their experiences and I am pleased that we can do something about it for future visitors.

I also want to raise a note of caution. There are many issues around medicine access other than availability of interstate prescriptions. Disruptions in global medicine supply chains and surges in demand often create shortages, which we are seeing now in relation to some of the common ADHD medicines. A local pharmacy may not necessarily have every medicine in

stock in any case, especially with more uncommon medicines or doses. Members of the public should, as always, be kind and courteous to their pharmacists and be understanding of the many factors that impact the availability of medicines.

Ultimately, the effect of this bill is to remove existing restrictions that apply to interstate prescriptions. In doing so, it applies the Tasmanian law so that existing systems and safeguards are followed. This ensures equity between Tasmanian prescribers and those interstate. This will require education and awareness, as well as monitoring and enforcement. The Department of Health will, of course, undertake this work. The bill will commence on proclamation after a short period of time to allow for appropriate education and awareness raising and preparation for prescribers and dispensers. We expect that compliance will build over time as interstate prescribers become aware of the requirements in place.

I acknowledge the support of this bill by key stakeholders and I look forward to working together to improve and protect the health of Tasmanians into the future.

I commend the bill to the House.

