DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

DAILY HANSARD

Edited proof transcript

4 June 2024

This is an **EDITED PROOF TRANSCRIPT** of proceedings that is subject to further checking. Members' suggested corrections for the official *Weekly Hansard* should be lodged in writing with the Hansard office no later than **Tuesday, 18 June 2024**.

Tuesday, 4 June 2024

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MADAM SPEAKER (Ms Burch) (10.00): Members:

> Dhawura nguna, dhawura Ngunnawal.
> Yanggu ngalawiri, dhunimanyin Ngunnawalwari dhawurawari.
> Nginggada Dindi dhawura Ngunnaawalbun yindjumaralidjinyin.

The words I have just spoken are in the language of the traditional custodians and translate to:

> This is Ngunnawal Country.
> Today we are gathering on Ngunnawal Country.
> We always pay respect to Elders, female and male, and Ngunnawal Country.

Members, I ask you to stand in silence and pray or reflect on our responsibilities to the people of the Australian Capital Territory.

Petitions

The following petitions were lodged for presentation:

Kippax—parking—petition 9-24

By **Mr Cain**, *from 155 residents*:

> **To the Speaker and Members of the Legislative Assembly**
>
> The following residents of the ACT draw the attention of the Assembly:
>
> a. There is currently a lack of long term parking available for workers, shoppers and traders at the Kippax Group Centre
>
> b. Several carparks, disabled parking spots, and long term carparks have been lost or restricted in the past few years, while demand for parking has remained high
>
> c. Existing parking limits of 2 hours is insufficient to serve the workers, who require parking for the duration of their shift, often for periods longer than 6 hours
>
> d. The public transport options to reach the Kippax Group Centre do not service the whole community, with many having no choice but to use private transport. (No consistent and frequent bus service to use throughout the day)
>
> e. 164 car parks in Kippax group centre was taken up for the purpose of library and bus station and further car parks sold to private investor. Alternatively ACT government provided 16 car parks in Moyes crescent is not the great alternative. Many of our Kippax group centre workers are either attacked by magpies or car thieves in the isolated car park. Many workers doesn't want to work in this area and retaining employees is an issue.

Your petitioners, therefore, request the Assembly to call on the ACT Government to increase the availability of long term parking, both in affordability and stock, for shoppers, workers and traders at the Kippax Group Centre. (Until a resolution is reached by ACT government, please do not issue parking fines)

Kippax—parking—petition 23-24

By **Mr Cain**, *from 51 residents*:

To the Speaker and Members of the Legislative Assembly for the Australian Capital Territory

The following residents of the ACT draw the attention of the Assembly:

a) There is currently a lack of long term parking available for workers, shoppers and traders at the Kippax Group Centre

b) Several carparks, disabled parking spots, and long term carparks have been lost or restricted in the past few years, while demand for parking has remained high

c) Existing parking limits of 2 hours is insufficient to serve the workers, who require parking for the duration of their shift, often for periods longer than 6 hours

d) The public transport options to reach the Kippax Group Centre do not service the whole community, with many having no choice but to use private transport.

e) 164 car parks in Kippax group centre was taken up for the purpose of library and bus station and further car parks sold to private investors. The ACT Government provided 16 car parks along Moyes Crescent that are not viable alternatives.

Your petitioners, therefore, request the Assembly to call on the ACT Government to increase the availability of long term parking, both in affordability and stock, for shoppers, workers and traders at the Kippax Group Centre. (Please do not issue parking fines until a resolution is reached by the ACT Government.)

The Clerk having announced that the terms of the petitions would be recorded in Hansard and copies referred to the appropriate minister for response pursuant to standing order 100, the petitions were received.

Motion to take note of petitions

MADAM SPEAKER: Pursuant to standing order 98A, I propose the question:

That the petitions so lodged be noted.

MR CAIN (Ginninderra) (10.03): The petition I bring to the Assembly today addresses the current lack of long-term parking at the Kippax Group Centre. I have lodged the petition for 206 signatures, either by e-petition or in-order petition. I seek leave to table an out-of-order petition along the same lines as the one just tabled.

Leave granted.

MR CAIN: I table the following out of order petition:

> Petition which does not conform with the standing orders—Kippax Group Centre—Long term car parking improvement—Mr Cain (133 signatures).

In total, this petition has attracted 342 signatures. This is a petition about an issue that affects a lot of people in West Belconnen. I thank the principal sponsor for his proactivity with this issue and for fighting tooth and nail to get some action for him, his staff and the staff of others who park at Kippax all day. I am delighted to sponsor this petition and ask the government to bring in some changes to Kippax Group Centre parking.

The trouble with parking at the Kippax Group Centre is well-documented, and the members for Ginninderra in this chamber would be very well aware of them. It has been brought to my attention, through communication with the business owners, workers and shoppers who frequent the Kippax Group Centre, that there is a significant shortage of viable long-term parking for staff and shoppers.

While the minister has previously suggested that the tennis court located on Moyes Crescent could be used as an alternative, I unfortunately learnt that notes began appearing on people's cars advising them to not park there. It seems that staff members were given an option but were then told not to take up the option. I have often forwarded photographic evidence of ticketed cars at the Kippax Group Centre. Workers, business owners and staff members of Holt, Higgins and surrounds go to work and are often, unfortunately, burned with hundreds of dollars in parking fines because of the lack of long-term parking.

Madam Speaker, you would understand how it would make them feel when there really are no practical or viable long-term parking options near where they work. When the infringers put their case for relief from a parking ticket, the minister only provides them with cold, generic and formulaic responses. I think it is time the government made a sensible decision to communicate with the business owners at the Kippax Group Centre and the many surrounding businesses and talk to them about the long-term parking facilities they need at West Belconnen.

The existing parking limit of two hours is clearly not sufficient for workers who are staffing businesses at the group centre and surrounding businesses. Some workers are there for even longer than a 12-hour shift or longer than a day, and they must somehow either frequently move their car or walk a long distance from another parking option, otherwise they get a heavy fine. Is this good governance? I would urge the government, because of this petition, to consult with the business owners of Kippax, both at the group centre and the many surrounding small and medium businesses.

The public transport options to reach the Kippax Group Centre are not as strong as they should be to make it easy for people to travel to work on the public transport network, and often the public transport schedule does not suit the shift of their workplace. One hundred and sixty-four car parks at the Kippax Group Centre were recently removed to accommodate future government buildings. Other sites once utilised as car parks have been sold to accommodate mixed-use development. These are worthy causes, but it does deny options for the people who work in the Kippax area. As I have highlighted, the 16 car parks along Moyes Crescent are actually not viable alternatives and there is an insufficient number.

I am pleased to sponsor and represent the petitioners' request for the Assembly to call on the ACT government to consult with the businesses, workers and shoppers at the Kippax Group Centre and surrounding businesses on increasing the availability of long-term parking. *(Time expired.)*

MRS KIKKERT (Ginninderra) (10.08): In November 2022, I presented a petition signed by 536 ACT residents who wanted the car parking crisis at the Kippax Group Centre to be fixed as a matter of urgency. I remind this Assembly that these signatures were collected in only three days. This crisis was created in large part by the government's decision to sell off a 66-bay car park, with no replacement parking.

I stand today to express my deepest gratitude to Wes Dempsey at Elite Meats in Kippax Fair for spearheading the successful effort to get the new owners of the car park to remove the fence and let it be used again. Thank you, Wes, for everything you have done to support Kippax traders and shoppers.

Question resolved in the affirmative.

ACT Youth Assembly
Ministerial statement

MS BERRY (Ginninderra—Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women) (10.09): Madam Speaker, thank you for the chance to table the ACT government's response to the ACT Youth Assembly's report in the Assembly today.

In June 2023, 65 young people participated in the ACT Youth Assembly. The Youth Assembly provided young people with a platform to speak on issues that are important to them and ensured that a broad range of views were represented and heard. The Youth Assembly was a process of deliberative democracy to draw out key ideas and policy recommendations and encourage the direct participation of young Canberrans aged 12 to 25 on the three contemporary issues: gender equality, social inclusion and the cost of living.

The ACT Youth Advisory Council members co-facilitated each forum to explore creative solutions for each issue. Through group work and discussions, participants explored the key issues and developed 31 recommendations for the ACT government's consideration across the three forums. The council compiled an ACT Youth Assembly report detailing information and recommendations gathered from the discussion groups. This report highlights the key information from the day, including recommendations made by the young Canberrans who participated in the Youth Assembly to meet the current and emerging needs of young people in our community.

As mentioned, the report contains 31 recommendations relating to gender equality, social inclusion and the cost of living. I believe a key success of the Youth Assembly has been a lift in the level of youth participation on the issues that affect them. We have seen genuine youth participation and partnerships between young people, government

and community. Through input from the Youth Assembly, the ACT government can direct the resources, activities and opportunities available to young people where they are most required.

I am pleased to say that the ACT government has been working across many areas to meet the current and emerging needs of young people in Canberra that overlap and align with recommendations in the report. For example, as members will be aware, considerable work has been done to better care for and protect children and young people in the territory. Additionally, raising the minimum age of criminal responsibility in the ACT is a major achievement, with the ACT being the first Australian jurisdiction to do this. The new legislation provides for the establishment of an alternative response for children and young people who may otherwise have become involved in the criminal justice system.

The ACT government supports the key recommendations of young people in the Youth Assembly's report. These include recommendations around the implementation of the Period Products and Facilities (Access) Bill, lighting in public spaces, and the rights of young renters, to name a few. Many more are detailed in the report. I encourage members to read both the report and the ACT government's response to the report's recommendations. The government's response will now turn to building on these recommendations to ensure that we can continue to respond to the needs of young people, welcoming and encouraging their participation in all aspects of community life. I commend the report to the Assembly.

I present the following papers:

ACT Youth Assembly 'Our Voice, Our Impact—
Report—2023, dated June 2024.
Government response, dated June 2024.
Ministerial statement, 4 June 2024.

I move:

That the Assembly take note of the ministerial statement.

Question resolved in the affirmative.

Aboriginals and Torres Strait Islanders—Reconciliation Week 2024

Ministerial statement

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (10.12): As members would be aware, last week was National Reconciliation Week and this year's theme was "Now more than ever". This theme is a reminder to all of us that, no matter what, the fight for justice and the rights for Aboriginal and Torres Strait Islander people will and must continue.

We know that the last year has been particularly difficult for the Aboriginal and Torres Strait Islander community. Sadly, the No campaign in last year's referendum elevated

voices of division, and the final result was a crushing blow to many Aboriginal and Torres Strait Islander people and their allies. The ACT stood alone as the only jurisdiction to say yes to recognising First Nations people in the Constitution through enshrining an Aboriginal and Torres Strait Islander Voice to Parliament. This would have been an important step forward in this country's journey towards reconciliation. But we cannot and must not turn away. The worst thing we could do now would be to give up on reconciliation.

Fundamentally, reconciliation is about relationships. It is about the conversations we have between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. It is about how we move forward together in genuine partnership. We need reconciliation now more than ever. As you know, Madam Speaker, in 2018 the ACT became the first jurisdiction to recognise Reconciliation Day as a public holiday. This was both a symbolic and a practical demonstration of the ACT government's commitment to reconciliation. I would like to think that our yes vote last year in part reflects the fact we have embraced reconciliation in this high-profile way, as well as the reality that in the ACT Aboriginal and Torres Strait Islander Elected Body we have a voice that has been positive for our community. I know that, fundamentally, this result was because people across the ACT recognise, embrace and celebrate reconciliation. Now more than ever, it is important for us to grow and build on the commitment to reconciliation that is embedded across the ACT.

Reconciliation Week is held each year between 27 May and 3 June. Each of these dates commemorates a respective milestone in the advancement of Aboriginal and Torres Strait Islander peoples' rights in post-colonial Australia. 27 May marks the anniversary of the 1967 referendum which amended the Constitution to remove clauses that were actively exclusionary of Aboriginal and Torres Strait Islander peoples. The 1967 referendum has gone down in Australian history as the most successful, with the highest yes vote ever recorded. 3 June, now known as Mabo Day, recognises the anniversary of the historic 1992 Mabo decision, which recognised Aboriginal and Torres Strait Islander people's traditional connection to land, challenging the false doctrine of terra nullius and underpinning what we now know as native title.

Following last year's referendum, there are many people across the ACT—both Aboriginal and Torres Strait Islander and non-Indigenous people—who have asked, "What next?" Now more than ever, we need to understand how we move forward together. Priority Reform Three of the National Agreement on Closing the Gap requires us to change government organisations and institutions, including ensuring that we identify and eliminate racism, embed and practice meaningful cultural safety, support Aboriginal and Torres Strait Islander cultures, and improve engagement with Aboriginal and Torres Strait Islander people. These are foundational to how we work to close the gap and underpin real approaches to reconciliation and the self-determination of Aboriginal and Torres Strait Islander people.

The Productivity Commission and Aboriginal and Torres Strait Islander Elected Body hearings have highlighted that we do need to do more to deliver on this and work in the true spirit of self-determination and reconciliation. Now more than ever is the time to transform ourselves, the way we work and the outcomes we achieve for Aboriginal and Torres Strait Islander people across the ACT. "Now more than ever" is a call to come together and to move forward together. It is a call to action.

This year's Reconciliation Day public event was held at Stage 88 at Commonwealth Park, allowing greater accessibility and the participation of all Canberrans. I was pleased to see a number of Assembly colleagues there, including the Chief Minister, Michael Pettersson, Rebecca Vassarotti, Andrew Braddock and Peter Cain, and I am sure there were also others that I did not run into. As with previous years, the day was a family-friendly event showcasing Aboriginal and Torres Strait Islander cultures through food, music and workshops. It also showcased many non-Indigenous groups and organisations and their commitment to reconciliation.

I would like to thank ACT Reconciliation Council members for their contribution in planning and promoting Reconciliation Day and supporting reconciliation more broadly across the ACT community. I would particularly like to acknowledge the efforts of the council's co-chairs, Selina Walker and Richard Baker. The continued success and growing participation in Reconciliation Day activities is owed to the council's commitment, as well as the hard work of the Office for Aboriginal and Torres Strait Islander Affairs, which this year formally took over the running the event from Events ACT, who nevertheless provided valuable support. OATSIA will continue to be busy over coming weeks in supporting the ACT Electoral Commission in the lead-up to the Aboriginal and Torres Strait Islander Elected Body elections, which will take place from 6 to 13 July.

Finally, I hope that the members here today and all Canberrans consider how the theme of this year's Reconciliation Week, "Now more than ever", can be reflected in their work, family and community lives. It is incumbent on all of us to call out racism and discrimination wherever we see it, where it is safe to do so, and do what we can to actively support and promote the voices of Aboriginal and Torres Strait Islander people in our community. As we embark on the next stage of the reconciliation journey as a nation, now is a time for all of us, particularly those of us in leadership positions, to consider how we can lead these discussions.

Reconciliation is, at its heart, a human rights movement. It is about strengthening the relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples for the benefit of all Australians. Importantly, reconciliation must be aimed at achieving equality for Aboriginal and Torres Strait Islander people in all aspects of life. I trust all of us here will take on the challenge to implement the level of change we need to deliver this, now more than ever.

I present the following paper:

> Reconciliation Week 2024—Ministerial statement, 4 June 2024.

I move:

> That the Assembly take note of the paper.

MR RATTENBURY (Kurrajong—Attorney-General, Minister for Consumer Affairs, Minister for Gaming and Minister for Water, Energy and Emissions Reduction) (10.19): I thank the minister for her statement and wish to offer a few

additional remarks. Reconciliation Week is an important event each year, reminding us to remain focused on working towards justice for First Nations people and true reconciliation for our community.

This year Reconciliation Week had particular importance, following the 2023 referendum. As the minister has noted, the theme this year was "Now More Than Ever". These are four important words that bring home the importance of remaining committed to the journey of reconciliation. The theme reminds us of the further hurt that many people experienced due to the referendum results last year, and that we must remain focused on reconciliation.

Now, more than ever, we need to approach reconciliation with an open mind, with respect and with genuine care for others. Now, more than ever, we need to continue to work for truth, treaty and voice. Now, more than ever, we need to remain committed to challenging ourselves and moving forward beyond division and discord to a place of genuine reconciliation. To quote Reconciliation Australia:

> There have been many moments in Australia's reconciliation journey that make us want to turn away. But when things are divisive, the worst thing we can do is disengage or disconnect.
>
> Now more than ever, the work continues. In treaty making, in truth-telling, in understanding our history, in education, and in tackling racism. We need connection. We need respect. We need action. And we need change.
>
> Now more than ever, we need reconciliation.

In my view, those words from Reconciliation Australia sum up very succinctly and clearly where Australia currently stands.

Here in the ACT, we will continue our work to integrate First Nations knowledge and practices into climate and environment programs, such as fire management, climate change adaptation and caring for waterways; to progress our justice reinvestment programs, to reduce the rate of Indigenous incarceration and over-representation; and to support education about First Nations language, history and culture in our schools and in our community more broadly.

We must also continue to advocate for the full acknowledgment of four important words: "Sovereignty was never ceded." This always was and always will be Aboriginal land. That is a conversation that we need to continue to have with our community more broadly. It is important for all of us that we reconcile the wrongs of the past and achieve justice for First Nations Australians. Reconciliation is a necessary foundation for a healthy future for us all, and we must remain committed to doing the work so we can get there and live in a truly reconciled nation.

Question resolved in the affirmative.

Justice and Community Safety—Standing Committee
Scrutiny report 42

MR CAIN (Ginninderra) (10.22): I present the following report:

> Justice and Community Safety—Standing Committee (Legislative Scrutiny Role)—Scrutiny Report 42, dated 28 May 2024, together with a copy of the extracts of the relevant minutes of proceedings.

I seek leave to make a brief statement.

Leave granted.

MR CAIN: Scrutiny report No 42 contains the committee's comments on three bills, 38 pieces of subordinate legislation, five proposed amendments to the Voluntary Assisted Dying Bill and two government responses. The report was circulated to members when the Assembly was not sitting. I want to thank again our very professional secretariat and legal advisers for their support in compiling this report. I commend the report to the Assembly.

Voluntary Assisted Dying Bill 2023
Detail stage

Clause 1.

Debate resumed from 16 May 2024 on the question:

> That Clause 1 be agreed to.

Clause 1 agreed to.

Clause 2.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.24): I seek leave to move amendments to this bill, some of which have not been considered by the scrutiny committee.

Leave granted.

MS CHEYNE: I move amendment No 1 circulated in my name and table a supplementary explanatory statement to my amendments *[see schedule 1 at page 1329]*.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (10.24): I rise to speak briefly to amendment No 1. This amendment changes the commencement date from being 18 months from notification to being a clear date of 3 November 2025.

We are proposing this amendment because we are conscious of feedback that approximately 18 months was a good time for the implementation—and 3 November is approximately 17 months away from now—but we are also conscious of feedback that implementing in the December period, close to Christmas, was challenging for another jurisdiction. We have already established our task force for implementation,

and it already has work well underway. So we are confident that providing a clear date of 3 November 2025, which is a Monday, provides that certainty for the community, it gives our team a very clear date to work towards and reflects the feedback from other jurisdictions that implementing in December would be more of a challenge.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.25): Madam Speaker, as you have heard from the Minister for Health, amendment 1 substitutes clause 2 to provide that the act commences on 3 November 2025 rather than 18 months from notification of the act. A specific date is being included for the reasons that the Minister for Health has outlined, and particularly in order to provide notice to the community of when voluntary assisted dying will commence in the ACT. We believe that this certainty is very important. I particularly want to single out the Minister for Health, ACT Health and CHS for working to determine this date for us so that we are able to provide this certainty for the community and, of course, to the health workforce.

MR BRADDOCK (Yerrabi) (10.26): I wish to speak to this, the first of the government amendments, to flag that the Greens will be supporting all of the government amendments today, which strengthen and improve the bill following the select committee inquiry into this bill. I will also talk later to some of the later government amendments, which are of greater significance. I just wanted to flag that I will not be speaking to all of the amendments, but we do support them.

Ms Cheyne's amendment No 1 agreed to.

Clause 2, as amended, agreed to.

Clauses 3 to 9, by leave, taken together and agreed to.

Clause 10.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.27): I move amendment No 2 circulated in my name *[see schedule 1 at page 1329]*.

Amendment No 2 substitutes clause 10 (h) to replace the term "has taken effect" with the term "is in effect" to ensure that an individual may not access voluntary assisted dying before an individual's contact person appointment has been revoked. This will ensure that clause 10 aligns with the process to access voluntary assisted dying as set out in the act.

Ms Cheyne's amendment No 2 agreed to.

Clause 10, as amended, agreed to.

Clause 11.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy,

Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.28), by leave: I move amendments Nos 3 to 6 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment No 3 substitutes the clause 11(2) of the bill to ensure that an individual is not inadvertently restricted from accessing voluntary assisted dying in situations where an individual's only relevant condition might also be considered a disability. Clause 11(2) in the bill provides that an individual does not meet the eligibility requirement mentioned in subsection 11(1)(b) only because they have a disability, mental disorder or mental illness.

This provision is intended that no individual with a disability, mental disorder or mental illness has access to voluntary assisted dying unless they meet all the eligibility requirements and choose to access voluntary assisted dying. That is, a disability or mental disorder alone will not make a person eligible for voluntary assisted dying. This is a critical safeguard to protect individuals with a disability from stigmatisation and harm arising from assumptions about their disability and their willingness to access voluntary assisted dying.

Amendment 3 also provides further clarity on the meaning of an advanced condition. I appreciate that this was a significant matter for the Select Committee on Voluntary Assisted Dying in considering this bill and that, indeed, recommendation 1 of that inquiry recommended that the ACT government review and introduce amendments to the bill to more clearly define the use of the term "advanced". Recommendation 2 provided that the ACT government review the term "last stages of life" and introduce amendments to the bill providing a less subjective and ambiguous definition. This is also something that we heard in the evidence provided to the committee as well as directly to government.

The government's response to the committee thus agreed that there is benefit to providing additional clarity on the meaning of "advanced" and "last stages of life". The proposed amendments to clause 11 clarify that an advanced condition refers to a period of serious illness, when functioning and quality of life decline and treatments, other than for the primary purpose of pain relief, have lost any beneficial impact. These amendments make it clear that it is not the intent of this legislation that the definition of "advanced" be limited to the final days, weeks or months of life and that a person may be considered to be eligible for voluntary assisted dying even if it is uncertain whether their relevant conditions will cause death within a 12-month period.

Amendment 3 introduces clause 11(2)(a) to provide further clarification on the meaning of "advanced" in relation to eligibility to access voluntary assisted dying. Under new clause 11(2)(a) an individual's relevant conditions are advanced if (a) the individual's functioning and quality of life have declined or are declining; (b) any treatments that are reasonably available and acceptable to the individual have lost any beneficial impact; and (c) the individual is approaching the end of their life. The meaning of "approaching the end of life" is clarified further in proposed new clause 11(3)(a).

Amendment 4 introduces clause 11(3)(a) to define the meaning of "treatment" in relation to clause 11(2)(a)(b), which provides that an individual's relevant conditions are advanced if any treatments that are reasonably available and acceptable to the

individual have lost any beneficial impact. It is important that treatments that people are receiving for their condition, which are for the purposes of relieving symptoms of pain or distress, do not make them ineligible for voluntary assisted dying. It is not the intention that a treatment primarily for the purpose of relieving a symptom of the condition or any pain or distress caused by the condition is included in this definition.

Amendment 4 introduces clause 11(3)(b) to provide further clarification or meaning of an individual approaching the end of their life within the context of "advanced" in relation to eligibility to access voluntary assisted dying. Clause 11(3)(b) is not intended to limit the circumstances where an individual can be taken to be approaching the end of their life. There may be instances where an individual's timeframe to death is unclear or unpredictable or where the person's prognosis has a range of possible outcomes. A person may be considered to be approaching the end of their life, even if it is uncertain whether their relevant conditions will cause death within the next 12 months.

The intent of the government's framework is to avoid the many challenges for practitioners, individuals and their families, friends and carers that arise from the rigid six-to 12-month timeframe to death requirement imposed in other Australian jurisdictions. We know that other jurisdictions have contended with this issue and landed on the six- to 12-month timeframe, and still we have heard time and time again from all jurisdictions that have this timeframe in place that it is problematic and that it can cause further harm in adding to the distress for carers, their families and, of course, the principal in mind. This is about an approach that seeks to ensure that voluntary assisted dying remains an end-of-life choice to end intolerable suffering for an individual whose terminal progressive condition is advanced and is expected to cause their death, without having something arbitrary that clinicians and others have to work within when we know that that is not how diseases or other illnesses have a trajectory.

Amendment 5 is a consequential amendment and omits the definition of "advanced" as this has been relocated to new clause 11(2)(a), and amendment 6 amends the definition of "disability". The amendments propose to use the definition from the ACT Disability Services Act 1991, rather than the definition used in the Discrimination Act 1991, as was currently provided in the bill. Under the definition used in the Discrimination Act 1991, it is possible that some conditions that can be progressive, advanced and expected to cause a person's death, and therefore make them eligible for voluntary assisted dying, could be considered to be a disability. This broad definition could inadvertently restrict access to voluntary assisted dying. Government amendments, instead, adopt the more appropriate definition in the Disability Services Act 1991.

Amendments Nos 3 to 6 are critical. I appreciate it is very early in our clauses and the detailed debate stage, but I already want to single out that there has been such an enormous amount of collaborative effort from the experts, from academics, from clinicians and those with experience and those in the ACT who have been providing their very detailed and helpful advice to us. This was also a considerable effort of consideration for the select committee, and we greatly appreciated how they were able to advance the conversation for us about this so that we have landed on a definition, particularly as it relates to "advanced" and "end of life", that meets the community's expectations and certainly the intent that government had in preparing this bill and in taking on board the committee's feedback.

I commend these amendments to the chamber.

MR BRADDOCK (Yerrabi) (10.36): These are probably the most significant of the government amendments—and they are in light of the select committee's recommendation about the definition of "advanced". I appreciate that the amendments have made a great improvement to the bill, because this issue was the subject of a considerable number of submissions and evidence to public hearings. I am glad to see the amendments in response to that community feedback and the committee process. The amendments provide greater clarity as to who is eligible for VAD, which will improve the probability of a successful implementation of the VAD scheme.

DR PATERSON (Murrumbidgee) (10.37): I seek leave to table some documents.

Leave granted.

DR PATERSON: I present the following paper:

> Voluntary Assisted Dying Bill 2023—Proposed amendments by Dr Paterson, dated 31 May 2024, together with a supplementary explanatory statement to her amendments.

During the in-principle debate stage, I went public with proposed amendments to address late-stage loss of capacity, which is in clause 11 of the bill. I conducted extensive consultation and have decided not to move the amendments, but I am tabling them, along with the explanatory statement, in order to put them on the parliamentary record.

I will also speak in depth to the model that is proposed during the debate on the motion on Thursday afternoon. But I would like to put on the record that the issue of loss of capacity, following the final request, is an issue that is evident across all Australian jurisdictions that have voluntary assisted dying schemes. It is an issue that came up a lot in the committee inquiry, and the feedback from the consultation process has been, very certainly, that we need to address this issue.

There are people who are suffering intolerably, following the loss of capacity at the last stages of their life. There are also circumstances where an individual may take a substance earlier than intended, to avoid losing capacity. These situations, obviously, can be very traumatic for the families involved who have supported an individual in their last stages of life, and who have known that they wish to access voluntary assisted dying but are no longer eligible.

I seek to work with colleagues in the Assembly with the long-term view of seeing a model and pathway proposed in the ACT to address this issue.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (10.39): I wish to speak briefly to both amendment 3 and amendment 6.

In relation to amendment 3, I speak while wearing both my health and disability hats.

One of the things it does is to replace clause 11(2) of the bill, which currently states that an individual does not meet eligibility requirement mentioned in the above subsection only because they have a disability, mental disorder or mental illness. It became clear, through feedback during the inquiry and further consideration, that some of the conditions and circumstances that were intended to make somebody eligible for voluntary assisted dying could also be considered a disability.

Proposed new clause 11(2) indicates that the person does not meet the requirements for voluntary assisted dying solely because they have a disability, but an illness or a condition that would otherwise enable them to meet the eligibility requirements for voluntary assisted dying would not be ruled out because it could also be understood as being a disability. That is an important clarification in terms of enabling people with disability to access voluntary assisted dying if they are eligible and choose to do so.

Amendment 6 amends the definition of the term "disability". Currently, the bill defines "disability" by reference to the broad definition in the Discrimination Act 1991. This is a much broader definition than has been used by other jurisdictions and is broader than was intended. For example, the definition of "disability" in the Discrimination Act includes "the malfunction, malformation or disfigurement of a part of the body".

It is possible that some conditions that can be progressive, advanced and expected to cause a person's death, and therefore make them eligible for voluntary assisted dying, could be considered to be a disability—for example, congenital heart failure. This broad definition, again, could inadvertently restrict access to voluntary assisted dying.

The amendment proposes to change the bill's definition of "disability" to instead adopt the more appropriate definition in the Disability Services Act 1991. This will closely align the bill's definition of "disability" with the definition referenced in the Queensland voluntary assisted dying legislation and the original policy intent of the bill.

This definition, when paired with the drafting changes to clause 11(2), allows for a more nuanced distinction between not only conditions that are permanent impairments but also progressive conditions that cause death, which could be assessed for voluntary assisted dying eligibility, and conditions that are solely the resulting effects of an accompanying disability which would not, on their own, allow for voluntary assisted dying eligibility.

In making this explicit change in the legislation, the government seeks to ensure that no person experiencing a disability, mental disorder or mental illness solely is ever pressured or encouraged to seek voluntary assisted dying. This is a very important factor for me, as Minister for Disability, as I know it is for the disability community. This amendment makes it abundantly clear that the only people who are eligible for voluntary assisted dying are those that meet the criteria.

It is an important safeguard to protect individuals with disability from stigmatisation and harm arising from assumptions about their disability and their willingness to access voluntary assisted dying, while also enabling people with disability who are otherwise eligible to access voluntary assisted dying to do so.

Ms Cheyne's amendments No 3 to 6 agreed to.

Clause 11, as amended, agreed to.

Clauses 12 and 13, by leave, taken together and agreed to.

Clause 14.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.44): I move amendment No 7 circulated in my name *[see schedule 1 at page 1329]*.

The committee in its inquiry recommended that the ACT government introduce amendments to the bill to more clearly define the meaning of "working day". We agree. Amendment 7 substitutes the term "working day" with "business day", which is defined through the Legislation Act 2001.

The bill contains several obligations for health practitioners and others to report to the board within two working days of key voluntary assisted dying milestones. The government amendments propose to replace "two working" days with "four business" days, consistent with other Australian jurisdictions, and to provide clarity for people accessing voluntary assisted dying, voluntary assisted dying practitioners and compliance mechanisms, including the voluntary assisted dying board.

The time frame has been extended in recognition that health practitioners have a wide range of competing priorities in their role. However, to support the integrity of the model, the bill continues to retain mandatory time frames with penalties to apply for noncompliance.

Again, I thank particularly our health professional community for their advocacy on this. I think we have struck the right balance with the definition of four business days.

Ms Cheyne's amendment No 7 agreed to.

Clause 14, as amended, agreed to.

Clause 15 agreed to.

Clause 16.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.46): I move amendment No 8 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 8 substitutes clause 16 in the bill to more clearly outline the process for a first assessment of an individual's eligibility and the provision of relevant information to the individual.

These amendments require that, where the coordinating practitioner decides that the

individual meets the eligibility requirements, the coordinating practitioner must give the individual any information prescribed by regulation. Where the coordinating practitioner decides that the individual meets the eligibility requirements, they must then ensure that the individual understands the information given to them. These amendments allow the coordinating practitioner to first assess an individual's eligibility for voluntary assisted dying prior to ensuring they understand the information provided, which reflects normal practice.

Ms Cheyne's amendment No 8 agreed to.

Clause 16, as amended, agreed to.

Clause 17.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.47): I move amendment No 9 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 9 is a technical amendment. It clarifies that, when referring an individual for further advice, the practitioner being referred to must have the appropriate skills and training to provide advice about whether the individual meets the eligibility requirement, in the opinion of the coordinating practitioner. I commend this amendment to the chamber.

Ms Cheyne's amendment No 9 agreed to.

Clause 17, as amended, agreed to.

Clause 18.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.48): I move amendment No 10 circulated in my name *[see schedule 1 at page 1329]*.

The select committee recommended that the ACT government increase the time frame from two working days to four working days for the requirement to report or refer in the bill. We discussed this during consideration of an earlier clause and amendment. Amendment 10 substitutes the term "two working" days with "four business" days to increase the maximum time frame that a person has to meet their regulatory obligations. Amendment 10 also makes a minor technical change to better align the clause with terminology used elsewhere in the act. I commend the amendment to the chamber.

Ms Cheyne's amendment No 10 agreed to.

MS CASTLEY (Yerrabi) (10.49): I move amendment No 1 circulated in my name and table a supplementary explanatory statement to my amendments *[see schedule 2 at page 1361]*.

I rise today to speak to my amendment to remove strict liability from the Voluntary Assisted Dying Bill 2023. At the outset I wish to note that there are many parts of this bill that contain strict liability clauses. My objection to strict liability is of a general nature, rather than specific only to certain clauses. I will speak now on this clause, but I do not intend to run the same argument for every clause where I have an amendment.

I would note that members may see the value in removing strict liability from only some areas of the bill. I will support any removal and will vote to remove strict liability; however, I do not intend to call for divisions on every clause.

As I outlined in my speech during the in-principle debate, I believe that our first job as legislators in this place, and in debating this bill, is to seek to reduce harm. Strict liability, by its very nature, will result in harm for some who otherwise may have had the ability to ask the court to look at intent and investigate fault when considering breaches of this bill.

The committee inquiry into the bill was told that strict liability is typically used in legislation where it is dealing with professionals who ought to be across the law, and I can see the appeal from a policy standpoint—"these are our expectations, and if this standard is not met then a person will be considered liable."

I truly think that, in this instance, and in particular with this bill, we do not need to go down this path of introducing strict liability. It is readily apparent to me that our workforce and, in particular, our health workforce are by and large honourable and hardworking and will endeavour to comply with this bill, even if they may disagree with it. Where there are breaches of the bill, I suspect most will be due to human error, failure of process or genuine mistakes, and to have strict liability apply would seem an excessive approach to such breaches.

As an example, in this clause we have a situation where, within two working days of the coordinating practitioner deciding whether the individual meets the eligibility requirements, the coordinating practitioner must prepare a written report that includes the decision on their assessment, otherwise known as the first assessment. They give the board a copy, tell the individual of their decision and give the individual a copy of their assessment report. These are all very sensible provisions: prepare the report, provide the oversight board with a copy, and give a copy to the individual. But it does beg the question: what coordinating practitioner, keeping in mind the strict requirements to become one under section 92, having agreed to become a coordinating practitioner and undertaking voluntary assisted dying training, would not then seek to do these steps? It would seem, to my mind, that we are seeking to apply a penalty to mistakes. If they fail to submit the report to the board within two days and do not provide a copy to the individual who, keeping in mind, might be quite ill, all within two days, then snap—they are considered liable.

I contend that it is unrealistic to think that a medical professional would go through the steps to become a coordinating practitioner only to then not tell patients or the board of decisions that they make within the appropriate time frames. I submit that it is far more likely that a genuine mistake, admin stuff-up or, more likely, time pressures or mishaps, would be the cause of such provisions in the bill not being met.

On this clause, for example, there are two days to provide a written report. However, we know that the reality on the ground is that circumstances can occur where this may not be met. We do not want to have a situation arise where people are found in breach who otherwise would have good intentions and who are let down by process, by mistake or by circumstance.

Turning again to the broader point, this legislation has a statutory review built in. It is entirely appropriate that, if there were to be issues found around noncompliance and a solution was to increase penalties or move to a strict liability regime, that would be the time to look at the matter.

This will be a new law for the ACT, and it will create new circumstances for those participating under it. I do not believe that strict liability will effectively combat noncompliance; rather, it will have inadvertent consequences for those involved, who might find themselves simply unable, because of circumstances beyond their control, to meet the requirements of this bill. I would ask that all members support me in removing strict liability from this legislation.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (10.54): I will not be supporting this proposed amendment. I understand that is likely to be the position of many other people on this side.

I think we do understand the arguments that Ms Castley is making, and we appreciate her detailed questions and the conversations we were able to have during the committee process. I am certainly aware of her advocacy in this space. The policy intention of including strict liability offences is to support an effective regulatory scheme, and it is to deter unauthorised behaviour. Strict liability offences do retain the availability of a defence of mistake of fact, and strict liability is considered appropriate for these offences.

Strict liability offences typically are appropriate where a defendant can reasonably be expected, because of their involvement with the regulated activity, to know what the requirements of the law are. Strict liability offences are also appropriate in regulatory regimes designed to protect public health and safety. As justified in the explanatory statement to the government bill, health practitioners will be provided with sufficient support so that they are aware of their obligation, without the need for them to be legal experts.

In speaking as recently as yesterday with the Minister for Health, we both noted the professionalism and the dedication to professional learning right across our health profession, and the fact that our health profession are highly skilled in this space. That further justifies why strict liability would be appropriate in this space. Without strict liability, there would also be difficulties in prosecuting these offences under this act. This may result in a lack of enforcement, and it also may undermine confidence that the act is operating as safely and effectively as intended.

I will not be supporting Ms Castley's amendment today, as much as I understand the position that she is coming from. I think I heard correctly, Ms Castley, that, like me,

you do not plan to speak on every amendment about strict liability. Can I say, on behalf of us all, that that is a relief. I believe you said you may also not be moving divisions on each of them, and that would also be a very generous gift to us all.

Ms Castley: Just one.

MS CHEYNE: I will not pre-empt later stages of debate, but I think that, in terms of process, we are on a unity ticket there, Ms Castley. I greatly appreciate your support there. Otherwise, I certainly stick to my earlier comments that I will not be supporting these amendments regarding the removal of strict liability offences.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (10.58): I will speak briefly to Ms Castley's amendment, broadly, in relation to strict liability. Like Minister Cheyne, I am pleased to hear that we will not be having this debate over and over again.

Like Minister Cheyne, I understand Ms Castley's motivation for moving this amendment, but I think we all understand that health practitioners already work in a highly regulated environment where there are a lot of requirements for them to comply with, some of which already are associated with strict liability offences, particularly around the handling of medicines, poisons and therapeutic goods. I think this is an environment that health practitioners are familiar with.

I will make a couple of extra points. In relation to reporting, some of the government amendments do expand or change the requirement for a practitioner to lodge reports to being within four business days, rather than the previous two working days. That does address some of the comments that were made during the inquiry process in relation to the timing issues.

I also note that without prompt reporting and notification from health practitioners, the board would not have sufficient visibility of whether practitioners are complying with the bill, and this would reduce their ability to monitor access to voluntary assisted dying in real time. In some other jurisdictions that process works differently, and this is a very important oversight mechanism, but limiting the board's ability to carry out its functions would also lower the community's confidence in the very significant safeguards that are built into the voluntary assisted dying scheme.

I have one other comment that relates to the strict liability that attaches to a contact person who fails to notify the board that they have given an approved substance to the individual, to another person or to an approved disposer. This seeks to recognise the very serious responsibilities that are taken on by a contact person in handling a substance that is, by its nature, designed to end a person's life. These are intended as a strong deterrent to mishandling an approved substance and reflect the fact that even an inadvertent or mistaken mishandling of an approved substance could potentially have significant consequences—and legal consequences. Again, this reflects an understanding of how drugs and poisons are handled.

Like Ms Cheyne, I will not be supporting any of Ms Castley's amendments in relation to the strict liability clauses. My understanding is that they are unlikely to be successful,

but we understand her concerns. The argument about this could be considered in the review. It goes both ways. We will be continuing with that position at this point in time.

MR BRADDOCK (Yerrabi) (11.01): I appreciate Ms Castley's intent to reduce the risk of harm to health practitioners who may be found liable for even an inadvertent or unintentional breach of the act if such strict liability provisions were maintained. We also need to be cognisant that, for each and every day that passes, whether it be a day lost or an entirely innocent, inadvertent or unintentional delay, or even if it is a deliberate obstruction of access to VAD, we are talking about a day filled with pain for an extremely vulnerable person who is intolerably suffering, a day where they might be struggling for breath, a day where each movement is torture, a day filled with mental turmoil. It is by understanding what each and every day actually means for someone seeking VAD that a balancing act with the obligations starts to become apparent. There needs to be a positive duty or obligation to ensure that such suffering is minimised, even if it is from inadvertent or unintentional actions.

The removal of strict liability offences will likely hinder the enforcement functions of the offence provisions throughout the VAD bill because it requires the prosecution to prove fault elements in relation to the offence. A fault element is the mental state which the prosecution must prove that the accused possessed to be found guilty of an offence. It involves factors like intention, knowledge or recklessness in the committing of the offence.

Due to the administrative nature of many of these offences, it may be difficult to prove that an accused possessed a relevant fault element. This may lead to a lack of enforcement activity in relation to these offences, due to a low chance of conviction even where a person has clearly failed to meet their legal obligations, undermining the fact of compliance with the act and therefore confidence in the VAD scheme overall. All the while, someone or many people suffer intolerably, one pain-filled day after another.

Therefore, the Greens will not be supporting this amendment or any of the other strict liability amendments, but having this debate on the strict liability offences does highlight the importance of ensuring that health practitioners are aware of and understand their obligations, so as to minimise the risk of inadvertent or unintentional delays or offences. Given the level of regulation around this scheme and the health profession as a whole, I am confident that this regulation will be stringent and adhered to.

Question put:

> That **Ms Castley's** amendment No 1 be agreed to.

The Assembly voted—

Ayes 8	Noes 16	
Peter Cain	Andrew Barr	Laura Nuttall
Leanne Castley	Yvette Berry	Suzanne Orr
Ed Cocks	Andrew Braddock	Marisa Paterson

Jeremy Hanson	Joy Burch	Michael Pettersson
Elizabeth Kikkert	Tara Cheyne	Shane Rattenbury
Nicole Lawder	Jo Clay	Chris Steel
James Milligan	Emma Davidson	Rachel Stephen-Smith
Mark Parton	Mick Gentleman	Rebecca Vassarotti

Question resolved in the negative.

Ms Castley's amendment No 1 negatived.

Clause 18, as amended, agreed to.

Clause 19.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.07): I move amendment No 11 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 11 substitutes clause 19(1) and (2) in the bill to more clearly outline the process for the coordinating practitioner to refer the individual to another health practitioner for a consulting assessment. The referral must now be made within four business days after the day the coordinating practitioner decides that the individual understands the information given to them under clause 16(3). I commend the amendment to the chamber.

Ms Cheyne's amendment No 11 agreed to.

Clause 19, as amended, agreed to.

Clause 20.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.08), by leave: I move amendments Nos 12 and 13 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 12 substitutes the term "two working days" with "four business days" to increase the maximum time frame a person has to meet their regulatory obligations. Amendment 13 removes the requirement for the coordinating practitioner to tell the health practitioner that they have told the individual about their decision to accept or refuse to accept consulting assessment referral. The individual will instead be given this information by the coordinating practitioner, as provided in new clause 22(2).

Ms Cheyne's amendments Nos 12 and 13 agreed to.

Clause 20, as amended, agreed to.

Clause 21 agreed to.

Clause 22.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.09): I move amendment No 14 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 14 substitutes clause 22(2) to provide that an individual is given the information on the health practitioner's decision to accept or refuse to accept a consulting assessment referral by the coordinating practitioner. This is a consequential amendment required as a result of the changes to new clause 23.

Ms Cheyne's amendment No 14 agreed to.

MS CASTLEY (Yerrabi) (11.10): I move amendment No 2 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 2 negatived.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.11): I move amendment No 15 circulated in my name *[see schedule 1 at page 1329]*.

This amendment omits clause 22(5), as a consequential amendment to the amendments to clause 23, which I will speak to next. The amendments to clause 23(3) in the proposed amendment seek the Assembly's agreement that information prescribed by regulation will be given to the individual after the practitioner decides whether the person meets the eligibility requirements, rather than before an assessment is undertaken. As flagged earlier, it is appropriate that an assessment be first undertaken by the practitioner before relevant information would be provided to the individual. I commend it to the chamber.

Ms Cheyne's amendment No 15 agreed to.

Clause 22, as amended, agreed to.

Clause 23.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.12): I move amendment No 16 circulated in my name *[see schedule 1 at page 1329]*.

As has been flagged in debate on the previous clauses, these amendments better reflect normal practice, as they allow the consulting practitioner to first assess an individual's eligibility for voluntary assisted dying prior to ensuring that they understand the information provided. I commend it to the chamber.

Ms Cheyne's amendment No 16 agreed to.

Clause 23, as amended, agreed to.

Clause 24.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.13), by leave: I move amendments Nos 17 and 18 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 17 is a technical amendment. It clarifies that when referring an individual to a practitioner for advice the practitioner must have the appropriate skills and training to provide advice about whether the individual meets the eligibility requirements. Amendment 18 corrects a drafting error by deleting clause 24(2)(d), which provides that the consulting practitioner must not refer the individual to a person that the consulting practitioner knows or believes is a family member of the individual. This requirement is already provided for in clause 24(2)(a), so this is a tidy-up.

Ms Cheyne's amendments Nos 17 and 18 agreed to.

Clause 24, as amended, agreed to.

Clause 25.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.14), by leave: I move amendments Nos 19 and 20 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 19 I have already covered at length. Amendment 20 removes the term "as soon as practicable" in relation to the time frame the consulting practitioner has to tell the individual about their decision on their eligibility to access voluntary assisted dying and to give the individual a copy of the consulting assessment report. The time frame for this to occur is already correctly specified as four business days in clause 25(1).

Ms Cheyne's amendments Nos 19 and 20 agreed to.

MS CASTLEY (Yerrabi) (11.15): I move amendment No 3 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 3 negatived.

Clause 25, as amended, agreed to.

Clause 26 agreed to.

Clause 27.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.15), by leave: I move amendments Nos 21 and 22

circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 21 substitutes clause 27(1) in the bill, which outlines the eligibility for an individual to make a second request for access to voluntary assisted dying. These amendments now reflect the terminology used in the act and are necessary consequential amendments because of the amendments to clauses 16 and 23. Amendment 22 substitutes the term "for this section" with "in this section" to align with current drafting practice.

Ms Cheyne's amendments Nos 21 and 22 agreed to.

Clause 27, as amended, agreed to.

Clauses 28 and 29, by leave, taken together and agreed to.

Clause 30.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.17): I move amendment No 23 circulated in my name *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 23 agreed to.

MS CASTLEY (Yerrabi) (11.17): I move amendment No 4 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 4 negatived.

Clause 30, as amended, agreed to.

Clauses 31 to 33, by leave, taken together and agreed to.

Clause 34.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.18): I move amendment No 24 circulated in my name *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 24 agreed to.

MS CASTLEY (Yerrabi) (11.18): I move amendment No 5 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 5 negatived.

Clause 34, as amended, agreed to.

Clause 35 agreed to.

Clauses 36 and 37, by leave, taken together.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.19), by leave: I move amendment No 25 circulated in my name, which amends parts of clauses 36 and 37. *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 25 agreed to.

MS CASTLEY (Yerrabi) (11.19), by leave: I move amendments Nos 6 and 7 circulated in my name together *[see schedule 2 at page 1361]*.

Ms Castley's amendments Nos 6 and 7 negatived.

Clauses 36 and 37, as amended, agreed to.

Clause 38.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.20), by leave: I move amendments Nos 26 to 29 circulated in my name together *[see schedule 1 at page 1329]*.

I will not discuss amendments 27 or 29, because they repeat what we have talked about earlier. Amendment 26 amends clause 38(1) to broaden situations where an individual may ask to change their coordinating practitioner. Previously, this could only occur where an individual's coordinating practitioner is unable or unwilling to transfer their functions under clause 37. Amendment 28 substitutes the term "consulting" for "other health" to reflect the terminology used in this act.

Ms Cheyne's amendments Nos 26 to 29 agreed to.

MS CASTLEY (Yerrabi) (11.21): I move amendment No 8 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 8 negatived.

Clause 38, as amended, agreed to.

Clause 39.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.22): I move amendment No 30 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 30 substitutes clause 39(1)(b) in the bill, which provides beyond doubt that the decisions of a previous coordinating practitioner remain valid despite the transfer of coordinating practitioner functions. These changes have been made to reflect

terminology used in the act. This is a necessary consequential amendment due to the amendments to clause 16.

Ms Cheyne's amendment No 30 agreed to.

Clause 39, as amended, agreed to.

Clauses 40 and 41, by leave, taken together and agreed to.

Clause 42.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.23), by leave: I move amendments Nos 31 to 33 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 31 omits the term "self-administration decision", as this is now included as a definition in the dictionary of the act. Amendment 32 omits the term "practitioner administration decision", as this is now included as a definition in the dictionary of the act. Amendment 33 is our usual amendment about changing "two working days" to "four business days".

Ms Cheyne's amendments Nos 31 to 33 agreed to.

MS CASTLEY (Yerrabi) (11.24): I move amendment No 9 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 9 negatived.

Clause 42, as amended, agreed to.

Clauses 43 to 46, by leave, taken together.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.24), by leave: I move amendments Nos 34 and 35 circulated in my name together, which amend parts of clauses 43 to 46 *[see schedule 1 at page 1329]*.

I will not speak to amendment 35, because it is the "working" and "business" days one. Amendment 34 substitutes clause 43(1) to provide clarity that an individual may change their administration decision at any time. An individual person who has previously decided that an approved voluntary assisted dying substance will be administered to them by a health practitioner can instead decide to self-administer the substance, or vice versa.

Ms Cheyne's amendments Nos 34 and 35 agreed to.

MS CASTLEY (Yerrabi) (11.26), by leave: I move amendments Nos 10 to 13 circulated in my name together *[see schedule 2 at page 1361]*.

Ms Castley's amendments Nos 10 to 13 negatived.

Clauses 43 to 46, as amended, agreed to.

Clause 47.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.26), by leave: I move amendments Nos 36 to 43 circulated in my name together *[see schedule 1 at page 1329]*.

I will talk to the most substantive amendment here, because we have covered others. Amendment 36 substitutes the current wording of clause 47(1) to clarify that this clause applies where an individual has an administering practitioner. This clause allows an individual to change their administering practitioner at any time, and not just in situations where the administering practitioner is unable or unwilling to transfer their functions. The other amendments have been dealt with in earlier comments.

Ms Cheyne's amendments Nos 36 to 43 agreed to.

MS CASTLEY (Yerrabi) (11.27): I move amendment No 14 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 14 negatived.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.28): I move amendment No 44 circulated in my name *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 44 agreed to.

Clause 47, as amended, agreed to.

Clauses 48 to 50, by leave, taken together and agreed to.

Clauses 51 to 53, by leave, taken together.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.29), by leave: I move amendments Nos 45 and 46 circulated in my name together, which amend parts of clauses 51 to 53 *[see schedule 1 at page 1329]*.

Ms Cheyne's amendments Nos 45 and 46 agreed to.

MS CASTLEY (Yerrabi) (11.29), by leave: I move amendments Nos 15 and 16 circulated in my name together, which seek to amend parts of clauses 51 to 53 *[see schedule 2 at page 1361]*.

Ms Castley's amendments Nos 15 and 16 negatived.

Clauses 51 to 53, as amended, agreed to.

Clause 54.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.30), by leave: I move amendments Nos 47 to 49 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 47 substitutes the heading of clause 54 from "Effect of revocation of administration decision on contact person appointment" to "Effect of change or revocation of administration decision on contact person appointment" so that the heading better reflects the contents of clause 54.

Amendment 48 omits the term "self-administration decision to a practitioner administration decision" and substitutes the term "administration decision" to align with the amendments made to clause 43(1) in relation to changing an administration decision.

Amendment 49 omits the multiple references to the term "self-administration" and instead substitutes the term "administration" to align with the amendments made to clause 43(1) in relation to changing an administration decision. I commend the amendments to the chamber.

Ms Cheyne's amendments Nos 47 to 49 agreed to.

Clause 54, as amended, agreed to.

Clauses 55 to 57, by leave, taken together and agreed to.

Clause 58.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.32), by leave: I move amendments Nos 50 and 51 circulated in my name together *[see schedule 1 at page 1329]*.

Ms Cheyne's amendments Nos 50 and 51 agreed to.

MS CASTLEY (Yerrabi) (11.32): I move amendment No 17 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 17 negatived.

Clause 58, as amended, agreed to.

Clause 59.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.33), by leave: I move amendments Nos 52 and 53 circulated in my name together *[see schedule 1 at page 1329]*.

I will stick with amendment 52, given we have covered amendment 53. Amendment 52 omits the phrase:

> (b) if the individual has a self-administration decision in effect—the individual's contact person appointment has taken effect; and

And instead includes:

> (b) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual; and

This ensures that clause 59 will not apply to situations where an individual's contact person appointment has been revoked.

MRS KIKKERT (Ginninderra) (11.34): Madam Speaker:

> Ooh, each morning I get up I die a little
> Can barely stand on my feet
> Take a look at yourself.
> Take a look in the mirror and cry

Those are the lyrics from a popular song that many of us are aware of, *Somebody to Love*, by Queen. These lyrics reflect the deep struggle and desperation some people feel when losing someone, or there is no hope left.

These sentiments can be linked to the discussion about having any unused voluntary assisted dying drugs around for 14 days prior to returning them to the authority. An unauthorised person in an unstable psychological state who, each morning, gets up and dies a little might consider such an option to partake of the death pill and end their life is a significant risk and a reality.

This is the reality in our country. A man died after taking assisted dying drugs meant for someone else in Queensland just last year. The inquest into this untimely death started in February. The coroner heard that the man kept the VAD substance in his home after it was no longer required for another person. The coroner said he was concerned that regulations around self-administering VAD could allow other people without terminal illness to be physically harmed or suffer mental distress. We have medication safety and patient autonomy. We have to find where the pendulum swings in order to get the right balance.

Madam Speaker, it is in this regard that I stand before you today to express my strong opposition to the proposal for allowing a 14-day window for the return of any unused voluntary assisted dying substance. While the intention behind this proposal might be rooted in compassion, the practical implications pose significant and fatal dangers that cannot be ignored.

In the scenario I mentioned earlier, where a legal medication is left unattended for up to two weeks, in that time it fell into the wrong hands, whether it involves curious children, vulnerable teenagers or individuals struggling with mental health issues. In this sad case, it was an individual struggling with mental health issues. This is not a hypothetical concern; this is a real-life tragedy.

Allowing these death pills to linger in homes increases the risk of such devastating accidents and untimely deaths. And who would be responsible for the blood on their hands? Is it the minister or her colleagues for signing off unused, fatal pills to be returned within 14 days in the name of compassion? What about compassion for and safety of the public?

I can understand the need for compassion. My brother passed away early last year. My mother found him in the living room. I was only minutes away from my mum. I got to my mum's house, but the ambulance and police were already there, and we could not go inside the house to see my brother. We were outside for up to six hours, until we could see my brother again. His body was cold, his lips were purple, and we stayed with him until the priest came and his body was taken away.

I drove back to Canberra that night with my kids to get all of our black clothes, and drove back to my mum's place in Sydney. I helped my mum to deal with the police, the funeral directors, finding a graveyard spot for my brother, and dealing with the coroners court. Did we need compassion? Yes, we did. I get that; but not at the expense of potentially losing another family member. That would have been unbearable.

To safeguard the public and provide compassion to grieving families, the window for returning voluntary assisted dying medication should be minimised to no more than 72 hours, as the committee recommended, or even less. The shorter time frame ensures that the medication is used for the intended purpose or safely returned to authorities before any mishaps can occur. By reducing the return period, we significantly lower the risk of unauthorised access, potential misuse and death.

Why is this so crucial? Firstly, it is a matter of public safety. Medications used for voluntary assisted dying are highly potent and can be fatal, even in small doses. Ensuring that they are swiftly returned or disposed of minimises the risk of accidental ingestion. Secondly, it reflects our compassion for and responsibility to all individuals involved.

For those considering voluntary assisted dying, their decision is deeply personal and often painful. Knowing that the medication is safely managed and not lingering as a potential threat for their loved one can provide a measure of peace for that individual during an already challenging time.

Healthcare professionals who prescribe these medications carry a very heavy burden. They are concerned not only with the wellbeing of their patients, but also ensuring that the medications do not become a public hazard. In the case of the Queensland man's death by taking drugs meant for someone else, in the inquest, a VAD nurse said that she would not allow the substance to be stored in a home if she felt it to be unsafe. In these sad circumstances, it was not the case.

Sometimes you just cannot tell a person's psychological state and what they are capable of doing from just talking to them. The nurse said that in a hospital the VAD substances were kept in a locked cabinet that required two keys to access, but they were not monitored after a patient took possession.

In requiring a swift return, we support these professionals in maintaining the highest standards of care and safety. While the idea of a 14-day return window might seem flexible and accommodating, it introduces unacceptable, fatal risks. A 72-hour return period, or something similar or even less, strikes a balance between providing time for thoughtful decision-making and ensuring public safety.

Let us act with compassion and foresight, and protect our communities and families, especially those who are not terminally ill but who wake up in the morning and feel like they die a little. Let us not make it easy for them to end their life through easy access to lethal drugs. That is abhorrent and wrong on so many levels. We need to protect and offer timely support for these individuals and their families.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (11.42): Notwithstanding that Mrs Kikkert's comments are irrelevant to this particular clause and amendments, I will take the opportunity to respond to them now, because there may not be an opportunity when we get to the relevant clauses.

Mrs Kikkert talked about the storage and disposal of approved substances, and I would make a number of points. The first one is that Mrs Kikkert is a member of this place, and if she wanted to move an amendment to make the change that she was proposing, she could have done that. She did not choose to move an amendment. I would not personally have supported it, anyway.

I want to provide some assurance to the Assembly, and for the *Hansard* record, that there are significant safeguards in relation to this matter. Also, the disposal of the substance after the person has died at another time is not the only period when a substance will be with somebody and held with somebody. For example, clause 67 of the bill contemplates the existence of expired approved substances and the requirement to provide an expired substance to an approved disposer.

This contemplates the fact that someone may, once they have gone through all of the stages of approval and they have an administration decision in place, have received a prescription and have received a substance, but may not immediately take that substance under a self-administration decision, or an administering practitioner may not immediately use that substance. So it will be in someone's possession prior to its use; then it will continue, potentially, to be in someone's possession subsequent to the person passing away.

As Mrs Kikkert has alluded to, the 14-day time frame is partly about ensuring that those people whose loved one has passed away, who may be a contact person, have time and opportunity to return any remaining substance to an approved disposer. Mrs Kikkert has articulated the number of things that need to be done in the immediate aftermath of

a death, and that this is about showing compassion.

Finally, in order to reassure Mrs Kikkert, I point to clause 69 of the bill, in relation to storage of approved substances. Mrs Kikkert has spoken about this as if someone would be able to have an approved substance and simply leave it in the medicine cupboard in their bathroom. That is absolutely not what would be the case.

Clause 69 of the bill states that a person who possesses an approved substance under this division must store the substance in accordance with any storage requirements prescribed by regulation. That would be at any time that that person had possessed that approved substance.

I assure Mrs Kikkert that part of the task force will be working on all of the regulations associated with this very important scheme for the people of the ACT, and that includes appropriate storage of the substance.

MS DAVIDSON (Murrumbidgee—Minister for Community Services, Seniors and Veterans, Minister for Corrections and Justice Health, Minister for Mental Health and Minister for Population Health) (11.46): As the Minister for Mental Health, I support the ongoing vision of the Office for Mental Health and Wellbeing to make sure that Canberra is a kind, connected and informed community, working together to protect and promote the mental health and wellbeing of all.

In the case of this legislation, this includes the mental health and wellbeing not only of individuals who might choose to access voluntary assisted dying, but also of their carers and family members. It is particularly important that the mental health and wellbeing of people and their carers are considered within the implementation of this legislation. I would like to thank the Minister for Human Rights and the Minister for Health, as well as ACT Health and the community who have been involved in the extensive consultations and preparation of this bill today, for ensuring that those things are considered.

I would note that, in the situation where someone does access voluntary assisted dying, the government acknowledge that there is some degree of risk in these substances being in the community for any longer than necessary, but they have taken into account the difficult situation that carers and family members will be in, in that immediate period afterwards.

Despite the bill setting out mandatory storage requirements, the ACT government will be implementing measures that remind, and gently support, with compassion those people who might be holding unused or expired substances so that they are able to return them at an appropriate moment.

I ask that people remember not only that there is ongoing support in the community for everyone when they need it, but also that we have taken this into consideration in the implementation of this legislation. This includes support such as that offered by our peak organisations, like Mental Health Consumer Network, Mental Health Carers Voice and Carers ACT, as well as online and phone supports such as Beyond Blue, and MindMap for young people.

There are also active walk-in services in the community, like our Safe Haven and Head to Health services, if people would like to talk to someone face to face. There are additional supports out there that are specifically for people who are going through a process of grieving. It is very important that people have access to these supports, and we will continue to make those available.

The government will also be tailoring communications to diverse audiences, with accessible engagement and communications, including for carers, for people with disability, for Aboriginal and Torres Strait Islander people, and for people from culturally and linguistically diverse backgrounds, to ensure that everyone in our community has the information and the resources that they need to understand what their options are and where they can access support, should they need it.

Ms Cheyne's amendments Nos 52 and 53 agreed to.

MS CASTLEY (Yerrabi) (11.49): I move amendment No 18 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 18 negatived.

Clause 59, as amended, agreed to.

Clause 60.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.49): I move amendment No 54 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 54 substitutes clause 60 to more clearly set out the requirements for possessing, preparing and supplying approved substances. These changes will ensure that preparation and supply of voluntary assisted dying substances is safe and that these substances are only held by those who are authorised to possess the substance.

MS CASTLEY (Yerrabi) (11.50): I note that I did have an amendment, No 19, to be circulated on this one, but, in light of the minister's remarks and her amendment, I will not be moving it. I would still like to put on the record my concerns about strict liability throughout the bill.

Ms Cheyne's amendment No 54 agreed to.

Clause 60, as amended, agreed to.

Clause 61.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.51), by leave: I move amendments Nos 55 and 56 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 55 amends clause 61(2)(e) to clarify that the voluntary assisted dying substance for the purpose of this clause is being provided for self-administration. This ensures consistent terminology is used in the act.

Amendment 56 amends clause 61(4) to remove the requirement for the contact person to give written notice to the director-general that they have given the substance to the individual. The contact person must still give written notice to the board. This notice must now be given within four business days rather than two working days. Failure to provide notice to the voluntary assisted dying board is a strict liability offence with a maximum penalty of 20 penalty units to apply for this offence.

Ms Cheyne's amendments Nos 55 and 56 agreed to.

MS CASTLEY (Yerrabi) (11.52): I move amendment No 20 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 20 negatived.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.52): I move amendment No 57 circulated in my name *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 57 agreed to.

Clause 61, as amended, agreed to.

Clause 62.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.53), by leave: I move amendments Nos 58 to 60 circulated in my name together *[see schedule 1 at page 1329]*.

Similar to the amendments that we have previously covered, amendment 58 amends clause 62(1)(a) to omit the term "to a practitioner administration decision," to align with the changes made to clause 43(1) in relation to changing an administration decision.

Amendment 59 substitutes the term "their administering practitioner" to "the health practitioner," to provide that the individual must give the approved substance to the health practitioner as soon as practicable after the health practitioner becomes their administering practitioner. This will better clarify the intended requirements of the act.

Amendment 60 amends 62(3) to remove the requirement for the administering practitioner to give written notice to the director-general that they have received the substance from the individual. Again, the administering practitioner must still give written notice to the board. This notice must be given within four business days, rather than two working days as had previously been provided in the bill. Failure to provide notice to the Voluntary Assisted Dying Board is a strict liability offence with a maximum penalty of 20 penalty units to apply for this offence.

Ms Cheyne's amendments Nos 58 to 60 agreed to.

MS CASTLEY (Yerrabi) (11.54): I move amendment No 21 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 21 negatived.

Clause 62, as amended, agreed to.

Clause 63.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (11.55): I move amendment No 61 circulated in my name, which amends clause 63 and inserts new clauses 63A, 63B and 63C *[see schedule 1 at page 1329]*.

This amendment substitutes clause 63 and introduces the new clauses as stated. These clauses authorise an administering practitioner to receive, possess and prepare an approved substance and set out the process that must happen to an approved substance where there is a change of administration decision, a transfer of administering practitioner functions, and the process for an administration of an approved substance.

Clause 63C(3) provides that the individual's administering practitioner must not administer the approved substance to the individual unless the administering practitioner is satisfied immediately before administering the substance that the individual has decision-making capacity in relation to voluntary assisted dying and is acting voluntarily and without coercion. The administering practitioner must administer the substance in the presence of an eligible witness, who must then certify, by written statement, that the individual appeared to be acting voluntarily and without coercion and that the substance was administered to the individual in the presence of the witness.

Madam Speaker, if I may, Dr Paterson earlier tabled the work that she has been doing over some time now, and this clause goes to that, as does some of the amendment that I am putting forward here. I want to acknowledge Dr Paterson's incredibly hard work in a short period of time. Time did prove to be against us, especially those of us who believe that Dr Paterson's work and what she has advanced with this conversation has extraordinary merit. It does appear—certainly to me and, I understand, to the Minister for Health among others—that some further work needs to be done, so that everyone is aware of what the steps would be and what that would mean in the legislation as had been consulted on. I do appreciate there are an extraordinary number of people who have engaged with Dr Paterson and expressed their support for that.

So, given that we are talking about acting voluntarily regarding the administration of the substance, we also appreciate that there are circumstances where people do lose capacity right when they have been through the entirety of the voluntary assisted dying eligibility and assessment process. This is an issue that remains a live one. I look forward to, later in the week, discussing this further and what the government may be able to do. Certainly with this bill, acting voluntarily has been central to the eligibility

criteria and its administration, and this keeps the bill as a whole, and overall, coherent. This does not detract from the fact that Dr Paterson has done an immense amount of work here. I really commend her for advancing the conversation that has been a difficult one for us to get our heads around. We are a step further thanks to her work. Back to my amendments: I commend amendment No. 61 circulated in my name.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (11.59): I agree with Minister Cheyne that this is a good opportunity while we talk about some of the additional safeguards that we are adding in relation to being very, very clear about the steps in the process and the responsibilities of administering practitioners in the replacement of clause 63 and the addition of clauses 63A, 63B and 63C.

I also want to acknowledge that these clauses represent the commitment of the government, Minister Cheyne, of myself and of Labor members to ensuring there are very strong safeguards in our voluntary assisted dying scheme. That does not mean we do not also acknowledge that there are challenges, particularly at the end of a person's life when they have gone through all of the requirements for assessment for voluntary assisted dying and lose capacity to effectively consent. Although it is not written as the word "consent", the administering practitioner needing to be satisfied that the person has decision-making capacity and is acting voluntarily and without coercion is effectively a very strong form of requiring consent. There is a problem that needs to be addressed here, but we need to do some more work on it. So I also want to acknowledge the work Dr Paterson has done in thinking about how this could potentially be addressed and in consulting with the community. As both Minister for Health and Minister for Disability, I have taken a very close interest in Dr Paterson's work. I absolutely understand the problem she has been seeking to solve and why so many people support in-principle the solution she was putting forward.

I am one of those people who absolutely supports in-principle finding a solution to this problem, but I also recognise that in my conversations with healthcare consumers, carers and people with disability, that they want us to pursue the kind of thorough engagement process that Minister Cheyne has so ably led through the development of the best VAD Bill, which will be the best Voluntary Assisted Dying Act, in the country. There needs to be an opportunity for people to test their views and concerns against one another and make sure that whatever change is made, assuming that one is made in the future, it will actually work in the way that it is intended. So I join with Minister Cheyne in commending Dr Paterson for all of the work that she has done to get us to this point in the conversation, and I look forward to continuing that conversation with the community over the months ahead.

MS CASTLEY (Yerrabi) (12.02): I just briefly wish to speak on Minister Cheyne's amendment No 61. Understanding that means I cannot move my circulated amendment No 22, and I would still like to put on the record my concerns regarding strict liability in this bill.

Ms Cheyne's amendment No 61 agreed to.

Clause 63, as amended, agreed to.

Clause 64.

Debate (on motion by **Ms Orr**) adjourned to a later hour.

Sitting suspended from 12.03 to 2.00 pm.

Questions without notice

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the Chief Minister. Chief Minister, I refer to recent revelations that the head of the Education Directorate, Ms Katy Haire, has launched legal proceedings against the Integrity Commissioner to shut down the current investigation into damning allegations in relation to the Campbell Primary School modernisation project. Chief Minister, when did you first become aware that Ms Haire had launched or was planning to launch legal action against the Integrity Commissioner?

MR BARR: I thank the Leader of the Opposition for the question. The Attorney-General's office advised my office on 6 September.

MS LEE: Chief Minister, did you or anyone in your office have any discussions about this legal action or the payment of Ms Haire's legal fees with the education minister. And, if not, why not?

MR BARR: No. The matter sat with the Attorney-General, and the Attorney-General provided advice to my office following advice that he had received from the Solicitor-General, consistent with the standing policy.

MS CASTLEY: Chief Minister, who advised you or your office that ACT taxpayers were footing the bill for Ms Haire's legal action?

MR BARR: The Attorney-General's office via the Solicitor-General.

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the Chief Minister. Chief Minister, have you or anyone in your office had any discussions with Ms Haire, with Ms Leigh as Head of Service or with anyone else within the ACT public service about Ms Haire's legal proceedings against the Integrity Commissioner seeking to shut down the current investigation into damning allegations in relation to the Campbell Primary School modernisation project?

MR BARR: Certainly not prior to 6 September. The Attorney-General, via the Solicitor-General, advised my office. The Solicitor-General is indeed a public servant, but, as these matters are not ones that are within my decision-making remit, the Attorney-General, in accordance with territory law, made a decision for the territory not to be a party to those matters; so he received advice from the Solicitor-General in relation to the matter and acted upon it.

MS LEE: Chief Minister, do you or does your government support this unprecedented

action by Ms Haire, given your government approved the payment of legal fees to Ms Haire in her legal proceedings seeking to shut down the Integrity Commission investigation?

MR BARR: Consistent with the legal direction, Ms Haire or indeed any public servant or member of the Legislative Assembly is entitled to legal representation under that direction. It is not for me to make a personal judgment, Madam Speaker, on who will and will not receive legal support. I was not thrilled that Mr Hanson received legal support in relation to his defamation case—

Ms Lee: He was defending a matter.

MR BARR: Yes, he was defending a matter. Under the direction he is entitled to that support. So it should not be the personal political judgment of a member of parliament. It should be in accordance with a legal direction and a consistent policy applied across the public sector.

MS CASTLEY: Chief Minister, isn't it the case that you are seeking to have the findings of the Integrity Commissioner's investigation discredited, given you are supporting Ms Haire's proceedings in making an application for bias?

MR BARR: Absolutely not! And that allegation, if it was not made under parliamentary privilege, would be defamatory.

Education Directorate—ACT Integrity Commission

MS LEE: Chief Minister, did you discuss Ms Haire's legal proceedings or the payment of her legal fees with any other members of your cabinet besides the Attorney-General?

MR BARR: No.

MS LEE: Chief Minister, when did you lose confidence in the minister for education and Deputy Chief Minister, to the point where you cannot discuss these serious matters with her, even to the point that she fronts the media to answer questions?

MR BARR: The premise of the question is moronic. I reject it and I remind the Leader of the Opposition of the responsibilities we all have in relation to the Integrity Commission Act.

Ms Lee: Madam Speaker, on a point of order. The Chief Minister used the word "moronic" and I ask you to make a decision about whether that is unparliamentary.

Mr Rattenbury: Madam Speaker, if I might assist. The Chief Minister did not direct it at a particular member. He spoke about the nature of the question. I think he is entitled to make that sort of reflection in his response to the question.

MADAM SPEAKER: I must admit that the word slipped through. We will let it stand, but can I just remind people that we should have respect and regard and not have words that can be offensive to members across the chamber.

MS CASTLEY: Chief Minister, do you retain confidence in your education minister and Deputy Chief Minister?

MR BARR: Yes.

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the minister for education. Minister, I refer to recent revelations that the head of the Education Directorate, Ms Katy Haire, has launched legal proceedings against the Integrity Commissioner to shut down the current investigation into damning allegations regarding the Campbell Primary School modernisation project. On Tuesday 21 May, at a press conference some hours after the story was published, you made the comment that you only became aware of the legal action when it was reported in the media that morning and said, "I have no knowledge of the matter and the government has no knowledge of the matter." Minister, did you seek further information from the Chief Minister, the Attorney-General or, indeed, any member of cabinet before making those comments?

MS BERRY: Obviously, I was unaware, and the advice that I had at the time was that the government was unaware. That was the advice that I had, but it was not from the Chief Minister or the Attorney-General.

MS LEE: Minister, who was that advice from?

MS BERRY: That was from media advisers in my office and within the Chief Minister's office.

MS LAWDER: Minister, why did you speak on behalf of the government when you had not done any due diligence to ensure your statements were correct?

MS BERRY: The due diligence for my own response with regard to my knowledge was done. I am clear and my answer was clear. The advice that I had at the time was that the government was not aware.

Opposition members interjecting—

MADAM SPEAKER: Members!

MS BERRY: That was the advice that was provided to me and that was the advice that I gave to the media.

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the minister for education. Minister, I refer to recent revelations that the head of the Education Directorate, Ms Katy Haire, has launched legal proceedings against the Integrity Commissioner to shut down the current investigation into damning allegations regarding the Campbell Primary School modernisation project. Minister, now that you are aware of the court proceedings and that the ACT government is paying Ms Haire's legal fees, do you support the legal action taken by Ms Haire to stop the Integrity Commissioner proceeding with Operation

Kingfisher, further conducting public examination and completing the investigation, and preparing a report?

MS BERRY: That is not a decision that I have made. The Chief Minister has clearly identified where the decision-making processes are with regard to funding of public officers in this place, and that is the case that has been occurring at this point in time.

MS LEE: Minister, do you still have confidence in the head of your directorate, given that you have confirmed she did not even tell you about these legal proceedings?

MS BERRY: Madam Speaker, I feel I must give a little bit of an explanation here, given our learned friend the Leader of the Opposition clearly does not understand that witnesses who appear at the Integrity Commission to provide evidence are under very strict directions from the Integrity Commission to not discuss anything. That is occurring in this space.

Ms Lawder: This is completely different.

MS BERRY: Thank you, Ms Lawder. This is an important matter, and I want to be able to put this on the record so that Ms Lee understands. There are very strict directions that no witnesses are able to communicate with each other, with anyone, with regard to any matters happening at the Integrity Commission.

Ms Lee: A point of order.

MADAM SPEAKER: Ms Lee?

Ms Lee: The question was: do you have confidence in Ms Haire? The minister has not answered the question.

MADAM SPEAKER: Going to the question, Ms Berry?

MS BERRY: I have completed my answer, Madam Speaker.

MS LAWDER: Minister, how can you continue to do your job as education minister if the Chief Minister and the head of your directorate cannot even talk to you about these very important matters?

MS BERRY: I have a very clear record, and I am proud of the work that I do in the ACT government. It is something that I committed to from the first day that I was elected to this place in 2012. I am proud to be part of the government that is delivering for public education, building new schools and making sure that all schools have the best possible public education. I am proud of what this government has delivered for public housing. I am proud of delivering free three-year-old preschools. I look forward to continuing this important work as part of the government, and I will continue, having regard to my good record, to do the work that I have been doing across all of my portfolios and within the Education space.

Education Directorate—ACT Integrity Commission

MS LEE: Madam Speaker, my question is to the Minister for Education and Youth Affairs. Minister, I refer to recent revelations that the head of the Education Directorate, Ms Katy Haire, has launched legal proceedings against the Integrity Commissioner to shut down the current investigation into damning allegations regarding the Campbell Primary School modernisation project. Minister, what was your response when you realised that the Chief Minister, the Attorney-General and the head of your own directorate did not trust you enough to discuss this serious matter with you?

MS BERRY: I do not think it was a matter of trust. I think it was a matter of advice that was provided to both the Chief Minister and the Attorney-General.

MS LEE: Minister, when did you find out that the Chief Minister and the Attorney-General had been aware of these legal proceedings since September 2023?

MS BERRY: I do not have the specific date or time of that, so I will have to take that question on notice. It would have been on the day I made the media comment, or in the days after.

MS LAWDER: Minister, how can Canberrans have any faith in this government when the Deputy Chief Minister and, at times, Acting Chief Minister is not trusted with matters of this importance?

MS BERRY: I reject the premise of that question. As I have just explained, it was not a matter of trust. It was a matter of advice that was provided to the Attorney-General at the time and the decision that he made at the time, as well as the Chief Minister and his office. I accept that that was the advice that they were given. That is not in any way a lack of trust in my work or my office.

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the Attorney-General. I refer to the unprecedented legal action by Ms Katy Haire against the Integrity Commissioner to have a current corruption investigation shut down. Attorney-General, when did Ms Haire first seek assistance for the payment of her legal fees for the Supreme Court action against the Integrity Commissioner?

MR RATTENBURY: The first thing I would observe is that I do not think the description that Ms Lee is offering of the legal proceedings is an accurate reflection of the circumstances. Ms Lee is talking about shutting it down. The nature of the legal action—which I believe Ms Lee knows—was actually one where Ms Haire sought to challenge a decision of the Integrity Commissioner to not allow cross-examination. That is not a matter of trying to shut down the investigation. So I think there is a degree of politicisation of this process going on by the Leader of the Opposition, which I think is highly inappropriate for these sorts of matters.

Ms Lee: Madam Speaker, on a point of order: clearly, this is question time, and I ask that the Attorney-General answer the question. He is going into debate.

MADAM SPEAKER: To the question, Mr Rattenbury.

MR RATTENBURY: Thank you, Madam Speaker. In response to Ms Lee's specific question, it is very clear that the territory is not a party to the proceedings commenced by Ms Haire. It is important to be clear about that. The territory has no role in Ms Haire's legal defence. Public servants—I am coming to it—are entitled to seek legal support, and that was agreed to by the Solicitor-General. The Solicitor-General was notified on 25 August 2023 that Ms Haire's solicitors wanted to make a further application to the Supreme Court on the basis of concerns in relation to procedural fairness. Following a request from Ms Haire's solicitors on 30 August, the Solicitor-General extended the approval for legal assistance to include the legal costs associated with the application made to the Supreme Court. The approval was given on the basis that the proceedings were reasonably connected to the proper representation of Ms Haire in the Integrity Commission inquiry.

MS LEE: Attorney-General, what were the terms of the Solicitor-General's approval for the payment of legal costs associated with the Supreme Court action, including whether there is there a cap on the amount?

MR RATTENBURY: As I outlined in my previous answer, the approval was given on the basis that the proceedings were reasonably connected to the proper representation of Ms Haire in the Integrity Commission inquiry. On the issue of whether there is a cap, I will need to seek advice.

MR CAIN: Attorney, why did you not see fit to tell the education minister about this serious action by the head of her directorate?

MR RATTENBURY: Clearly, it was a matter for me as the Attorney-General to make a decision on intervention. I drew out the steps. I did not make a decision on Ms Haire's legal representation. That is done by the Solicitor-General under the guidelines that are publicly available. The matter I was asked to make a decision on was whether, having received notice from the court on 4 September, the ACT government would intervene. I formed the decision that the territory would not intervene. That was based on advice from the Solicitor-General that the Integrity Commission were able to run their own case—that they could make the point and that there was no value in the territory being involved. There was no legal benefit that the territory could bring to the case. There were no additional points. It was firmly the view that the Integrity Commission could respond to the questions put by Ms Haire's solicitors.

I felt that, given the sensitivity of these matters, there was no basis for me to talk to the Deputy Chief Minister. If I had done so, you would in here asking, "Why did you tell the Deputy Chief Minister about it?" You would be equally outraged. But I felt that the more appropriate approach was to not communicate that. These are very sensitive matters. There are significant requirements in the legislation to not talk about the details of cases. I formed the view that the best approach was to inform the Chief Minister, as the head of government—because this was a potentially whole-of-government matter. It was for the Chief Minister and me to know that. It was not a cabinet discussion. It was certainly not a discussion with the Deputy Chief Minister.

Canberra Hospital—critical services building

DR PATERSON: My question is to the Minister for Health. Minister, you announced

the new main reception at the Canberra Hospital would be opening on 3 June. Can you provide further information to the Assembly about the design and features of the new entry at Canberra Hospital?

MS STEPHEN-SMITH: I thank Dr Paterson for the question. Indeed, the new welcome hall at the Canberra Hospital opened at 6 am yesterday. It is the first section of the critical services building and the Canberra Hospital expansion to open to the public ahead of clinical services moving across in August.

The welcome hall provides a new main entrance and reception, offering a seamless connection between the existing hospital and the new building. This is a spacious area that is enjoyable for both visitors and the workforce.

The welcome hall is located close to key arrival points, including the multistorey car park, taxi stands and public transport. Other features include seating hubs in the area and green spaces; a conveniently located Changing Places adult changeroom, reflecting feedback from people with disability and their carers; an above-ground link for clinical transfers, providing greater patient privacy as patients are transported from building to building, but also providing an opportunity for them to see out as well through the windows to locate themselves within the building. In the future, the hall will include a cafe and retail space as well.

The design has been informed by community and stakeholders to ensure a welcoming and inclusive space. This can be seen through the prominent inclusion of First Nations and other artists and their works. The floor-to-ceiling windows provide a strong indoor-outdoor connection. It is incredibly exciting to see services moving into the new critical services building.

I would note that this building would be nowhere near complete if the Canberra Liberals' 2020 promise to redesign the building had gone ahead. In fact, they may have removed the welcome hall altogether.

ACT Labor is building for the future, and we are making sure Canberrans have access to a bigger emergency department, more operating theatres, a larger ICU and a better and brighter Canberra Hospital.

DR PATERSON: Minister, how is work progressing to transition services across to the new critical services building?

MS STEPHEN-SMITH: I thank Dr Paterson for the supplementary. Last week, the critical services building was officially handed over to Canberra Health Services to commence the phased transition of services to this new state-of-the-art building. The opening of Canberra Hospital's main reception yesterday was exciting for CHS teams. The reception team are in there and have been joined by hospital security, supply staff managing the new loading dock and an eager team of cleaners to ensure that the building remains in great condition.

In preparation for other services moving across to the Critical Services Building, superusers from the emergency department, ICU, theatres, cardiac services, wards and support services are being trained to help their colleagues and patients settle into the

new building. More than 280 superusers have already been trained, and more training sessions will go ahead in the coming weeks.

Sterilising services will be the next service to go live in the new building at the end of June. The sterilising services team is a critical part of the hospital, working tirelessly behind the scenes to ensure instruments are safe to use. Clinical support services and operational commissioning teams are working to ensure that all areas are trained and ready for August for the move into the bigger emergency department, operating theatres and intensive care unit.

The CHS recruitment tiger team has been focused on finalising domestic and international recruitment, and the team has been seeing considerable success, including 100 nurses being offered a position across specialty areas as part of the international recruitment.

The Canberra Hospital expansion project is nearing completion, and Canberrans can be assured that from August, our health care workers will be providing exceptional care with state-of-the-art equipment in this nation-leading facility.

MS ORR: Minister, how are you keeping consumers, carers and the community informed about the transition to the new critical services building?

MS STEPHEN-SMITH: I thank Ms Orr for the supplementary question. Ensuring the community is well-informed of the opening of the new critical services building has been and remains a priority. This ensures consumers, carers and visitors understand where they need to go on the campus, particularly if they are accessing critical services in an emergency.

Communication materials about the new critical services building, the services available and when and how to access them have been developed. In August, communication with the community will focus on ensuring people know where to go on campus and are reminded to seek emergency or urgent care at their closest, most appropriate location.

As part of the communication about the transition of services, there will be a focus on communicating with diverse groups. Canberra Health Services will do this by working with key partners to develop accessible materials. For example, CHS's emergency department consumer handout will be translated into several languages and an "easy read" version.

In June, 96 tours will be facilitated, providing more than 1,400 staff, community members and stakeholders the opportunity to go through the new building. Interest in tours has been strong, with more than 1,000 people already registered. Major Projects Canberra also hosted the consumer reference group through the building with a tour. This is a vital group of patients, carers and families whose voices have guided this project the whole way through.

In addition to the tours, new signage will help people find their way around the hospital as the emergency department drop-off and entrance move from building 12 to the new critical services building, and as the building 12 entrance closes down subsequently for

a brief period of time. We know it is essential to talk with the community about where and how to access health services and to support them to access their public services where and when they need them.

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the Attorney-General. Attorney-General, I refer to the decision to pay Ms Haire's legal fees in her legal proceedings against the Integrity Commissioner and to have an active corruption investigation shut down. You have publicly stated that this assistance was provided pursuant to the Law Officers Legal Services Directions 2023. I draw your attention to clause 13.10 of the directions, which states that:

> Assistance will generally not be provided to a public employee in relation to:
>
> …
>
> (2) defending professional or personal disciplinary investigation or action, whether by the Territory or another person or body …

Attorney-General, why did the government decide to not comply with clause 13.10 of the Directions in providing legal assistance to Ms Haire?

MR RATTENBURY: A decision to provide legal representation is fundamental to ensuring the territory, as an employer, discharges its duty of care to staff and recognises the importance to the administration of justice that persons appearing before inquiries are adequately represented. That is the central premise on which the legal services direction is based. Ms Lee has referred to that specific provision. Clearly, in the decision he took, the Solicitor-General has weighed that up, but, equally, these are significant matters where legal advice is necessary for public servants. He has clearly weighed that up and I defer to the decision of the Solicitor-General on that. I should also note that Ms Lee continues to refer to an attempt to shut down the Integrity Commission. It is worth noting that the Integrity Commission has continued to undertake public hearings in relation to Operation Kingfisher.

Ms Lee: That is not the point. The application is seeking to shut it down.

MR RATTENBURY: Subsequent to the application—

MADAM SPEAKER: Members!

Ms Lee Interjecting—

MADAM SPEAKER: Members!

MR RATTENBURY: There have been public hearings between August and December 2023 and there are further public hearings scheduled for this year, so the Integrity Commission is continuing to undertake this investigation and Ms Lee's characterisation of it being shut down is simply inaccurate.

Ms Lee: Madam Speaker, once again I draw your attention to the minister, who is

seeking to debate as opposed to answering questions.

MADAM SPEAKER: Do you have anything else to add Mr Rattenbury?

MR RATTENBURY: No.

MADAM SPEAKER: Thank you. I remind members of the standing orders.

MS LEE: Attorney-General, did you or anyone in the ACT government make a decision about the merits of Ms Haire's Supreme Court action, and, if so, given that you are paying the legal fees, do you support the action?

MR RATTENBURY: No. We have no role in the legal action that Ms Haire is undertaking in relation to this matter. As I have outlined, the only decision that I have taken in relation to this matter, or that anybody in the government has taken in relation to this matter, is the decision not to intervene after receiving notice from the court inviting the government to make submissions. I decided there was no role for the government in that matter.

MR CAIN: Attorney, isn't it the case that you are seeking to have the findings of the Integrity Commissioner's investigation discredited by supporting Ms Haire's proceedings in making an application for bias?

MR RATTENBURY: Absolutely not, and that is a shameful question from the person who wishes to be the Attorney-General of this government!

Mr Cain Interjecting—

MADAM SPEAKER: Members!

Waste—resource management centres

MS CLAY: My question is to the Minister for City Services. Minister, on 1 June, the new operators commenced at the reusables facilities at Mitchell and Mugga. As you know, I am a keen customer of second-hand goods in Canberra and I used to work in the recycling sector, including with the previous operators. So I know a little about this field. The new contract has a complex tracking system which requires them to track and weigh each individual item accepted into the facility, recording where it was accepted, how much it weighs, which reusable stream it fits into, where the item is now, the date on which it was sold and how much it was sold for. The ACT has never tracked high-volume waste streams like that. It is a little bit like asking Corkhill and CSG to count each blade of grass before composting it or asking the garbage truck drivers to stop their trucks and tag each piece of rubbish before emptying the bins. Why does the reusables contract require individual tagging, weighing, and tracking for millions of items?

MS CHEYNE: I thank Ms Clay for the question. I would note that landfill and resources that can be reused are quite different in terms of their social, environmental and economic value. For this reason, they are measured differently. I think this is the important point. We firmly believe that the reuse sector can help the government meet our waste policy targets as they relate to environmental and social impacts. But we do

not know if targets are being met if they are not being measured.

The new contract contains reporting requirements to ensure that the territory is able to monitor and detail the amount of goods received and the value of goods received and transparently account for how they are reused in the community. It includes a requirement for the contractor to detail an acceptance and rejection policy that prioritises resource recovery and circular economy outcomes as well as a requirement to develop a reporting and recording plan, which requires the contractor to detail their preferred methodology for reporting the quantity of reusable items accepted, sold, donated and, indeed, disposed to landfill. Both of those requirements are to be approved in partnership with the territory. The government is not being prescriptive in how the contractor achieves this. The contractor is encouraged to propose efficiencies in collecting this data so that reporting is simplified. It does not require the contractor to weigh every item received but rather to price items in a transparent way. I note that for organisations like this, the National Reuse Measurement Guidelines suggest that the best way to measure impact for these is to use revenue breakdown as a proxy measure.

MS CLAY: Minister, do you think the contract gives an incentive to accept less material and sell items for higher prices because there is so much labour involved in each item?

MS CHEYNE: No, I do not. As you heard in my previous response, this is something that the successful tenderer, Goodies Junction, can work with the government in developing, and efficiencies are encouraged. We do need that data, and we are not shying away from that. The contract does not limit the ability of the contractor to accept material by any means but rather asks them to be transparent and to publish how they will be doing this in a way that is visible and has oversight from the territory. In doing so, this should incentivise them to undertake the operations of the facility in an efficient and transparent way.

MISS NUTTALL: Minister, why does the contract contain elaborate tracking requirements but no minimum recycling requirements?

MS CHEYNE: To go to the first point of that question, I certainly would not accept that there are elaborate tracking requirements in the contract. As I said in my two previous responses, this is something that will be developed in partnership with and approved by the territory. We simply have set some parameters that Goodies Junction is to work through. That will be worked through over the coming while. I do not accept that they are elaborate. But, equally, I do not shy away from the fact that we need to have the data so that we know what the measurements are and we know how we are tracking towards and against targets. My understanding is that the contract was not able to detail minimum recycling requirements, because the previous reporting under the old contract was not available.

Education Directorate—ACT Integrity Commission

MS LEE: My question is to the Attorney-General. Attorney-General, I refer to the legal proceedings by Ms Haire, where you, as Attorney-General, were notified of the proceedings. In recent comments to the media, you said:

> … the Supreme Court invited, in fact, ruled that the Attorney-General should be notified of this in case the government wanted to intervene.

You went on to say:

> And we decided not to intervene because the advice I had, and the view we formed, was that the Integrity Commission was perfectly capable of making the case itself and there was no role for the government in this matter.

Attorney-General, who is the "we" and who did you consult with in making your decision not to intervene in the action that Ms Haire has brought against the Integrity Commissioner seeking to shut down an active corruption investigation?

MR RATTENBURY: I consulted with the Solicitor-General and the Director-General of the Justice and Community Safety Directorate, and my own staff will have had some input into the conversations.

MS LEE: Attorney-General, have you sought advice as to the next steps, in the event that Ms Haire's Supreme Court proceedings are successful and there is a finding of bias against the Integrity Commissioner, regarding the status of the investigation of Operation Kingfisher? If so, what is that advice?

MR RATTENBURY: Firstly, I note that it is a hypothetical question; nonetheless, rather than let the insinuation hang out there—

Opposition members interjecting—

MADAM SPEAKER: Members!

MR RATTENBURY: What I can say is that I have not sought advice on the matter because there is no role for the government in determining how the Integrity Commission undertakes its investigations. Ms Lee should know this. She was on the committee that put the legislation together. She knows this legislation. She knows there is no role for me, as the Attorney-General, to be involved in the way that the Integrity Commission undertakes and conducts its investigations.

MR CAIN: Attorney, did you discuss Ms Haire's legal proceedings or the payment of her legal fees with any other members of your cabinet, apart from the Chief Minister; and, if so, to whom and when?

MR RATTENBURY: No, I did not.

Planning—statement of planning priorities

MS ORR: Madam Speaker, my question is to the Minister for Planning. Minister, can you provide the Assembly with an update on your recent Statement of Planning Priorities?

MR STEEL: I thank Ms Orr for her question and for her interest in planning in the ACT, which is longstanding. As members would be aware, I recently published the Statement of Planning Priorities. The statement expands on the work undertaken

recently to deliver a new outcomes-based planning system which focuses on good design outcomes, rather than an over-reliance on hard metrics or ticking a box. This has allowed me to identify opportunities to direct planning outcomes in the future and has been informed by some of the conversations that I have been having with the community and stakeholders since I became the minister in December.

The statement outlines a range of priorities that I have identified for the future and sets out the work needed by the Environment, Planning and Sustainable Development Directorate. Members will note that there is a strong focus on planning for more housing in the statement, particularly around key precincts like shopping hubs and transport routes. Housing has been a key theme for me since becoming the minister. That reflects the state of the current housing market and the need to increase housing supply, but there are other areas in the statement as well.

Since becoming a member of the Assembly, and as the Minister for Multicultural Affairs, I have heard from many community groups that there is an increasing demand for land for cultural activities. I understand the importance of using planning approaches to support the needs of the community. An example of an important planning tool is undertaking community needs assessments to inform what community facilities are needed. We are focusing not just on housing but also on the supporting facilities and services to enable strong cultural, recreational and social connections in the ACT. One of the priorities identified will be to release community facility sites, which will provide opportunities for centres of community activities and also places of religious worship.

MS ORR: Minister, how will the Statement of Planning Priorities lead to more houses and better housing outcomes for Canberrans?

MR STEEL: I thank the member for her supplementary question. I have identified that building more houses for Canberrans is a key priority for the planning portfolio. We know that housing is critical nationally, and here in the ACT we need more dwellings to support our growing population. Housing is a priority, and that is demonstrated in the ACT government's commitment to build thousands of new homes—in fact, beyond our per capita share of the national housing target of 1.2 million well-located homes to be built over five years from July.

Canberra is an attractive place to live. We know that Canberra and the surrounding regions are experiencing high levels of population growth. That is why it is critical that we increase the diversity of housing supply to improve housing access, choice and affordability for Canberrans.

The statement identifies that the next stage of planning reform will be focused on housing supply and includes enabling more low-density, missing middle housing in Canberra. I have heard from the community that Canberra has a lot of high-density, multi-unit housing or single residential homes, but there is an opportunity to provide more housing in between. The government have made some changes to the territory planning system through the review, but we will be undertaking some work on a new missing middle design guide that will look at the opportunities to provide a more diverse range of housing choices in existing suburbs.

We will also be working with the community and stakeholders, particularly architects and planners, on how we can provide well-designed, sustainable and affordable homes in existing suburbs in Canberra. It is important that this work is design-led. Before we make any changes to the Territory Plan, I want this work to show in detail what forms of missing middle housing can fit into a typical Canberra street, down to the view from the neighbour's window and how to incorporate green spaces.

MR PETTERSSON: Minister, where will these new houses be located?

MR STEEL: I thank Mr Pettersson for the supplementary question. As I described in my response to the previous question, I want to see more houses built where Canberrans want to live. I want to target both existing suburbs, where there is more opportunity for well-designed, missing middle housing, as well as continuing the development of new housing estates in greenfield areas. We know that there is a strong argument for urban infill, and this is supported through the infill targets of the ACT Planning Strategy.

We know that houses close to transport routes are attractive. They provide Canberrans with access to public transport and good road and cycling infrastructure amenities. We have seen the way that light rail, in stage 1, has delivered more housing for Canberrans and more commercial opportunities as well. We want to look at what other opportunities there are on other transport corridors in Canberra to provide more well-located, transport-oriented development and more housing close to good public transport options, as well as active travel and other transport connections.

We also want to look at opportunities for well-located, well-designed, missing middle housing. That is an opportunity for Canberrans to age in place in the suburb that they might currently live in, to be connected with their community as they age. It also provides opportunities for families to find a home that is well located, that still has a garden and that is close the established services that they want to live near. These are the opportunities that we will work through, through the development of the new missing middle design guide.

I also want to highlight one particular focus of the priority statement, which will be the delivery of a new southern gateway planning and design framework. Similar to the northern gateway framework, this will establish an integrated land use and transport plan for Canberra's southern transport corridor.

Schools—racism

MISS NUTTALL: My question is to the Minister for Education and Youth Affairs. Minister, a report was delivered in March 2023 titled *It really stabs me*. It was a joint project by Curijo, the Multicultural Hub, and the Children and Young People Commissioner which covers the experiences of racism among children and young people in the ACT. The findings in this report uncover a shocking amount of casual racism specifically within education settings here in the ACT. What anti-racism programs are currently in place within ACT schools, and how is the efficacy of these programs measured?

MS BERRY: The Australian Curriculum requires that a range of programs are provided in our ACT schools and schools across the country. These programs include Racism. It

Stops With Me, and Racism. No Way! Of course, our public schools are implementing the Positive Behaviour for Learning program, which is about ensuring that students have a positive experience in school rather than a negative one and that families and teachers are also part of the implementation of Positive Behaviour for Learning, using more positive language rather than negative language, such as "We walk" instead of "We don't run." Those are the kinds of descriptions that are used in our schools to enforce the Positive Behaviour for Learning program.

More than half of our schools have been working through implementing the Positive Behaviour for Learning program, which is an international and national evidence based and multi-tiered behavioural framework that supports positive outcomes for students in their social, emotional and academic development. The program is provided across all levels of school, and age-appropriate systems are put in place for students across all of those areas.

MISS NUTTALL: Minister, what further steps is the ACT government taking to proactively eliminate racism being experienced by children and young people in ACT schools, given what was seen in the *It really stabs me* report and in view of the new positive duty obligations under the ACT Discrimination Act?

MS BERRY: I have just described some of the programs that are required under the curriculum that ACT public schools deliver on. Our ACT public schools also have reconciliation plans and often include Indigenous language, culture and art on their uniforms and school, making sure that each school is culturally appropriate, regardless of where a person or family comes from or their background. We will continue to make sure that our schools are culturally appropriate, friendly and safe places for everyone.

MR BRADDOCK: Minister, will the ACT government formally respond to the *It really stabs me* report?

MS BERRY: I do not think it is a report that the government is required to formally respond to. It is not a report that the government has developed. However, I will look at the recommendations and see where the government, and particularly the Education Directorate, is up to in implementing the Australian Curriculum and making sure that our schools are as safe as possible for everyone.

Justice—character references

MR BRADDOCK: My question is for the Attorney-General.

I am interested in the roundtable you chaired on 24 June regarding the "Your Reference Ain't Relevant" campaign, which seeks to remove good character references from being considered when sentencing child sexual abusers. What was the purpose of the roundtable, and what was discussed during it?

MR RATTENBURY: I recently tabled the government response to the petition that Mr Braddock did sponsor to the Assembly about the "Your Reference Ain't Relevant" campaign. In the government response, we noted that it was timely to consider what reform might look like in the ACT to make the sentencing process more trauma-informed, but we also acknowledged the range of stakeholder views in this

matter.

On my behalf, the Justice and Community Safety Directorate have undertaken some initial consultation on this potential law reform. Whilst the government is minded to make a change, we noted the range of views amongst stakeholders, and I formed the view that it would be valuable to bring together different community perspectives to try to find a collaborative way forward. I did host a roundtable with key criminal and justice stakeholders, victim-survivor advocacy groups and government officials, and the aim was to discuss options for reform regarding the use of good character references in the sentencing of child sexual abuse matters.

The discussion was prefaced by an acknowledgement of the traumatising impacts of the sentencing process of victim-survivors of child sexual abuse, and the power imbalance present between a child and offender in such cases. So-called good character references were recognised as another barrier to people reporting their abuse. It was noted that good character is often inextricably linked to the opportunity for abuse to occur, as offenders often rely on their so-called good character in the community to commit the offence and silence the victim-survivor.

The narrow scope of the provision was raised, and some cases have found that it does not apply to familial connections—so instances where the perpetrator was actually a family member, which of course is a very significant breach of trust. In those circumstances, the way the law is currently written, the preclusion of the use of good character references is not addressed. *(Time expired.)*

MR BRADDOCK: Attorney-General, following this roundtable, what are the next steps that the government is planning in this space?

MR RATTENBURY: I can say the discussion was very useful in the roundtable that was held just a couple of weeks ago. Various stakeholders brought a range of perspectives. They listened to each other carefully. They raised questions about each other's perspectives, and the Justice and Community Safety Directorate was given a number of pieces of caselaw reference that would be relevant to further research as well as some ideas on how to frame a potential legislative change.

Having received that information, I have asked the directorate to do further work now. I will continue to consider possible options. Those at the meeting have been invited to send further information. We will also give them an update on the work that we are doing, and once we have had an opportunity to examine that, we will make some further decisions.

We also note there is a petition in the New South Wales parliament and the matter has been referred to the New South Wales Sentencing Council. At the Standing Council of Attorneys-General, I will also be engaging with the issue, which has been put on the agenda as an agenda item by New South Wales. So there is a process now of considering advice and also the approach that other jurisdictions are taking.

MS CLAY: Attorney, what have you learned about addressing sensitive community concerns through a roundtable like this?

MR RATTENBURY: I was very heartened to see all the parties at the roundtable discuss these really difficult and sensitive issues with respect for the views of others and to be so receptive to different perspectives. I think stakeholders being in the room talking to each other invited a degree of collaboration. It invited people to listen to each other's perspectives. I think that was incredibly valuable on what can be difficult issues, rather than parties just making submissions to government and leaving it for the government to work it out. Whilst government has a particular responsibility, I think there is real opportunity here to bring stakeholders together, hear each other's views, speak more frankly than is possible in exchanges of letters or written submissions or through perhaps public debate, and create an environment of trust where people can have those conversations.

I want to really acknowledge the way that participants conducted themselves during the discussion, and I would particularly like to thank Victim Support ACT and the new Sexual Assault Legal Service of the Women's Legal Centre, specifically Margie Rowe and Erin Priestly, who assisted in shaping how we put this workshop together in the most trauma-informed way.

Economy—tourism

MR PETTERSSON: My question is to the Minister for Tourism. Chief Minister, the latest *Tourism businesses in Australia June 2018 to 2023* report was released in April, what does this reveal for the ACT?

MR BARR: I thank Mr Pettersson for the question. In short, the data from Tourism Research Australia reveals a sector that continues to grow and a tourism sector that continues to set records. The tourism business in Australia report indicated that there are now 4,665 tourism-related businesses in the territory, which is one in every seven businesses operating in Canberra. The sector has seen significant growth. Over the past five years we have seen the second highest growth rate of all the states and territories, with the sector growing at about 3.2 per cent per annum. I want to acknowledge particularly the local entrepreneurship through the very high proportion of sole businesses and micro businesses that make up not quite three-quarters of tourism businesses here in the ACT. This is broadly consistent with the make-up of the industry nationally, but this data gives us great encouragement for the future of the tourism industry in Canberra.

MR PETTERSSON: Chief Minister, how is the growth in business numbers driving broader economic growth, including the sector's contribution to gross state product?

MR BARR: The tourism sector contributes 5.3 per cent of the territory's gross state product and that has grown nine per cent compared to the pre-pandemic levels. Figures for the calendar year 2023 showed that we welcomed 5.8 million visitors who added $3.8 billion to our economy in that year. This was a year-on-year increase of $770 million or growth of more than 20 per cent. The positive impact of tourism also extends to employment. The sector employed 20,280 workers accounting for 7.5 per cent of all of the filled jobs in the ACT. So one in every 13 workers in our territory are part of the tourism industry.

DR PATERSON: Minister, what is the ACT government doing to support new and

growing businesses in this sector?

MR BARR: I thank Dr Paterson for the supplementary. I think it is an important to acknowledge the contribution from the sector and the private investment that occurs but the government also provides support in a range of targeted ways. One such example is our Tourism Product Development Fund. Through this program we invest to support projects that grow the visitor economy through infrastructure investment. The program has helped bring new attractions to our city, an example being the Treetops Adventure at Majura Pines. It has also helped existing businesses to grow and expand, for example The Truffle Farm now provides on-farm accommodation, expanding their eco-tourism offering. The program has supported the upgrade of the marquee at The Jetty on Lake Burley Griffin to further improve activation of the shores of that lake. Since its establishment as a post-COVID recovery measure, this fund has had a very positive impact on the tourism sector, and I look forward to announcing the next round of projects and local tourism businesses that we will support, in the near future. I ask that all further questions be placed on the notice paper.

Supplementary answer to question without notice
Hospitals—North Canberra Hospital

MS STEPHEN-SMITH: I seek your guidance on a matter arising from question time in the last sitting week. Am I able to do that now? It is to table a document and speak briefly to it.

MADAM SPEAKER: Yes, please.

MS STEPHEN-SMITH: I table:

> Attachment A—Accreditation areas of focus and associated actions.

In question time in the last sitting, Mr Cocks asked whether I would table attachment A to a brief that had been released under freedom of information on the accreditation review of North Canberra Hospital and Clare Holland House. Notwithstanding that Mr Cocks's interpretation of what this was related to was incorrect, I table attachment A, which I was not able to do during the day on that last sitting day.

To provide some context around it, I reiterate that North Canberra Hospital and Clare Holland House were assessed against the National Safety and Quality Health Services Standards from 27 February to 1 March 2024. That document dates from 27 November. Canberra Health Service was notified on 1 March that these services had met all standards, with five "met with recommendation" actions. Significant work has been completed to ensure the actions are met prior to the return visit on 13 June. I was advised on Friday, 24 May by the responsible senior executive that she was satisfied that all of the required work had been done. Again, I pass on my congratulations to the team at North Canberra Hospital and Clare Holland House.

Answer to question on notice
Question No 1817

MS CLAY: Madam Speaker, I have an overdue question on notice, No 1817, from the

Minister for Housing and Suburban Development. We asked a question about the lack of uptake on the land release for affordable public and community housing and the answer was due back on 13 May. We are hoping to get that information soon.

MS BERRY: I was not sure if that was a question; I thought she was just making a statement. Yes, absolutely we will get a response to Ms Clay soon. We are just clarifying the data and making sure that it is correct.

Papers

Madam Speaker presented the following papers:

Auditor-General Act, pursuant to subsection 17(5)—Auditor-General's Report—No 4/2024—Planning and delivery of services for young people with moderate to severe mental illness, dated 31 May 2024.

Bills, referred to Committees, pursuant to standing order 174—Correspondence—

Bills—Not inquired into—

Environment Protection Legislation Amendment Bill 2024—Copy of letter to the Speaker from the Chair, Standing Committee on Environment, Climate Change and Biodiversity, dated 31 May 2024.

Justice and Community Safety Legislation Amendment Bill 2024—Copy of letter to the Speaker from the Chair, Standing Committee on Justice and Community Safety, dated 23 May 2024.

Monitoring of Places of Detention Legislation Amendment Bill 2024—Copy of letter to the Speaker from the Chair, Standing Committee on Justice and Community Safety, dated 23 May 2024.

Standing order 191—Amendments to—

Domestic Violence Agencies (information Sharing) Amendment Bill 2023, dated 21 May, 22 May and 23 May 2024.

Road Safety Legislation Amendment Bill 2023, dated 21 May, 22 May and 23 May 2024.

Mr Gentleman presented the following papers:

Education Act—Education Amendment Regulation 2024 (No 1)—Subordinate law SL2024-4 (LR 28 March 2024)—Revised explanatory statement, dated June 2024.

Electronic Conveyancing National Law (ACT)—Electronic Conveyancing National Law (ACT) Participation Rules 2024—Disallowable Instrument DI2024-29 (LR, 28 February 2024)—Revised explanatory statement, dated 4 June 2024.

Magistrates Court Act—Magistrates Court (Building Infringement Notices) Amendment Regulation 2024 (No 1)—Subordinate law SL2024-2 (LR, 29 February 2024)—Revised explanatory statement, dated May 2024.

Subordinate legislation (including explanatory statements unless otherwise stated)

Legislation Act, pursuant to section 64—

City Renewal Authority and Suburban Land Agency Act—City Renewal

Authority and Suburban Land Agency (Agency Board Chair) Appointment 2024 (No 1)—Disallowable Instrument DI2024-93 (LR, 24 May 2024).

Commissioner for Sustainability and the Environment Act—Commissioner for Sustainability and the Environment (State of the Environment Report—Reporting Period and Reporting Day) Determination 2024—Disallowable Instrument DI2024-91 (LR, 13 May 2024).

Legal Profession Act—Legal Profession (Bar Council Fees) Determination 2024—Disallowable Instrument DI2024-92 (LR, 9 May 2024).

Nature Conservation Act—Nature Conservation (High Country Bogs and Associated Fens Ecological Community) Action Plan 2024—Disallowable Instrument DI2024-94 (LR, 23 May 2024).

Official Visitor Act—Official Visitor (Housing Assistance) Appointment 2024 (No 1)—Disallowable Instrument DI2024-96 (LR, 13 May 2024).

Australian Public Service—support

MS ORR (Yerrabi) (3.01): I move:

That this Assembly:

(1) notes that:

(a) Peter Dutton, the Leader of the Federal Liberal Party, in his 2024 budget reply speech stated he would slash Canberra centric public service jobs if the Liberals came to Government; and

(b) the Federal Liberal Party has appointed a Shadow Minister for Government Waste specifically tasked with targeting public service employment numbers in line with Federal Liberal Policy;

(2) further notes that:

(a) the Canberra Liberals have, to date, failed to call out Peter Dutton and the Federal Liberal Party for their dismissal of the need for a properly staffed Australian Public Service (APS) and belittling of Canberra as the home of the Federal public service;

(b) the Canberra Liberals have pledged, that if elected, they will undertake a range of broad reaching and significant reviews of government programs and services without providing any commitment to retain jobs; and

(c) past practice of employing a shadow workforce on labour hire arrangements is substantially less cost-effective for governments than employing public servants directly; and

(3) calls on all parties in the Legislative Assembly to:

(a) write to the Leader of the Federal Liberal Party calling for them to stop their targeting of APS jobs and unreasonable bashing of Canberra as the home of the APS;

(b) table a copy of the letter in the next sitting period; and

(c) demonstrate the value they hold for our own public service by ruling out decreasing the size of the ACT Public Service by stealth, as part of any election commitments seeking to review government programs and services.

I rise today to speak on my motion calling on all parties in the Assembly to do two easy things: firstly, call on the federal Liberal Party to quit their cynical targeting of Australian public service jobs and their unreasonable but predictable bashing of Canberra as the home of the APS; and, secondly, demonstrate that they value our own public service by ruling out any intention to decrease the ACT public service size by stealth through election commitments to review government programs and services.

This motion comes as a direct result of the recent comments and actions of the federal Liberal Party. In his budget reply speech on 16 May 2024, the leader of the federal Liberals, Peter Dutton, promised to slash what he described as "Canberra-centric funding" in favour of defence spending—which, just as an aside, appears to imply he thinks it is one or the other.

Specifically, Mr Dutton said:

> The Government has announced an additional 36,000 public servants in this Budget costing Australian taxpayers $24 billion over four years. The Coalition sees areas like Defence as much more of a priority than office staff in Canberra given the precarious times in which we live and threats in our region. We will reprioritise Canberra-centric funding and make an additional investment in Defence to rapidly enhance the capability of our men and women in uniform.

Looking after our national safety and security is not a binary proposition with adequately staffing our public service. We can and should do both. Mr Dutton's comments also fail to recognise that the defence positions which directly support our national safety and security capability are located here in Canberra.

Remarkably, the federal Liberal Party have also appointed a shadow assistant minister for what they call "government waste reduction" who has been specifically tasked with targeting public service employment numbers. My question is: what would be cut? Would it be the public servants working in Centrelink call centres, reducing the mammoth service wait times that became endemic under the last coalition government? Or would it be the staff at the NDIS, who are working to shorten processing times for people relying on NDIS packages? Or would it be cutting the recently increased staffing levels of immigration that were hired to help process the backlog of more than a million visas? When Labor came to government in 2022, problems across the public service were widespread. There were not enough staff at the Department of Veterans' Affairs, leaving veterans stranded without assistance and 41,000 compensation claims sitting unallocated. These are the people the federal opposition looks to cut.

If the Liberals were to have the power to implement their ideologically driven plans, I wonder if the Minister for Government Waste Reduction would direct his focus to ensuring that his colleagues did not rack up another $21 billion on labour hires in the public service, as they did last term, because it has become blatantly apparent that the cost of outsourcing is higher than employing public servants directly.

Rather that committing to cutting the public service, I believe the Liberal Party federally may need a refresher on what exactly the Australian public service does and how crucial it is in the work of the government. Public servants are responsible for assisting the government to carry out many of its functions, including preparing policy advice to

ministers, implementing policy decisions, drafting legislation, managing contracts to ensure the delivery of government programs, and the list goes on. The public service provides crucial services like our Medicare system, our public education systems, managing our international trade imports and exports, upholding relationships with other countries, and, again, the list goes on and on.

In this context, the idea that adequately and promptly staffing the public service is wasteful is, put simply, an insult to the public service and the task of government as a whole. This is just another episode in a line of ongoing displays of the federal Liberals' dedication to spectacle, mismanagement and their cult of privatisation. It has nothing to do with cost savings. I sense that the federal Liberals are echoing the old generalisation of public servants as an industry of overpaid and lazy workers. Of course, this is not true. I guarantee that if you speak to someone who currently works in the public service, they are going to tell you how busy and dynamic their workload is. You might even get them stating that they are thankful for their job and the industry that they work in.

I also note that the Canberra Liberals have, to date, failed to call out Mr Dutton and the federal Liberal Party for their dismissal of the need for a properly staffed APS and the belittling of Canberra as the home of the federal public service. This is a major concern for the 10.4 per cent of the territory's workforce who are currently employed by the government. These workers do not exist in a vacuum. Everyone in Canberra benefits from the output of service and stimulus to the ACT economy, and I find it particularly ironic that the Canberra Liberals have thus far failed to call out Peter Dutton's disdain for Canberra and Canberrans.

This brings me to the second "calls on" in this motion: ruling out cutting our own public service by stealth through election commitments that commit to reviewing the government services and programs. The Canberra Liberals have pledged that, if elected, they will undertake a range of broad-reaching and significant reviews of government programs and services without providing any commitment to retaining jobs. There is a review of government spending. There is a board of inquiry into health. There is a review into literacy, and the list goes on. But there is no commitment to protecting ACT public resourcing and jobs. Given the strong rhetoric and posturing aspects of their federal counterparts, it is reasonable to question whether the local Liberals, under the same ideology, will bring this attitude to the ACT public service.

This matter is of the utmost importance to Labor. We believe an appropriately resourced public service is vital to delivering for our city and its residents. It is why we invest in and respect our public service. It is why we gave a fair go to GSOs and CSOs. It is why we are converting insecure jobs to secure jobs. It is why we are willing to employ more healthcare workers if we are elected. This is why this motion today is so critical. It really does give the Canberra Liberals the opportunity to reassure ACT residents that, unlike their federal colleagues, they will not in fact decrease the territory's public service by way of broad reviews or reviews of government programs and services. It gives the Canberra Liberals an opportunity to reassure ACT residents that they denounce the federal Liberal Party's thoughtless and cheap bashing of Canberra, as the home of the Australian public service, and the targeting of APS jobs.

The public service is and will always be a big part of our community here in the ACT.

I guarantee we all have friends and family that work in the public service. I, for one, am the daughter of two career public servants and have myself spent many years in the APS. It is an honourable profession and critical to the functioning of our society. It deserves the respect of everyone who relies on it. I am looking forward to full tripartisan support of this motion, and I commend my motion to the Assembly.

MR BRADDOCK (Yerrabi) (3.09): I am a former public servant, and I am proud to have previously worked as a public servant. The public service, at both commonwealth and territory levels, makes significant and valuable contributions to our community. Like many people listening to Mr Dutton's budget reply speech, I felt a sense of dread. I could not help thinking of the disastrous National Commission of Audit undertaken by the Abbott government in the years 2013 and 2014. It laid the groundwork for a devastating attack on the public service, the broader public sector, and public services more generally. To give a few examples, recommendation 38 from the Abbott commission of audit was:

> … the Commonwealth:
>
> a. limit its involvement in housing to providing Rent Assistance payments;
>
> b. extend Rent Assistance to public housing tenants, provided State governments commence charging market rates of rent; and
>
> c. fund the increase in aggregate Rent Assistance payments by re-directing Commonwealth funding from existing agreements with the States for Affordable Housing and Homelessness and the National Rental Affordability Scheme.

Can you imagine how much worse our current rental crisis would be if the Abbott government had followed through on that advice?

The Commission of Audit report was a blueprint for a neoliberal, small government. Recommendation 57 advocated for privatisations, including Snowy Hydro, Defence Housing Australia, Australia Post, the Royal Australian Mint and NBN Co. There was a heavy push to embrace outsourcing, including the Department of Human Services payment system, at recommendation 60. Fortunately, public outcry and widespread dismay at the recommendations helped resist the worst of what could have eventuated. But it is not a rosy story. What followed was the imposition of an average staffing level cap—a term that would haunt public servants for many years to come. Commonwealth public service agencies had their staffing levels constrained, but ministers still wanted the same, if not more, outcomes.

The result was twofold. Firstly, there was the development of a shadow workforce on labour hire arrangements, which would simultaneously see people doing the same work as public servants for less pay, while also costing the government more because of the cut taken by the labour hire firms. Secondly, in conjunction with below-inflation caps on wage growth, anyone with specialist skills had cause to move onto outsourced contractor arrangements. If the department wanted to keep a particularly skilled person, the only way they could do it was to engage them through a firm of their choice, and they were directly incentivised to do so. When your staffing levels are capped, you will use whatever tools are at your disposal to hang on to the best people.

The full experience left a legacy of damage to clean up, which is still outstanding, and

which has not been made easier when conservative commentators bark at every effort to reinvest in our public services. So when Mr Dutton, leader of the federal Liberal opposition, starts talking about his so-called shadow minister for government waste, a chill runs down my spine and the spine of many Canberrans. Canberra is the home of the public service and a cornerstone of our economy. There is little as frightening to Canberra as a planned projected attack on us, our families and our communities. Everyone in Canberra was affected by the Abbot government's decimation of the public service in some way, shape or form.

The silence from the Canberra Liberals on Mr Dutton's Canberra bashing has been, I think, telling. I suspect that in their heart of hearts they know how much Mr Dutton would be disastrous for their electoral prospects here in Canberra. But what is less clear is whether they quietly agree with Mr Dutton or not, and do they have the same plans for the ACT's own public sector? I agree that we should have that on the record. If they oppose this motion then that will help answer that question. For this reason, the Greens will be supporting this motion.

It is one thing to conduct a review of government services with a view to identifying gaps or improving efficiency. But if such a review is done with the principal objective of cutting costs, particularly staff costs, rather than improving services, that is not okay. It is also not okay to not be honest with the Canberra community about what services will be cut to help achieve any theoretical savings.

That is not to say that there are not opportunities to improve efficiencies in the ACT public service. For example, a change I would welcome would be simplification of the administrative arrangements, with a view to reducing the number of ministers that a single directorate needs to advise. Some directorates report to up to five ministers, with all the overheads that entails. There are some substantial inefficiencies that come from having shadow ministerial arrangements, such as portfolios of housing services to housing, or climate action to energy and emissions reduction. This also substantially weakens the accountability framework, with directorates able to avoid a direct line of control and responsibility for their actions or inactions.

What I would not welcome would be a reduction in the scope of work performed by all our directorates. Homelessness services still need to be provided and climate action still needs to be taken. The Canberra community know this, and they expect any incoming government to be frank and honest about any intention to cut the quality or the scope of services being provided. Canberra is a growing city. Mathematically, it follows that the size of the ACT public service will need to grow with it in order to provide the level of services expected. What functions we prioritise and how we best utilise the public service can morph and change, but if we allow the public service to be diminished overall then services to Canberrans will be diminished overall.

I will relish the opportunity to prepare a letter to the federal Leader of the Opposition for my colleagues and I to sign. I welcome the opportunity to call on the federal opposition leader to stop the Canberra-bashing and to come out in support of public servants. I am keen to warn him that any replication of the Abbott government tactics to dismantle public services will be met with extreme prejudice from the Canberra community.

MS LEE (Kurrajong—Leader of the Opposition) (3.15): I rise on behalf of the Canberra Liberals to say that Canberra is the home of the Australian public service. This has always been the strong and unwavering position of the Canberra Liberals, and I thank Ms Orr for the opportunity to allow me to confirm that once again today. I thank our hardworking public servants who, each and every day, are working to serve our community and our country.

In turning to the motion moved by Ms Orr, let us call it out for what it is. We have seen some pretty pathetic motions brought by government backbenchers in this place that have been clearly written by other people in an attempt to score some cheap political points. In doing so, the government backbenchers do a disservice to their constituents. This is yet another demonstration of ACT Labor's lazy and clichéd attacks on us, with fewer than five months to go until the election. They have clearly decided that they cannot have a genuine and robust fight on policy and principle, so now they have resorted to literally making things up in order to mount a scare campaign that shows utter disrespect and disregard for the Canberra community.

Given that Ms Orr's motion alludes to some of the Canberra Liberals' "reviews", as she has labelled them in her motion, I thank her for the opportunity to go through them once again. I will go through a couple of them. The Canberra Liberals announced a genuinely independent review into the government's kangaroo cull, and a moratorium on the cull of kangaroos until the review is complete. This, of course, follows shocking reports about how this government has condoned the clubbing of pouch joeys and joeys afoot, led by a minister who is a member of the Greens, no less. We, as a party, have made it clear that we share the outrage of many Canberrans at the clubbing of joeys, and we have listened to their concerns around the methodologies that have been used to count the kangaroo population.

Another review that we have announced is in relation to the lease variation charge. This commitment has come as a direct result of the housing crisis that has been, in large part, created by the deliberate policies of the Labor-Greens government and follows their very poor attempt to copy the Canberra Liberals' policy on changes to RZ1. Unlike this government, we have genuinely listened to the property sector and what will make a real difference to make sure that we see more houses built in our suburbs. That is in stark contrast to the real reason for the government's poorly thought out RZ1 policy, which is, of course, as everyone knows, to raise revenue to cover up their spending and waste problem.

Another one of our review commitments is to have a royal commission into health, which will give the community an opportunity to take an in-depth and broad look at how this Labor-Greens government has managed to take one of the best performing health systems in the country and make it into what is now consistently the worst performing jurisdiction across a number of key areas in health. The Canberra community deserves genuine and transparent processes in which we can understand how this government has managed to stuff up the health system, despite being in power for more than two decades; despite promising Canberrans, year after year, that they will improve the ACT's emergency department wait times, only to fail year after year. How can this government think that it is acceptable to spend billions of dollars of taxpayer money only to try and claim that it is acceptable to have Canberrans wait an average of 399 days for an endoscopy?

One of the draft terms of reference, when we released the commitment on the royal commission, was to look at staffing shortages in our health system. That is right, Mr Deputy Speaker: to look at staffing shortages. If Ms Orr has forgotten, I will remind her about the code yellow, otherwise known as an internal disaster, which was called last year because several midwives left our public health system, following her government's takeover of Calvary. I will remind Ms Orr, in case she has forgotten, about the multiple accreditation reports that have placed Canberra Hospital on notice for significant staffing shortages which have impacted the clinical needs of the units. We have committed to a royal commission into the ACT health system that will investigate, amongst a myriad of issues, staff shortages that have plagued Canberra's public hospitals, because this Labor-Greens government has failed to keep a good workplace for our nurses and health professionals.

Mr Deputy Speaker, I note that you will address this in a bit more detail, but let us turn to the Canberra Liberals' people-focused public transport policy. Our public transport policy will get Canberrans where they want to go, when they want to get there. One part of our extensive policy is to establish the ACT transport task force. It is proposed that this task force will look at workforce shortages in Transport Canberra. That is right, Mr Deputy Speaker; once again we are looking at workforce shortages. That is because there are not enough bus drivers currently employed by Transport Canberra to meet the scheduling demand for community needs.

The policy of the Canberra Liberals places bus drivers at the centre. We will recruit and retain more drivers. We will recruit and retain more frontline staff in transport. Let us be frank, Mr Deputy Speaker. The only parties in this Assembly that have replaced public service jobs are Labor and the Greens, who have privatised light rail and who engaged drivers from Queanbeyan for major events. Talk about hypocrisy!

The reviews, as referred to in Ms Orr's motion, that the Canberra Liberals have announced, if anything, look to strengthen the public service in many areas where this government has failed. Ms Orr's motion also notes:

> … past practice of employing a shadow workforce on labour hire arrangements is substantially less cost-effective for governments than employing public servants directly …

I hope Ms Orr has passed on that advice to the Chief Minister, who, in his own directorate, spent more than $62 million on consultant fees, contractors and professional services in 2023. Maybe she should give some advice to the health minister, who spent more than $50 million on visiting medical officers, and a further $28 million on agency staff, because she has created such a toxic workplace culture that we have problems with retaining permanent staff at the rate that we need them. If Ms Orr is worried about a shadow workforce, and the cost of this to government, we look forward to her asking some tough questions of her own ministers during estimates and question time, rather than the usual Dorothy Dixers.

This motion, clearly, is a very poorly executed stunt. If what I have said is not amusing enough, let us look at the farcical claim of a "slash and burn". There are two members in this place that are responsible for a slash and burn of the ACT public service; that is,

Mr Barr and Mr Rattenbury.

Cabinet documents—some of the ones that we have had released, despite this government's under-resourcing of that department—show that on 18 December 2012 Mr Barr was sent a brief entitled "Enhancing Budget Capacity". That brief outlined staffing cuts across Chief Minister and cabinet, health, environment and sustainable development, CIT, the education and training directorate, the territory and municipal services directorate, economic development, and the Community Services Directorate. Those are just the ones we have information about. I have requested a number of other cabinet documents from other years, where they seem to use a similar type of language.

It was not just at the start of his stint as Chief Minister and Treasurer that Mr Barr used his slash-and-burn approach, because in 2017-18, with assistance from the Greens, he again went after the ACT public service. Ms Orr would be interested to know that it was her leader who was quoted as saying, "Excess staff will be in line for redeployment or other options."

Let us be frank: the two people in this Assembly who have been responsible for gunning for jobs in the ACT public sector—or, in Ms Orr's words, doing a slash and burn—are the Chief Minister and the leader of the Greens. Mr Barr and Mr Rattenbury made the deliberate decision to cut these jobs rather than reduce their borrowing and interest repayments. Mr Barr and Mr Rattenbury made the deliberate decision to cut these jobs rather than reducing their spending on dodgy contracts and failed projects, or because this government cannot manage the budget.

Ms Orr, if you want to look after ACT public sector workers, perhaps you need to vote for the Canberra Liberals in October 2024, because it seems that the only people who are gunning for ACT public sector jobs are Mr Barr and Mr Rattenbury, and there is no doubt that that will also be the first place they look to in trying to deliver any of their unachievable and undeliverable policy proposals. Canberra is the home of the public service. The Canberra Liberals have always fiercely advocated on this position, and we will continue to do so.

MR BARR (Kurrajong—Chief Minister, Treasurer, Minister for Climate Action, Minister for Tourism and Minister for Trade, Investment and Economic Development) (3.26): I thank Ms Orr for bringing the motion forward, and I am very pleased to indicate on the public record this afternoon that I will support the actions outlined in part (3) of the motion. I will write to the leader of the federal Liberal Party, I will table a copy of that letter in the next sitting period, and I will meet part (3)(c) by demonstrating our commitments in the forthcoming budget and, indeed, to the public sector in the ACT over the coming months.

I note in Ms Lee's contribution one review that she had announced and did not list: the independent budget audit that she announced in August of 2022. In her media release she referenced Campbell Newman's 2011 commission of audit, the New South Wales Liberal government's 2012 commission of audit and a similar process undertaken by the Victorian state Liberal government in 2011, all of which were about recommendations to cut the public sector. It was a curious omission from the list of reviews that she has called for. She either does not now support the commission of audit that she demanded this place support in August 2022 or she is hiding something. It was

a very clear omission from the list of commitments that she has made in this place and, in fact, demanded that other members support.

I acknowledge, as the leader of the Labor Party, the importance of the public service at both a federal and a territory level. That has never been in doubt. From our perspective, and indeed that of our federal colleagues, represented through Senator Gallagher and our lower house members who are working hard to restore the Australian public service, following a decade of Liberal mismanagement, our position is very clear.

The Prime Minister is not going around suggesting that he would "reprioritise Canberra-centric funding", unlike the leader of the Liberal Party. I think everyone knows the Liberal Party is toxic for Canberra. Canberra voters expressed that view very clearly in 2022, as they did in 2020, 2016, 2012, 2008, 2004 and 2001. Throughout this century, the very consistent view that the Liberal Party is toxic for the public sector and toxic for Canberra is one that Canberrans have clearly indicated when they vote on who the government should be. It was disappointing but perhaps not surprising that this continued position of the Liberal Party was expressed again by the Leader of the Opposition. There was a further example through the budget reply to bash our city and indicate that the public sector had very little value in the eyes of the Liberal Party: "We will reprioritise Canberra-centric funding."

Mr Cocks: A point of order, Mr Assistant Speaker: the Chief Minister has just suggested that the Leader of the Opposition, Ms Lee, who is in this place, supported a number of statements which are clearly not Ms Lee's position.

MR ASSISTANT SPEAKER (Mr Cain): Thank you, Mr Cocks. Unless there is a substantive reflection upon the member's character or something, there is no point of order. Mr Barr.

MR BARR: Thank you, Mr Assistant Speaker. Mr Dutton said:

> We will reprioritise Canberra-centric funding …

And he went on to say:

> The Coalition sees areas like Defence as much more of a priority than office staff in Canberra …

On behalf of all the office staff in Canberra that have been denigrated, I condemn and reject that assertion from the opposition leader. It is disappointing to hear this again. We have heard this repeatedly from the Liberal Party. It is an attitude that is so disappointing, but it does not just extend to the Leader of the Opposition. The shadow Treasurer took this up as well in his address to the Press Club. In responding to questions, he referred to spending and unnecessary waste, including 36,000 commonwealth public servants.

The leadership of the Liberal Party has the view that public servants are unnecessary waste, that "Canberra-centric funding" is inappropriate, and that defence is much more of a priority than "office staff in Canberra". There you have it from the opposition leader and the shadow Treasurer: a very clear but, I regret to say, consistent position from the

Liberal Party. Canberrans know that. They are not silly. They see and hear that, and they know that it is they who are being spoken about.

I think Ms Orr is right to raise this matter today. She is right to highlight the implications for our city and for the lives of those individuals. In relation to parts 3(a), (b) and (c) of Ms Orr's motion, we have an opportunity today to make a very clear statement. We have already heard from two political parties in this place their willingness to respond positively to those calls. What we did not hear from the Leader of the Opposition was such a statement.

Most certainly, what we did not hear from the Leader of the Opposition was any reference to her private member's motion of 2 August 2022, demanding an independent budget audit along the lines of Campbell Newman's in Queensland and those in the New South Wales and Victorian Liberal governments. When you call for an independent commission of audit with a view to reducing expenditure, which is what Ms Lee's press release at the time said, that can only mean cuts. So it was curious that she did not mention it. She may wish to come back to the chamber at some point this week and clarify whether that is still the Canberra Liberals' policy.

In closing, I thank Ms Orr for bringing this motion forward. I am very pleased to support the actions contained in it and to once again put on the record our position on the positive role of government in delivering high-quality services for our growing community, the positive role of government in investing in the infrastructure that our growing community needs, and the positive role of government in making a difference in the lives of the most vulnerable.

We believe that. That is why we run for office and that is why, as a government, we enact the progressive policies that we have been enacting and would seek to continue to enact beyond October's election, should we be fortunate enough to be re-elected. Our values are clear, our values are on the public record, and I do not have to run away from motions I have moved in this place, not even two years ago, and pretend that they do not exist, which the Leader of Office has just done in her remarks. I commend Ms Orr's motion to the Assembly.

MR PARTON (Brindabella) (3.36): In responding to this motion, I would say to Ms Orr: is this it? Is this your best shot? Honestly, is this what you have? If this is the best you can muster, it says there is a bit of panic and you are in trouble. This motion smells of panic. This is Mr Barr's version of "Mediscare". We are just going to go back to public servants. I am looking around the chamber to see if I can see Mr Dutton, but he does not appear to be here. He is not a member of this parliament, he does not have a vote in this Assembly, he is not a member of the shadow cabinet and he does not get a say in the policy of the Canberra Liberals.

If we were to draw a line through this motion, in that whatever the federal leader says is what the ACT party must do, then I really look forward to Mr Barr's announcement on overturning the gas phase-out. I would like to know when that announcement is coming, because if we in the ACT are simply parroting what is going on up on the hill then I want to know—and I am sure the Greens would like to know—when we are overturning that policy. The Prime Minister has clearly said that gas is good—that is what he says—and that it is going to play a major role in our future until well beyond

2050. If we are to believe that political parties in the ACT must simply parrot what our federal parties are saying then I look forward to that announcement. I am sure Mr Dutton will be looking forward to getting correspondence from Mr Barr. I think he will be looking forward to that enormously.

As the shadow minister for transport, I do need to point out—and Ms Lee alluded to it earlier—that there are two parties in this place who are hell-bent on privatising Canberra's public transport, and those two parties are Labor and the Greens. There is the Labor and Greens' horrendously expensive, continually delayed and massively flawed tram disaster. I was going to go with "omnishambles", but I thought there was enough hyperbole at the start, so I have just gone with "disaster" at this stage. The massively flawed tram disaster amounts to the privatisation of our public transport system by stealth. Nothing to do with the tram is by stealth, but this is the privatisation of our public transport system by stealth. If you speak to as many TWU member drivers as I do, you would know that the grassroots bus drivers are absolutely aware of the fact that they will be better off and their future will be more certain under a Liberal government than under the current shambles. That just does not line up with this motion at all.

I speak of bus drivers because they fall squarely within my portfolio space. I get the impression that the same sentiment applies across a range of employment categories. You can tell people all you like that the sky will fall in if those evil Liberals win, but most of them have arrived at the conclusion that the sky has already fallen in. And it was not us; it was you.

I go to the recent posts on social media from Mr Steel, saying that our bright and shiny new trams are currently on a boat, or on a spaceship or something coming from another galaxy, because they are coming from so far away. Under the Canberra Liberals' recently announcement transport policy, we will not be shipping new trams from Spain, Ecuador or anywhere else; we will be overseeing the construction of state-of-the-art electric buses by Canberrans and for Canberrans, right here in Canberra.

If ever there was a "girl who cried wolf" motion in this chamber, this is it. Nobody believes you anymore. I would suggest that you bring motions to this chamber about issues that are within the control of this Assembly and stop wasting our time with rubbish like this.

MR COCKS (Murrumbidgee) (3.40): It must be an election year. All the government have now is a scare campaign—the same scare campaign they roll each and every election cycle and the same scare campaign they have been rolling out for decades. It is all they have; it is all they are going to have. This government does not have a leg to stand on.

But I would like to say a great big thankyou to Ms Orr because it gives me the chance to point out how wilfully ignorant this government is when it comes to the history of the APS, particularly the recent history of the APS, over the last decade. If you listen to the Labor Party, they will tell you that they are on the side of the workers and they are on the side of the public service, and they will completely neglect to recall that the Labor Party are the party of Rudd's razor gang. He is the former Labor Prime Minister who came to office on the commitment that he would slash the public service. That is

the commitment that Kevin Rudd made, ahead of the 2007 election, and it is the commitment that he delivered on. He followed through. The Labor Party were utterly convinced that they should cut the public service.

If we thought that was just a one-off, we only have to go a few years into the future, when Kevin 07 mark II decided that the public service was in such a state and that he had overloaded it so much that he should bring in some additional cuts. What that side perpetually like to forget is that the Rudd-Gillard-Rudd period locked in public service redundancies and job cuts ahead of the 2013 election. They love to blame Tony Abbott, but it was Kevin Rudd and it was Julia Gillard and it was Labor who locked those in. Labor are great at spinning a falsehood. Labor are great at trying to convince Canberrans that they are on their side, but they are not.

When it comes to cuts, no-one has the history that Labor does. If we want another example, we only need to turn to the track record in Victoria, where Labor's mismanagement of the economy resulted in a Labor government deciding to slash between 7½ and 10 per cent of its public service. You cannot trust Labor on APS job cuts and you cannot trust Labor on ACT job cuts, because Labor's track record speaks for itself.

Our track record, on this side of the chamber, also speaks for itself. I am the only person in this room right now who has stood publicly in front of a Prime Minister and argued for Canberra as the home of the public service. Publicly, I stood in front of the Prime Minister in 2017. You can find the media articles. I stood there and argued against public service decentralisation. I argued for this place, Canberra, as the home of the APS. What is more, that was on the back of unanimous support from the Canberra Liberals for that motion—unanimous support for Canberra as the home of the APS. This side may be completely ignorant of that fact, but we are standing on the back of a seven-year track record of standing up for public servants at every possible opportunity. We will stand up for public servants in Canberra. We will deliver for people in Canberra. That side will not.

MS ORR (Yerrabi) (3.44), in reply: I am still getting my head around some of the comments. In closing, I would like to thank Greens members for their commitment to calls for action in the motion. While I will not address every single point raised by the three opposition speakers, mostly because I think that will take a very long time, I would like to note that the debate from our opposition counterparts actually went exactly as I thought it would, and that was to essentially deflect from the topic at hand and raise concerns about the Labor government, the Greens and our histories, without actually looking at their own history.

Mr Parton, I think you were bordering a little bit on personal attacks on me, but that is all right, mate. We will be all right. We will get there in the end. He was sort of saying, "Can we not focus on local matters?" I think anything to do with the APS and the ACT public service is definitely a local matter, given the prominent role the profession and the public service play within our city.

Those are the greatest hits in the debate, but, as I said, it was all deflection. While I note that Ms Lee said that she believes that Canberra is the home of the public service and Mr Cocks made similar comments, nowhere throughout any of the opposition speeches

did I hear any of them say that they would commit to, or their party would commit to, the "calls on" in this motion. So what I take from this debate is that Labor is committed to the public service and will take the steps to defend the public service, and that the home of the public service is Canberra. The Greens will do the same. I must say that, at the end of this debate, I am no clearer on where the opposition stands as a party.

I thank those who are supporting the motion. I hope everyone supports the motion and takes the actions that are in the motion. I look forward to us continuing to stand up for Canberra as the home of the public service, as well as for a well-resourced and adequately staffed public service, federally and locally.

Mr Cocks: On a point of order, just to clarify comments: Ms Orr has suggested that it is unclear where the Canberra Liberals stand in relation to the public service and the Australian public service.

MR ASSISTANT SPEAKER (Mr Cain): That is a debating point, Mr Cocks, so please take a seat.

Question resolved in the affirmative.

Mental health services—support

MR COCKS (Murrumbidgee) (3.47): I move:

That this Assembly:

(1) notes that:

(a) Australia is facing a mental health crisis which requires reform at all levels to ensure people have access to the mental health services they need when they need them;

(b) the *Australian Burden of Disease Study 2023* shows mental health conditions and substance use disorders is now the second biggest group of diseases causing illness and premature death among Australians, placing it ahead of musculoskeletal disorders and cardiovascular diseases;

(c) one in five people experience a mental health condition in any year, equivalent to more than 95,000 Canberrans;

(d) mental health is closely linked with social disadvantage, illicit drug abuse, and people with mental illness comprise a disproportionate number of the people who come into contact with the justice system, are arrested, who come before the courts and who are imprisoned;

(e) the National Mental Health Workforce Strategy, released in 2023, indicates the current psychiatry workforce meets only 56 percent of the national need;

(f) Mental Health Australia has highlighted the need to urgently invest in genuine mental health reform nationally, stating "We clearly need to move beyond a piecemeal approach when it comes to funding mental health, and make sure we have the foundations in place to deliver on long-term reforms that will change the trajectory of mental health in Australia"; and

(g) there has been a 12 percent increase in demand for the Child and Adolescent Mental Health Service and a 10 percent increase in under-18s presenting to emergency departments with mental health issues in the ACT;

(2) further notes:

(a) the ABC identified Mental Health as a loser from the Federal Labor Government's 2024-25 Budget;

(b) the Federal Budget maintains Labor's previous cuts to Medicare Benefits Schedule (MBS) supported mental health care;

(c) Federal Labor's 2024 Budget also cut funding for the National Mental Health Commission, including the national Suicide Prevention Office;

(d) organisations across the mental health sector have been disappointed by the Albanese Labor Government's failure to deliver for mental health;

(e) in April 2024, Matt Berriman, then Chair of Australia's peak mental health group – Mental Health Australia – resigned because the Federal Labor Government "was not doing enough in the mental health space", indicating that mental health was not given the attention it deserved; and

(f) Royal Australian and New Zealand College of Psychiatrists, President Dr Elizabeth Moore, has criticised the lack of concrete action from the Albanese Labor Government on addressing Australia's mental health workforce crisis; and

(3) calls on the Leaders of all parties represented in the ACT Assembly to:

(a) publicly highlight the lack of Federal Government action on reform in the mental health sector;

(b) write to the Prime Minister and the Federal Minister for Mental Health, calling for increased action on mental health, dedicated funding to increase the mental health workforce, and reinstatement of the full 20 MBS psychological sessions cut by Labor in the previous Budget; and

(c) table those letters in the Assembly by the close of the last day of this sitting week.

I guess it is that time of year again: another Labor federal budget, another Labor disappointment and another Labor broken promise. Mr Assistant Speaker Cain, mental health matters. You are probably tired of hearing it from me, but I am going to keep on saying it until Labor gets it. Mental health matters, and the federal government is failing on mental health at a time when the need to build matters more than ever.

Demand is up, access is down and there is a very clear need for mental health services across Australia, especially here in the ACT. Let me say that this is very clearly a federal Labor government that came to power with a promise to maintain access to mental health services, but what it has done is cut them at the very first opportunity. It has cut not just mental health funding; Labor cut mental health services available under the MBS by an astonishing 50 per cent.

Labor have tried to justify their cut by spinning it as better targeting, but we have to be clear: this is not a case of reducing the rate of increase or funding that went down whilst services went up. It is very clear that funding went down, services went down and the people missing out are the people with the most complex mental health needs in the

community, those who need the services most. There is no way of spinning their way out of it, as I am sure that Labor and the Greens would like to do. A cut is a cut is a cut. Every report and all the evidence said that MBS psychological services were critical and needed to be increased, but that is not what Labor did. Labor just cut the funding and cut the services.

This year Labor had an opportunity to reverse their cuts to mental health, but they did not. What they have done is they have doubled down. This year it was the independent advice that was on the chopping block. This year Labor cut the independent National Mental Health Commission and the National Suicide Prevention Adviser offices. This is critical. The independence of these functions means that in the context of national reforms—important, critical national reforms—independent advice can hold a government to account in a way no public servant in the Department of Health can.

Again, they will try to blame a trumped-up report; yet it is not that long ago that an independent report, commissioned by the federal government, recommended strengthening and empowering the National Mental Health Commission, empowering an independent voice that could have elevated mental health reform above partisan politics. But Labor said no. I have never seen a government treat mental health with the disdain that Labor has in the past two years. I have never seen a government that has lost so much trust from the sector as Labor has in the past two years.

Things have gotten so bad under this government that the chair of the board of Mental Health Australia—Australia's peak of peak bodies—felt compelled to step down. They felt compelled to step down because, as the motion highlights, they considered that the federal Labor government was not doing enough in the mental health space. They indicated that mental health was not given the attention it deserved.

Following this budget, we have seen a plethora of responses from across the mental health sector. The Black Dog Institute condemns the federal government for not providing adequate funds to complete mental health reform. In fact, the Black Dog Institute points out that this year's budget provides the lowest funding for new measures since 2018. We have gone from a high of over $2 billion, under the coalition government, to just $361,000 from this government.

Mental health is important. We are facing a mental health crisis, and this matters here in Canberra, as it does across the country. In Canberra we are seeing an astounding amount of demand, which is impacting our public services to a significant degree because of Labor's cuts to private primary care services. If we cannot get the federal system sorted then the ACT government is going to be left trying to perform some sort of Spakfilla role to fill all the gaps and cracks that are left.

There are already too many gaps in the mental health system here in Canberra. There are too many people falling through the cracks. There are too many people having to present to the emergency department. There are too many people who have now had to lose out on being able to access community services because, as the funding situation has tightened under the federal and ACT governments, with cuts in real terms to funding, those community services have had to restrict the number of people and the conditions that people have to have to access their services.

We cannot continue like this. People with mental health issues deserve a system that holds them up and supports them. That is not what we have under this government. That is not what we have under this federal Labor government. It is time for Labor and the Greens to join with us, acknowledge the issues and ask the federal government to come on board and fix the problem.

MS DAVIDSON (Murrumbidgee—Minister for Community Services, Seniors and Veterans, Minister for Corrections and Justice Health, Minister for Mental Health and Minister for Population Health) (3.54): I thank Mr Cocks for bringing forward this motion regarding mental health funding and investment by the federal government. It is an important conversation to have, particularly as we know that more people every year are seeking help in responding to mental health crises. Unfortunately, Mr Cocks's motion missed important opportunities to look at the bigger picture of leading causes of mental ill health and to address how we support better health and life outcomes through prevention and early intervention. As such, I move the following amendment:

> Omit everything after paragraph (1)(g), substitute:
>
> "(2) further notes:
>
> (a) that prevention and early intervention are the key pillars of a strong mental health system and that one of the best ways to prevent worsening mental health is to address underlying social determinants of poor mental health, including unemployment, education, housing, poverty, and income inequality;
>
> (b) the Federal Government has committed to $585.5 million over eight years to establish a national low intensity digital mental health service that is free of charge and does not require referral;
>
> (c) additionally, the Federal Government has committed to $71.1 million over four years to primary health networks, to bring mental health nurses and other allied health supports into primary care settings to provide wrap around care for people with severe and/ or complex needs;
>
> (d) the ACT Government has committed additional funding to youth mental health, including funding in this term for Youth Aware of Mental Health, MindMap, eating disorder early intervention and integration of services through the Clinical Hub, the MOST online mental health service, progress towards a youth trauma service, establishment of a child and adolescent mental health unit at Canberra Hospital and expansion of the Child and Adolescent Mental Health Service;
>
> (e) during this term of the government, ACT Government has also expanded the PACER service with a second team, opened a new Step Up Step Down residential mental health service for people aged 18 to 65 years in Garran, supported mums at risk of long term mental health conditions through a dialectical behaviour therapy program at our perinatal mental health service, increased financial support to Winnunga Nimmityjah for mental health support in the Alexander Maconochie Centre, opened the first Safe Haven in Belconnen and funded construction of the second Safe Haven at Canberra Hospital in Woden, and commissioned an Aboriginal and Torres Strait Islander suicide prevention, postvention, and aftercare service through an Aboriginal Community Controlled Health Organisation;
>
> (f) to support our rapidly growing mental health workforce during this term

of government, ACT Government has commenced providing Connecting with People mental health training in our ACT health services, and resourced Directors of Lived Experience in both ACT Health and in Canberra Health Services to develop our peer mental health workforce; and

(g) the ACT Government has stepped in to ensure important youth mental health services, such as WOKE and Stepping Stones, have been able to continue despite Federal Government not having resourced independent evaluations or provided a plan for ongoing funding decisions when these services commenced; and

(4) calls on the ACT Government to:

(a) continue to work with the Federal Government to improve access to mental health care, including at a planned joint Health Ministers and Mental Health Ministers meeting later in 2024; and

(b) write to the Federal Minister for Mental Health to continue to advocate for the expansion of medical training places and specialist training opportunities, including in psychiatry, and continue work to support investment in early intervention.".

Accessing the right supports for mental ill health is a huge challenge for many Canberrans, but it is important to recognise that this crisis has been years in the making and, if we want to find solutions to this crisis, we need to have an honest conversation about where it has come from.

A mental health system that directs people from primary care into Medicare subsidised psychologist and psychiatrist appointments, with a one-size-fits-all approach of everyone having the same number of appointments per year, no matter what their diagnosis or acuity, is not geared to prevention or early intervention. But that is where successive federal governments have concentrated funding, and it is what this motion asks that we do.

The fixation by the ACT Liberals on MBS psychology appointments as the solution to the mental health crisis undermines the many other programs and services available for Canberrans—services which can provide support that might be better suited to their needs or even provided sooner to ensure that the right supports are available when they are needed to the people who need them. It also fails to recognise the highly valued skills of the diversity of our mental healthcare workforce other than psychologists and psychiatrists, including counsellors, mental health nurses, general practitioners and peer workers.

We know that prevention and early intervention are key pillars of a strong mental health system and that one of the best ways to prevent mental health issues is by addressing the social determinants of mental ill health, including worries about unemployment, education, housing, poverty, income inequality, racism and experiences of violence, particularly domestic and family violence and sexual violence. We know for a fact that homelessness and housing instability is on the rise, and we know that people simply cannot live above the poverty line on current income support payments. We need to raise the rate. These are all factors that contribute to poor mental wellbeing.

We also need to continue to address the need for therapeutic services for mental illness.

We need to see more government action on housing affordability, on cost of living, on reducing domestic and family and sexual violence and improving access to primary health care at both the federal and territory level. That is what I came here to do. It is the work that I do every day, and it is what I will continue to do. I will work with members from any political party who want to engage constructively on real solutions to these problems.

It is also critically important that we integrate mental health supports with alcohol and drug services, with other health supports, and with social services such as housing, family supports, financial counselling, disability services and the justice system. We need to ensure that we have the services available to people experiencing situational distress before it reaches a crisis point, and early intervention community-delivered care before symptoms become so acute that a mental health condition requires hospitalisation or becomes a long-term condition.

I also want to note the ongoing investment by the ACT government in mental health services, outreach programs and preventative mental health, all of which strengthen the mental health care options available in our community health centres and in our community. I thank the ongoing work of our Office for Mental Health and Wellbeing, ACT Health and Canberra Health Services in delivering on these commitments to help make Canberra a kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

Programs such as WOKE and Stepping Stones play a crucial role in youth mental health in the ACT. It was very disappointing to see funding for these programs discontinued under the federal Labor government and that the previous federal Liberal government had not resourced appropriate evaluations or made the pathway to ongoing funding clear once the pilot program reached its funding end date. So I was relieved, as I am sure many people in our community were, when the ACT government was able to provide funding to ensure that those services did not shut down last year. I will continue to advocate to the federal government to do the right thing, and I am absolutely committed to supporting long-term funding for these programs.

The ACT government's initiatives in creating a clinical hub for eating disorders, programs for family and carer support and commencing an early intervention service for eating disorders have greatly reduced the waiting list for access to services for this complex mental health condition, demonstrating the value of early intervention.

We have also increased the support available to people who have engaged with mental health services to better empower them in their pathway to recovery and reduce readmissions. These include the Step Up Step Down service in Garran, where many people receiving care have stepped down from inpatient treatment, with additional support continuing after a person goes home. The Wayback Service has been expanded to provide support to more people after a suicide attempt. We have established a new service, delivered by Aboriginal Community Controlled Health Organisation Thirrili, to provide suicide prevention, postvention, intervention and aftercare support to our Aboriginal and Torres Strait Islander community.

We have increased funding to Winnunga Nimmityjah for mental health support to people in the Alexander Maconochie Centre. We have expanded access to perinatal

mental health services, such as dialectical behaviour therapy for mums with or at greater risk of long-term mental health conditions. We are improving the integration of mental health and drug and alcohol services for people with co-occurring conditions, with additional resources provided to our health services and policy areas and to the community sector to enable this. This is something that my office continues to discuss with Ms Haskins, who is here today, and I thank her for her ongoing advocacy for people with co-occurring conditions and in the justice system.

We are also supporting our workforce with mental health training, such as Connecting with People, that is based in compassion. This training has already been delivered to many people in our health workforce, and I look forward to its future rollout for the wider ACT public service. We have employed a director of lived experience within Canberra Health Services to better support peer workers within CHS, as well as a director of lived experience within ACT Health to support the growing network of mental health peer workers across our community, the private sector and the public sector health workforce. The Certificate IV in Mental Health is fee free at CIT right now, which is a great opportunity for anyone wanting to gain qualifications and join our respected and valued healthcare services in the ACT.

These are just some of the many services that provide early support for Canberrans and mean that people do not reach the point where they need urgent and intensive mental health care. As Minister for Mental Health, I recognise the importance of these early intervention programs and I recognise their ongoing role in helping to address some of the reasons why an individual might be seeking mental health support.

I would like to thank Mr Cocks again for moving this motion today, because, if a fixation on psychologists and psychiatrists with no mention of any of the other services we need to be better resourced is what the Liberal political party's mental health policy is based on, he has just given me the best reason to fight as hard as I can to make sure that the next government in this place has even more Greens in it. I hope that I am one of them, because I am absolutely committed to seeing more funding from the ACT government and to advocating for increased federal funding for mental health and alcohol and drug services, public housing, disability support services, family support and frontline services for people who have experienced domestic and family violence or sexual violence. I know that I not the only one in here who wants to see those services well resourced. This is why I ask that members be supportive of my amendment. I look forward to working with the federal government and across jurisdictions to ensure that people can get support sooner.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (4.03): I rise to speak in support of Minister Davidson's amendment and to address some of the comments that Mr Cocks made—firstly, in relation to the National Mental Health Commission, because I think it is important.

Mr Cocks made a number of allegations about the way that Minister Butler has gone about his work. But what he neglected to mention was that the commonwealth Minister for Health, Mark Butler, actually commissioned a review of the National Mental Health Commission in April 2023 to consider matters that had been raised in the media, very

concerning matters, in relation to the Mental Health Commission: to conduct a culture and capability review to ensure that the commission was able to provide a safe working environment and has the capability to perform its role; and to conduct a full-functional and efficiency review to ensure the commission can remain financially sustainable going forward.

On receipt of that, Mr Butler has responded positively with a commitment to strengthen the type of work that the commission was doing. The CEO has resigned—and this is not a comment on the CEO's performance at the time; it is a tough job. This was in the context of the review finding a poor workplace culture, significant budget operating losses, that the agency was operating above its funded staffing levels and that the commission had outgrown its existing systems, practices and capabilities. I am quoting from a *Sydney Morning Herald* article. Mr Butler has promised to reset and strengthen the commission's role. I would also say that, in terms of loss of confidence, the commission's first chair, Professor Alan Fels, is reported to have said earlier in 2023 that the commission had lost the confidence of the sector. This is the context in which Mr Butler is doing this work.

If you were to just listen to Mr Cocks, you would think that everything was perfect in the mental health world under the previous federal coalition government. But that is not the case. I recognise that the former Liberal minister for mental health, Greg Hunt, was personally very committed to getting more mental health funding. Unfortunately, his capacity to get his colleagues over the line on sustainable, ongoing funding was not great. That has led to some of the problems that we see in the system at the moment.

Mr Cocks also talked about primary care. But it is federal Labor that has committed $3.5 billion to triple the bulk-billing incentive for many of those who need bulk-billed primary care the most. It is federal Labor that has committed to things like the primary care pilot that we are doing in partnership with the commonwealth government here in the ACT, which will see some of those who have the most complex health needs, including mental health needs, receiving wraparound services with bulk-billed primary care, connection with Canberra Health Services liaison and navigation and the supports that they need. That is money that has been put in by federal Labor.

I was unaware of Mr Cocks's apparent 2017 advocacy to the then coalition federal government in support of Canberra. I think that is commendable, Mr Cocks. That would make you almost unique amongst your Canberra Liberal colleagues. But, at that time, the Prime Minister was Malcolm Turnbull; so maybe you were under the mistaken impression that he was actually Labor—because he was not really one of you, was he? So maybe that was what gave you the spine to stand up to your coalition colleagues—the fact that he was not actually really one of you at all.

Apart from this instance that you have drawn to my attention, ACT Labor is in fact the only party in this place that has a record of regularly publicly disagreeing with our own federal colleagues, whether they are in government or in opposition. Whereas, under the previous coalition government, the Canberra Liberals were conspicuously silent as primary care was ignored, as was the appropriate funding of Medicare, as our health workforce pipeline was completely ignored and as they persistently failed to provide funding certainty for critical services like dental care—which the previous coalition government actually cut funding to under federal funding agreements and the previous

agreements for dental care. So it is not a strong record for Mr Cocks to be relying on when he criticises federal Labor.

As Ms Davidson's amendment points out, federal Labor has indeed been investing in mental health. But we also have some concerns, and Ms Davidson's amendment lays out a number of significant investments that the ACT government has been making in mental health. I absolutely acknowledge that some of those investments are to pick up the ball where the federal government has dropped it. In relation to the WOKE program and Stepping Stones, we have stepped in where that federal government funding has ceased, as it was programmed to do by the previous coalition government.

But, in rising to speak in support of Minister Davidson's proposed amendment to the motion and indicating ACT Labor's support of it, I want to draw attention to a couple more things. As members would be aware, the Albanese government has spent the first couple of years of its term trying to begin repairing the damage of a decade of Liberal cuts to the health system. As I have mentioned, primary care had been decimated, public health system funding had been, effectively, reduced and mental health services, despite Minister Hunt's commitment, had been consistently overlooked.

Since the change of government, we have seen the Albanese government investing in strengthening Medicare. We all know that our general practitioners are often the first port of call for those dealing with mental health challenges. That is why we, in ACT Labor, invest so much in primary care services for those who are really struggling in our community. For people who are homeless or in insecure housing, for people with alcohol and drug dependencies, for young people, for refugees and asylum seekers and for other vulnerable groups, we explicitly support access to primary care. It is why we support access to after-hours primary care services through the Canberra After Hours Locum Medical Service, which is owned by the practices of the ACT but is subsidised by the ACT government to deliver those after-hours services.

Undoing a decade of Liberal government neglect takes time. I am happy to say that the green shoots of recovery are in sight. In the 2024-25 budget, the federal Labor government invested $360 million over four years to expand the range of free mental health services so Australians can get the right level of care for their level of need. This funding will support launching a new national early intervention service to ensure people can access support before their distress escalates to needing higher-intensity services like a mental health treatment plan, acute inpatient services or a crisis line. We always talk about the importance of early intervention, and the Albanese government is investing. It is investing in providing free mental health services through a network of 61 walk-in Medicare mental health centres and building on the established Head to Health network. They will have their capability upgraded to ensure every centre has psychiatrists, psychologists and GPs on call. Of course, the Albanese is also funding Primary Health Networks in partnership with general practices to bring on mental health nurses and other allied health supports to provide free care coordination and support to patients with complex needs in between GP and specialist appointments.

This builds on investments in the 2023-24 Mid-Year Economic and Fiscal Outlook, with $456.7 million over five years to give certainty to Lifeline's crisis support service and its 13YARN service for First Nations Australians, along with Beyond Blue and Kids Helpline. This funding will allow these national flagship services to keep pace

with demand, providing core crisis support services with broad reach, including to people in rural and remote areas, children, young people and First Nations Australians—again, an injection of funding much needed after a decade of neglect.

In Medicare's 40th year, the Albanese Labor government's 2024-25 budget continues to strengthen Medicare after the damage caused by years of cuts and neglect that began when Peter Dutton started a six-year freeze to Medicare rebates and tried to abolish bulk-billing. It is clear that, with a federal Labor government, Medicare will continue to be prioritised.

Again, I do appreciate Mr Cocks giving us all the opportunity to acknowledge that the Liberals cannot be trusted with health care. With a willing partner in the federal government, the ACT government's amendments are being complemented and supported by the work of my colleague Minister Butler. We always have more to do, and we will advocate for the ACT and for health consumers, no matter who is in government federally—yet those opposite, generally not so much.

As members here are aware, the ACT government has also prioritised investments in mental health during this term of government, with a particular focus on young Canberrans, including to support funding for key priorities for the government—WOKE, which is a dialectical behavioural therapy program; Stepping Stones, a therapeutic trauma service for children under 12; and MOST, which provides early intervention mental health supports for children and young people online. These align with the first health commitment that ACT Labor made in 2020, which was a commitment to mental health services for young people, particularly with a focus on young people with a disability, young people with a trauma background, young people with co-morbidities and young people with mental health and drug and alcohol challenges. That is why we have been designing those trauma services but also providing additional funding to Marymead CatholicCare for their very critical services that work in this space, with some of the most challenged and needy young people in our community.

Continuing to expand access to high-quality, accessible mental health services is something that we have an ongoing commitment to, and we are doing that in partnership with the two Greens mental health ministers that have been in place over the past eight years of government. We have commenced the initial work on a perinatal mental health residential facility and provided more support for perinatal mental health services in the 2022-23 budget. We have commenced work to establish a multidisciplinary service, as I have talked about, specifically for young people with complex mental health needs co-occurring with trauma disability or drug and alcohol use.

Successive ACT budgets have seen significant uplifts in funding for mental health services in the ACT, recognising the priority it is for this government. That includes funding, as Ms Davidson's amendment points out, for things like PACER, which has made a significant difference to the number of people with mental health presentations to the emergency department.

Accessibility of mental health services can only be supported by a strong mental health workforce. Others have said that, and I absolutely agree. The ACT government will continue to work with the commonwealth to expand medical training places and

specialist training opportunities, including in psychiatry—a pipeline that, again, was ignored by the previous government. The Health Workforce Taskforce reporting to health ministers is considering actions to address priority workforce challenges across the mental health sector, including on how to increase the specialist workforce by providing more quality training posts and to increase the number of specialists working in areas outside the major cities. This work is a key priority of health ministers and is part of the broader suite of significant reforms being progressed by the task force on behalf of health ministers.

As chair of the Health Ministers Meeting, I have called a special joint health minister and mental health minister meeting for later in the year, with the support of my colleagues, to continue our joint commitment to improving mental health care in Australia. I look forward to chairing that meeting and bringing together all Australian governments to improve service provision, accessibility, affordability and early intervention.

Mr Cocks, of course, there is more to do, locally and nationally. I and my colleagues will continue to advocate for improvements, no matter who is in government federally. I commend Ms Davidson's amendment.

MR CAIN (Ginninderra) (4.17): I rise in support of the motion presented by my colleague Mr Cocks and thank him for bringing this matter to the attention of the Assembly. I want to commend Mr Cocks for his ongoing advocacy in the mental health space.

As reflected in the motion, Australia is facing a mental health crisis at all levels. Mental health issues are indiscriminate. They can and do affect anyone in our society, regardless of age, race, gender, income or background. Efficient government support at all levels is required to ensure that no-one is left behind when suffering from mental health issues, especially those most vulnerable in our community, who may need more and consistent mental health support than others.

It is clear that the federal and ACT governments are not doing enough to address the mental health crisis in our community, to provide coordinated support for our community and to properly resource this sector. I am, sadly, reminded of the tragic passing of Ms Brontë Haskins. I want to acknowledge the presence of her mum, Mrs Janine Haskins, in the gallery, and thank her for her ongoing advocacy for mental health reform and coronial reform in the ACT. Brontë was a bright, smiling, wonderful young woman who battled mental health and other issues. Unfortunately, her passing was accompanied by a lack of coordinated support from within the ACT government and an inadequacy of resourcing. She did not receive the support that someone in her circumstances deserved.

I want to remind members of the very touching moment when the Brontë Haskins memorial bench was established and commemorated as a result of Janine and her husband's efforts. I was honoured to cooperate with that effort. The bench at Shepherds Lookout in west Belconnen is a testimony to her memory. I will read the very significant and meaningful inscription on that bench, and I encourage all members to take the time to go and visit that spot. It states: "In loving memory of Brontë 'Poppy' Haskins and others gone too soon."

I again want to thank Mr Cocks for bringing this matter to the attention of the Assembly, to highlight the need for federal government resourcing and better coordination and support from the ACT government, to assist those who are suffering with mental health issues. I support Mr Cocks's motion, unamended, in this Assembly.

DR PATERSON (Murrumbidgee) (4.20): I would like to speak to this motion today. It is a little puzzling that Mr Cocks's rhetoric was completely focused on the federal government, but we will proceed.

The recent Auditor-General's report entitled *Planning and delivery of services for young people with moderate to severe mental illness* paints a really concerning picture. In 2022 alone, the Child and Adolescent Mental Health Service community teams were approached on a staggering 1,498 occasions to assist young people in the ACT with mental health concerns. However, only half of those people were deemed suitable for support. Further, an average wait time for the first appointment was 30 days, followed by an additional four-month wait time for the first appointment with a clinician.

These figures are not mere numbers. They represent lived experiences of our young people, whose parents I often speak to, out the front of the shops. I listen to their struggles, and their desperate need for timely and effective support for their children.

Furthermore, I have raised multiple times, in hearings and emails to the Minister for Mental Health, the inadequacies in mental health diagnostic services for conditions like ADHD and autism for people aged above 16 but below 18 years. These people are in a deeply concerning no-man's-land, unable to access proper diagnosis because not only can they not be diagnosed by a paediatrician, but also they cannot be diagnosed by a psychiatrist. There is a diagnostic hole here that requires proper support, particularly for these young people who are in the critical, last stages of school.

Mental health is a critical issue in the ACT, and there are some systemic issues that need to be brought to the attention of the community. I advocate on a range of issues for people in our community, from housing and health to justice issues. However, there is one office and one issue where my advocacy hits a brick wall; that is, Minister Davidson, on mental health. The people that come to me are often at their most vulnerable, experiencing significant mental illness. They are desperate for help and seriously struggling to get it. I do not believe I can say I have successfully achieved a good outcome for any constituent in my advocacy to Minister Davidson.

Minister, you said you wanted to work on real solutions to real problems. Well, I have a real problem for you. I would like to speak to one woman's story. I will call her Lou, to protect her privacy, but she gave me permission to tell this part of her story. This story paints a grim picture of a failure of a system to support someone who is desperately seeking help. It also paints a picture of the escalating cost to the individual, society and the taxpayer when someone cannot get the help they need.

Lou has an extensive trauma history—a history of trauma, injury and mental ill-health. After multiple, very harmful and traumatic suicide attempts and self-harm incidents over the last few months, Lou was admitted to the acute mental health unit at the hospital over the Easter weekend. A few days during her stay there, she was discharged

from the hospital, and it was confirmed that she would be appointed a case manager to support her, following her departure.

We are 9½ weeks on, and Lou still does not have a case manager, and still does not have any support, or therapeutic support. This is despite Lou proactively reaching out to ACT Mental Health multiple times. There are recordings of these calls and, quite frankly, they are a blight on our mental health system.

At the end of these phone calls, her interactions with staff raise serious concerns about the adequacy of trauma-informed service delivery, professional practices and training of staff. I sent these phone call recordings to the Minister for Mental Health and have not received a response.

On 21 May, I again wrote to the Minister for Mental Health, urgently calling for help for Lou, because I could see her health was deteriorating. Lou received a brief phone call the next day from the mental health service. In her words, there was a brief discussion about an apology and moving forward, and being put back on the therapy team's list. Lou was advised of who would be her case manager moving forward. Another week passed and still she heard nothing.

Last week, she received a text message from MyDHR stating that an appointment for 90 minutes had been made, but there was no indication of who, what for, when and who had made the appointment. Lou had an experience earlier this year when she received the same message. She booked a carer to drive her to the appointment and support her there, and showed up for the appointment, only to be told that no-one knew anything about it.

Because of this previous experience, Lou called the mental health service last week, after receiving this message, to confirm that she was booked in, so that she could book her carer to support her. Lou was able to speak to the duty manager, who advised her that the case manager who had been appointed had gone on leave and would no longer be her case manager, so they were finding her a new case manager.

One of the significant issues following the hospital discharge was that Lou has been desperately seeking advice on her medications. Lou's support person called the mental health service later that afternoon to further express concerns regarding her medication. Advice from the mental health service was received over the phone to the carer regarding this, but it was too late. Lou began having an episode, displaying behaviours of concern, becoming aggressive and escalating.

Her support worker had to leave for her own safety and called the police to help. However, Lou has an extensive history of trauma following police responses to her mental illness, to which I feel I have contributed, because I, too, have called the police to Lou's house because I have been concerned for her life. And this call did have detrimental impacts.

Given Lou's highly triggering interactions with police, phone calls have been made between triple-0 and Mental Health which saw the PACER team eventually, many hours later, dispatched. Again, after all of this, Lou still has not heard anything, and absolutely nothing from ACT Mental Health.

I do not know how to stress enough that if the mental health system cannot support Lou then what is the system for? Lou is a very smart, funny person who has a lot to offer this world and needs serious professional help. I remain seriously concerned for her welfare.

I have been critical before of Minister Davidson's seeming preoccupation with interstate and international causes. Why I am so critical is because there are people being hurt and harming themselves in the ACT on a daily basis, and feeling traumatised by our system, while the minister spends her time cosplaying a university student. It is simply not acceptable that Lou's, and others like her in similar situations, calls for help go unheard and into the black hole abyss that is the minister's email inbox.

MS CASTLEY (Yerrabi) (4.28): I rise today to speak in full support of this motion that Mr Cocks has moved in regard to mental health. Obviously, we are not going to see broad support for the motion today, although I was hopeful. The purpose of the motion, as mentioned, is to call on the minister to highlight the lack of federal government action on mental health reform, to write to the Prime Minister and the federal minister for action, and to table those letters in the Assembly. This is a very reasonable motion and request that we should all be able to get behind, for the betterment of Canberrans, in order to support their mental health. It is a relatively straightforward and practical way that we can do our part to advocate for our community.

It is often said that mental health is a silent crisis, frequently misunderstood, often unseen and, sadly, sometimes unmentionable. As a community, we have spent years and decades breaking down the barriers and encouraging people to speak up and engage with services to seek help. We see the great work that community groups do in spreading this message and bringing it out into the open.

With this background in mind, it is incredibly disappointing to see the lack of action and urgency that the federal government is exhibiting in regard to mental health—and, apparently, also the minister's office. We often hear of similar cases to the one outlined by Dr Paterson.

For the life of me, I cannot fathom how, on one hand, we can have broad agreement that mental health is in dire need and, on the other, we see a federal budget that seems to abandon all responsibility. It is unfortunate that it has come to this, but it is now our responsibility to speak up.

The impact of mental health goes beyond just the mental part. It impacts on all health metrics. Indeed, the Australian Burden of Disease Study 2023 reported that mental health and substance abuse are the second biggest cause of illness and premature death. I think it is worth reflecting on that. Tackling mental health directly reduces the second leading cause of illness and premature death. Treat mental health, and we can watch the benefits flow to overall bodily health.

Sadly, according to the Australian Institute of Health and Welfare, one in five Australians experienced a mental health condition in the last year. Just think of the overall, ongoing impacts. To do the math, this equates to approximately 95,000 Canberrans. It is a sobering statistic, and another reminder of why this is such an

important topic.

The reason why this is of such urgency now is that there has been an array of evidence gathered that shows the federal government has fallen behind in supporting mental health. The community cannot wait any longer.

As noted in the motion, even our own ABC identified mental health as a loser from the 2024-25 federal budget. We know who the true losers are, though—individuals in dire need, the wider community and our health system. It was shocking to see that the federal budget maintained federal Labor's previous cuts to Medicare Benefits Schedule supported mental health care.

Here in the ACT, we recently had published, in 2022, the *Understanding 'the missing middle'* report, which was a collaboration by the Office for Mental Health and Wellbeing, Capital Health Network and the Youth Coalition of the ACT. It identified and highlighted that the ACT has gaps in service, workforce challenges and funding constraints. A lack of federal funding reform and action directly impacts service delivery here in the Canberra region. It is critical that federal Labor supports these vital community services.

I know Mr Cocks also touched on the fact that the former chair of Australia's peak mental health group, Matt Berriman, resigned, as we heard. I want to read his words. He said that the federal Labor government "was not doing enough in the mental health space". I can only imagine that that decision would have been difficult for him to make—to have hit the point where the only course of action was to resign.

I have glanced at the comments on this post, and there was one by Dr Astha Tomar, the President-Elect of the Royal Australian and New Zealand Society of Psychiatrists. Commenting on Mr Berriman's LinkedIn post, she said:

> It's somewhat disheartening to see you step down Matt but completely understand the frustration when years of effort and passion doesn't seem to shift this lack of equity of access to care related to mental illness.
>
> I hope the governments both Federal as well as States take note and make targeted and concerted efforts to step up.
>
> All the best to you for your next phase of journey.

It is now our time to step up. This is a practical way to highlight an urgent need and unite as an Assembly. I do not support the amendment moved by the minister. I think it turns a serious issue into a self-congratulatory, watered-down version of Mr Cock's motion. It is a time for unified action and, as I said, the time to step up is now. I commend Mr Cocks's motion to the Assembly.

MR COCKS (Murrumbidgee) (4.34): Mr Deputy Speaker, forgive me if I seem frustrated. I am frustrated. I am deeply frustrated with the lack of action on mental health reform from the federal government, and I am deeply frustrated with the response of a minister in the ACT who seems to think that the only thing to do any time anyone raises a concern is to try and spin it out of existence.

This government is not doing well on mental health. That is very clear. I chose today not to point that out strongly in this motion because I hoped that we would get some support from across the floor. That is why I did not put that into this motion. This government is not doing well. This government is failing on mental health. It is not just about primary care; it is about our mental health units in our acute system. It is about the community services that have been squeezed from both sides, but most of all it is about the people who are missing out on care throughout our community.

I am frustrated because the type of scenario that Dr Paterson raised today is not the only one. I am frustrated because every time we try and push for improvements in mental health we get the same response. It seems to be that the only thing this minister knows is to drop an amendment at the last minute that pats her on the back and dismisses all concerns. This is a minister who seems to be insistent on demonstrating that she knows nothing about genuine mental health reform and nothing about building a system that will deliver the services that Canberrans need. This needs more than just ideological statements and deserves more than just trying to insource services.

Mental health is a critical element of our health system, and Canberra deserves better than the approach that this minister has taken. This minister has decided to bring nothing but spin and mythology. It was backed up by the health minister—nothing but spin and mythology. This is a health minister who still insists on repeating the disproven myth of cuts to Medicare. This is a minister who insists on spinning the disproven myth of a freeze that in actuality was initiated by Labor. She has been corrected on it before, but again, today, she insisted that it was initiated by us. That is not the fact.

It is about time that this government was prepared to confront reality and look to the systemic problems that exist across the mental health system, both federal and locally, so that we can build a service that meets the need of every Canberran. We are talking about one in five Canberrans every year, just shy of 100,000 people, who need mental health support. It is unacceptable to try and spin this away. I cannot support the minister's amendment. It is about time we recognised the true depth of the problems in the mental health sector, the true depth of the systemic issues. It is time to get it fixed. Thank you.

Question put:

> That the amendment be agreed to.

The Assembly voted—

Ayes 16		Noes 9
Andrew Barr	Laura Nuttall	Peter Cain
Yvette Berry	Suzanne Orr	Leanne Castley
Andrew Braddock	Marisa Paterson	Ed Cocks
Joy Burch	Michael Pettersson	Jeremy Hanson
Tara Cheyne	Shane Rattenbury	Elizabeth Kikkert
Jo Clay	Chris Steel	Nicole Lawder
Emma Davidson	Rachel Stephen-Smith	Elizabeth Lee
Mick Gentleman	Rebecca Vassarotti	James Milligan
		Mark Parton

Amendment agreed to.

Original question, as amended, resolved in the affirmative.

Papers
Motion to take note of papers

Motion (by **Mr Deputy Speaker**) agreed to:

> That the papers presented under standing order 211 during the presentation of papers in the routine of business be noted.

Voluntary Assisted Dying Bill 2023
Detail stage

Debate resumed.

Clause 64.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.44): I move amendment No 62 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 62 sets out the reporting requirements where the original contact person gives an approved voluntary assisted dying substance to another person. It is an offence to fail to provide notice of that to the Voluntary Assisted Dying Board. This is a strict liability offence, with a maximum penalty of 20 penalty units to apply. The bill as presented incorrectly applied strict liability to the offence in clause 64(3). This drafting error has been addressed through this amendment and I commend it to the chamber.

MS CASTLEY (Yerrabi) (4.45): I will not be able to move my amendment No 23 but will state for the record my concerns about strict liability.

Ms Cheyne's amendment No 62 agreed to.

Clause 64, as amended, agreed to.

Proposed new clause 64A.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.46): I move amendment No 63 circulated in my name, which inserts a new clause 64A *[see schedule 1 at page 1329]*.

Amendment 63 and new clause 64A provide that the individual or contact person must give the approved substance to an approved disposer if an administration decision is revoked. The individual or contact person must give the approved substance to an approved disposer as soon as practicable but no later than 14 days after the day the self-administration decision is revoked. Failure to comply with these requirements is an

offence, the maximum penalty for which is 100 penalty units.

This is an important safeguard to ensure that voluntary assisted dying substances are removed from the community as soon as possible. While the committee recommended a 48-hour period to return the substance, the government believes that a shortened time frame would put unreasonable pressure on the contact person immediately after the death of a loved one. The 14-day time frame reflects the time frame provided for in other jurisdictions. An offence is considered appropriate here, given the potential outcomes from not securely storing the substance. Individuals in possession of voluntary assisted dying substances will be made aware of their obligations.

Ms Cheyne's amendment No 63 agreed to.

Proposed new clause 64A agreed to.

Clause 65.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.47): I move amendment No 64 circulated in my name *[see schedule 1 at page 1329]*.

This amendment substitutes clause 64(2) to authorise the contact person to possess any remaining substance following the administration of the substance. The contact person must give any remaining substance to an approved disposer as soon as practicable but no later than 14 days after the day of the administration of the substance or where the appointment of the individual's contact person ends and the contact person is not required to give the approved substance to the individual or a new contact person.

Failure to give any remaining approved substance to an approved disposer within the required time frame is an offence, the maximum penalty for which is 100 penalty units. Again, the government considers that a 14-day period to return the substance, and the inclusion of an offence for noncompliance, strikes an appropriate balance here. I appreciate that we covered this at some length earlier in the debate. I think that was entirely appropriate. Given that we are into the bit where we are talking about the 14-day period, it might be appropriate for me to quote from our government response, which may shed some further light on why we did not agree with the committee's recommendation to lower the 14-day period. It is about:

> … balancing mandated timeframes with the circumstances of the contact person in possession of the VAD substance. The contact person is often a close family member or friend of the deceased, and an appropriate period of time is considered necessary to allow them to grieve and prioritise the necessary arrangements before being required to return the substance.

I think too many of us here—you included, Mr Deputy Speaker—know of the enormous administration that is involved when a loved one dies. That, in the first few weeks, is all-consuming, especially while you are also grieving, and it can go on for some time. For this reason, we consider that a shortened time frame really would be putting unreasonable pressure on the contact person immediately after the death of their loved one. Again, the first one to two weeks after the death is typically a very emotional and

challenging time, with many of those competing priorities.

Survivors can feel overwhelmed and debilitated and be vulnerable to compounded grief, not least from also having to deal with the challenges of bureaucracy. I am not just speaking about government bureaucracy here. I think the work in the ACT is unbelievably good. I am talking about working through things like bank accounts, wills, arranging funerals, telling people. All of that is an enormous administrative burden at a very difficult time for someone. The government does not consider it reasonable to prioritise the return of the substance in these circumstances.

We do acknowledge, as I think Mrs Kikkert was trying say, that there is some degree of risk in these substances being in the community longer than necessary, despite the bill setting out mandatory storage requirements. As Minister Stephen-Smith rightly pointed out, the storage of the substance in the days following a loved one's death is not the only time that a substance will be stored at a premises. It will be stored in the time before that as well and there is a risk associated with that too. I do not think we can shy away from the fact that people who choose to go through an assessment process for voluntary assisted dying are making a very significant decision that affects them and their families. Equally, there are numerous assessment points and processes to confirm their eligibility.

We have been clear, including in our government response, that we will be implementing measures that remind and support those holding unused or expired voluntary assistance substances to return the substance. But we do have to balance that with what that person will be going through, following the death of their loved one. We really do think that 14 days strikes the right balance across the range of clauses this affects. I certainly support amendment No 64 and I commend it to the chamber.

Ms Cheyne's amendment No 64 agreed to.

Clause 65, as amended, agreed to.

Clause 66.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.54), by leave: I move amendments Nos 65 to 67 circulated in my name together *[see schedule 1 at page 1329]*. Amendment 65 substitutes the heading to reflect the terminology used in the act. Amendment 66 amends clause 66(2)(b) to provide that the administering practitioner must give an approved substance to an approved disposer as soon as practicable but not later than 14 days after the day an event mentioned in subsection 66(1)(c) happens.

Amendment 67 omits the penalty of a maximum of 100 penalty units from clause 66(2). Administering practitioners are regularly responsible for possessing substances of a similar nature to the approved voluntary assisted dying substance in their normal role as health practitioners, so they are already subject to significant professional obligations. It is therefore considered not necessary for a penalty to apply in this instance. I commend the amendments to the chamber.

Ms Cheyne's amendments Nos 65 to 67 agreed to.

Clause 66, as amended, agreed to.

Proposed new clause 66A.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.55): I move amendment No 68 circulated in my name, which inserts a new clause 66A *[see schedule 1 at page 1329]*. This inserts new clause 66A, setting out the requirement to give an approved voluntary assisted dying substance to an approved disposer where there is a transfer of administering practitioner functions. The original administering practitioner must give any remaining substance to an approved disposer as soon as practicable but not later than 14 days after the day of the transfer takes effect.

Ms Cheyne's amendment No 68 agreed to.

Proposed new clause 66A agreed to.

Clause 67.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.56): I move amendment No 69 circulated in my name *[see schedule 1 at page 1329]*.

Sticking with the 14-day time frame, this amendment substitutes clause 67(2) to authorise an individual or other person to possess any remaining substance, following the administration of the substance. The individual or other person must give any remaining substance to an approved disposer as soon as practicable but not later than 14 days after the day they became aware that the substance had expired. Failure to give any remaining approved substance to an approved disposer within the required time frame is an offence, the maximum penalty for which is 100 penalty units.

Ms Cheyne's amendment No 69 agreed to.

Clause 67, as amended, agreed to.

Clause 68.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.57): I move amendment No 70 circulated in my name *[see schedule 1 at page 1329]*. This amendment substitutes clauses 68(2) and 68(3), which set out the requirements where an approved disposer receives an approved substance from a person. It will be an offence to fail to provide the required notice to the Voluntary Assisted Dying Board. This is a strict liability offence, with a maximum penalty of 20 penalty units to apply.

Ms Cheyne's amendment No 70 agreed to.

MS CASTLEY (Yerrabi) (4.58): I move amendment No 24 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 24 negatived.

Clause 68, as amended, agreed to.

Clause 69.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (4.59): I move amendment No 71 circulated in my name *[see schedule 1 at page 1329]*.

This amendment introduces an offence where a person does not comply with storage requirements. It attaches a maximum penalty of 20 penalty units. An offence is considered appropriate, given the potential outcomes from not securely storing the substance. This will ensure safe storage of the substance so that unauthorised access to an approved substance is limited as far as possible. Individuals in possession of voluntary assisted dying substances, as I flagged earlier, will be made aware of their obligations.

Ms Cheyne's amendment No 71 agreed to.

Clause 69, as amended, agreed to.

Clause 70.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.00): I move amendment No 72 circulated in my name *[see schedule 1 at page 1329]*.

This amendment substitutes the reference to clause 63 with clause 60C, as clause 63 has been amended through the amendments that we have passed. The administration of an approved substance to an individual is now authorised under clause 63C. Clause 66 also clarifies that the offence in clause 72 does not apply if the person administers an approved substance to another person under the Medicines, Poisons and Therapeutic Goods Act 2008.

Ms Cheyne's amendment No 72 agreed to.

Clause 70, as amended, agreed to.

Clauses 71 to 73, by leave, taken together and agreed to.

Clauses 74 and 75, by leave, taken together.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.01), by leave: I move amendment No 73 circulated in my name, which amends parts of clauses 74 and 75 *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 73 agreed to.

MS CASTLEY (Yerrabi) (5.02), by leave: I move amendments Nos 25 and 26 circulated in my name together *[see schedule 2 at page 1361]*.

Ms Castley's amendments Nos 25 and 26 negatived.

Clauses 74 and 75, as amended, agreed to.

Clause 76.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.03), by leave: I move amendments Nos 74 and 75 circulated in my name together *[see schedule 1 at page 1329]*. I think we have covered amendment 74 sufficiently elsewhere. Amendment 75 provides that, where an individual dies following the administration of an approved substance by their administering practitioner, both the administration certificate and the witness certificate must be given by the administering practitioner to the board within four business days. Failure to notify the board within the required time frame is a strict liability offence, with a maximum penalty of 20 penalty units to apply for this offence.

Ms Cheyne's amendments Nos 74 and 75 agreed to.

MS CASTLEY (Yerrabi) (5.04): I move amendment No 27 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 27 negatived.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.05): I move amendment No 76, as circulated in my name *[see schedule 1 at page 1329]*. This amendment inserts a signpost definition to the term "witness certificate" as a result of the amendments in clause 63(c)(4).

Ms Cheyne's amendment No 76 agreed to.

Clause 76, as amended, agreed to.

Clause 77.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.05): I move amendment No 77 circulated in my name *[see schedule 1 at page 1329]*. Amendment 77 substitutes the term "reasonably

believes" to "believes on reasonable grounds" so that we are providing consistent terminology throughout the act.

Ms Cheyne's amendment No 77 agreed to.

Clause 77, as amended, agreed to.

Clause 78.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.06): I move amendment No 78 circulated in my name *[see schedule 1 at page 1329]*.

Ms Cheyne's amendment No 78 agreed to.

MS CASTLEY (Yerrabi) (5.07): I move amendment No 28 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 28 negatived.

Clause 78, as amended, agreed to.

Clause 79.

MS CASTLEY (Yerrabi) (5.07): I move amendment No 29 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 29 negatived.

Clause 79 agreed to.

Clause 80.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.08): I move amendment No 79 circulated in my name *[see schedule 1 at page 1329]*. Amendment 79 amends clause 80 to clarify the purpose of the register, which is for the pharmacy service to contact any person the director-general considers appropriate in relation to an approved substance that has been supplied under this act. As the register does not require the recording of the person in possession of the substance at all times, the term "possession" has been removed from the heading of this section.

Ms Cheyne's amendment No 79 agreed to.

Clause 80, as amended, agreed to.

Clauses 81 to 83, by leave, taken together and agreed to.

Clause 84.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.09): I move amendment No 80 circulated in my name *[see schedule 1 at page 1329]*. Amendment 80 substitutes clause 84 to provide that only a doctor or nurse practitioner may apply to the director-general for authorisation as a coordinating practitioner or consulting practitioner. Only a doctor, nurse practitioner or registered nurse may apply for authorisation as an administering practitioner. This requirement was previously not explicit in the bill.

Further eligibility requirements for health practitioners, such as the years of experience and the nature of experience which are suitable to be authorised for these positions, will be prescribed by regulation. The government published the intended requirements following the introduction of the bill, and these will be legislated prior to the commencement of voluntary assisted dying.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (5.10): Just briefly, I want to speak to this important amendment. The amendment makes explicit which health professionals can apply for authorisation as an administering practitioner, in response to feedback from committee hearings. Several submissions recommended amendments to make explicit which health practitioners could apply to be an authorised practitioner under a range of authorisations.

The intention of the voluntary assisted dying framework, as Ms Cheyne has indicated, is that the specified health professionals can participate subject to a practitioner completing training requirements. A medical practitioner who holds specialist registration—for example, general practitioners and other medical specialists such as palliative care physicians, medical oncologists and neurologists—and has practised for at least one year can apply to be authorised as a coordinating, consulting or administrating practitioner.

A nurse practitioner with relevant experience of least one year post endorsement will be able to apply to be authorised as a coordinating, consulting or administering practitioner, noting that, where a nurse practitioner is appointed as an individual's coordinating practitioner, the individual's consulting practitioner must be a medical practitioner and vice versa. A registered nurse with relevant specialist experience and qualifications will be able to apply to be authorised as an administering practitioner.

As Minister Cheyne has indicated, these requirements were not made explicit in the bill, and it was anticipated that they would be clarified in a regulation. The amended bill will specify which health practitioners may apply for authorisation, with the qualifications and level of experience to be outlined in regulation to allow for some flexibility. This amendment very clearly responds to feedback received during the inquiry process and provided to government, although we had made our expectations clear that there was an appetite for greater certainty in relation to these matters. I commend the amendment.

Ms Cheyne's amendment No 80 agreed to.

Clause 84, as amended, agreed to.

Clauses 85 and 86, by leave, taken together and agreed to.

Clause 87.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.13): I move amendment No 81 circulated in my name *[see schedule 1 at page 1329]*. Amendment 81 is a minor and technical amendment. It substitutes clause 87 to provide consistent language and drafting practices in the act and to clarify that only a health practitioner may be authorised under division 5.2. I commend the amendment to the chamber.

Ms Cheyne's amendment No 81 agreed to.

Clause 87, as amended, agreed to.

Clauses 88 to 91, by leave, taken together and agreed to.

Clause 92.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.13): I move amendment No 82 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 82 is another critical amendment and one that certainly clarifies what was my personal intent. It came through that there was a need for further clarity within the legislation—just as Minister Stephen-Smith was saying—with what we have set out regarding who is eligible to be a coordinating or consulting practitioner. This amendment, by substituting clause 92(3), provides that a doctor must be either the coordinating practitioner or the consulting practitioner for an individual. Two doctors may also act as the coordinating practitioner and the consulting practitioner, or another type of health practitioner eligible for authorisation under clause 84 may act in one of these practitioner roles, provided that the other practitioner is a doctor. This is a safeguard to ensure that appropriately skilled and experienced health professionals are included in the eligibility assessment process.

I think this again strikes a very appropriate balance here, in that we do absolutely value the skills, expertise, work history and deep knowledge that our nurse practitioners have. I am very proud that we have a bill that provides for nurse practitioners to have this role, notwithstanding that this also assists with our health workforce issues. I think it is more than appropriate that they are able to have a role at this stage. For the community, and as a general safeguard, requiring the other role at least to be a doctor is the appropriate balance for people who are going through the eligibility assessment process. This provides some further clarity, and I am proud to move this amendment to the bill.

Ms Cheyne's amendment No 82 agreed to.

Clause 92, as amended, agreed to.

Clause 93 agreed to.

Clause 94.

MR COCKS (Murrumbidgee) (5.18): I move amendment No 1 circulated in my name and table a supplementary explanatory statement to my amendments *[see schedule 3 at page 1365]*.

This amendment expands the conscientious objection for health practitioners and health service providers to allow them to object to all parts of the voluntary assisted dying process. There is a difference between legislating to allow people and organisations to participate in the process of euthanasia or assisted dying and legislation that mandates participation. This legislation, as it currently stands, is in the latter category. It does not adequately protect the moral safety of individuals, either those who provide health services directly or those who run and administer health services, who have deeply-held conscientious objections to actively participating in assisted dying.

I would like at this point to thank all of those who I know have been working hard behind the scenes to try to find a consensus position that would improve this legislation by enshrining conscientious objection protections within the legislation—efforts that I know were underway in earnest all the way into this morning.

I have always been committed to working productively to try to make this the most workable legislation possible, and I would have been very happy to hand political credit to a member of the government bench who had the courage to stand up for what is right—and there was a point when I thought we had found a way through. Sadly, from what I understand, that may not be the case, and those who could have led the way will not.

The principle here is simple and clear: matters of conscience are not limited by the policy position of the government or, indeed, by the tyranny of the majority or society. That is why I have moved this amendment today. It is an amendment based on the proven model introduced in South Australia—a model which protects the fundamental ability for all people to act in accordance with their conscience. Please understand: history shows protection of that ability and that right matters most when someone is in the minority.

Over the past century, Australia has made huge strides in the area of conscientious objection to military service. We have moved on from the unethical persecution and prosecution of conscientious objectors during the First World War. Now, conscientious objection to military participation can be based on objection to particular wars, and it can be based on beliefs other than very deeply held religious beliefs. But we are at risk of undermining the very principle of conscientious objection in the way we approach contentious social issues, including the one that we face and debate today.

Some years ago, Neil James, the then Executive Director of the Australian Defence Association, pointed out:

> The principle of conscientious objection is being ignored, or discounted through fears it would somehow be too hard to delineate its exercise from potential unlawful discrimination. But any abrogation of the principle of individual conscientious objection surely risks repeating the unethical situation during the early part of the First World War.

He then made this point, quite eloquently:

> The real danger would be ignoring, discounting or barring such a longstanding principle for perceived ideological convenience at any one time.

Euthanasia, assisted suicide, assisted dying—whichever term you choose to apply—is a matter that undeniably raises questions of conscience, wherever you stand. If you need evidence of that, you need look no further than at the way in which the debate has been conducted and handled by this Assembly.

Almost every one of us can pat ourselves on the back for having a grown-up conversation about euthanasia and assisted dying, without descending into petty partisanship. The vast majority of members across the chamber should be proud that we have upheld our right to treat assisted dying as a matter of conscience. Having done so, how could we not extend that most fundamental right to act in accordance with your conscience to everyone outside this place and to all degrees of participation?

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (5.23): As Mr Cocks has noted, there is a conscience vote in this place, so I will speak on my own behalf. I will be opposing the replacing of clause 94 with expanded conscientious objection for health practitioners, health service providers and private health facilities, allowing them to object to participating in all parts of the voluntary assisted dying process and providing information about that.

Some people who may wish to access voluntary assisted dying in the ACT will rely on care facilities for care, nursing or accommodation, and those organisations may actively oppose voluntary assisted dying. The scope of an organisation's objection to voluntary assisted dying, however, needs to be balanced against the rights and interests of those seeking voluntary assisted dying.

There is a very real power imbalance between a large and well-resourced care facility and people who are rendered especially vulnerable because of their condition. Those who are eligible for voluntary assisted dying are already intolerably suffering, and institutional barriers to those individuals accessing voluntary assisted dying can compound this.

This is particularly the case if we are talking about a person's home, but we may also be talking about a care facility in which a person is receiving care, with very little choice or opportunity to change that circumstance, and where a change would in itself be detrimental.

Experience in other jurisdictions such as Victoria and South Australia has shown that, in the absence of a clear legislative framework requiring facilities to provide individuals

with reasonable access to voluntary assisted dying services and information, many individuals have faced significant barriers and challenges to accessing voluntary assisted dying, which is a lawful service in those jurisdictions, and will become, I hope, a lawful service in the ACT and a legitimate end-of-life choice.

Patients in other jurisdictions have described being admitted to a facility to manage their pain and symptoms, knowing that the facility will block their access to voluntary assisted dying. Patients also described the impact of transfers that meant moving away from the staff who had been caring for them. They described not only the emotional and relationship cost to them, as well as their families and carers, in not being able to die in their home, but also the delays involved, including waiting until a bed was available in the facility to which they were to be transferred. The family of one patient described the frantic rush to get their mother to a facility, and the resulting stress and distress of having to move her out of her home on her last day.

The government's bill, I believe, adequately balances the wishes of the individual to access voluntary assisted dying with the rights of conscientious objectors, as conscientious objectors are not required to participate or be present in the assessment or administration process for voluntary assisted dying. Only minimal obligations are placed on conscientious objectors in facilities that do not offer voluntary assisted dying, and those obligations are reasonable and proportionate in ensuring equity of access for voluntary assisted dying, regardless of where a person lives or is being cared for.

MR BRADDOCK (Yerrabi) (5.27): This bill seeks to balance conscientious objectors' rights to freedom of beliefs and the eligible individuals' rights and freedoms to choose that and access it as a lawful medical service. It aims to ensure access to VAD while respecting that some health practitioners and health service providers may be morally, ethically or spiritually opposed to VAD.

The act of requiring a professional health practitioner, health service provider or private health facility who conscientiously objects to provide the contact details of a care navigator service is an extremely limited obligation. It is an extremely restrained requirement for the most minor of actions—simply passing on the details of where the patient may access this particular medical service.

I think some perspective is required on just how limited this requirement is and how consistent this requirement is with other obligations placed on medical health professionals on other matters where they also have a moral obligation. Similar-style obligations are in place for reproductive health services, for the simple reason of ensuring vulnerable patients are given information on where they may go to access the service.

When this extremely limited obligation is balanced with the needs of the vulnerable person who is intolerably suffering, by definition, this balance is appropriate and proportionate. If passed, this amendment will effectively build barriers to accessing VAD, and may be actively or passively used by health practitioners, health service providers or private health facilities to obstruct access to VAD.

This amendment also essentially allows facility operators to interfere with the private medical discussions between a qualified medical practitioner and their patient. A

facility operator has no right to breach the medical privacy of a patient-clinician conversation. Again, such an amendment could be used to either actively or passively obstruct access to VAD by vulnerable Canberrans who are intolerably suffering.

It is this potential for obstruction of access to VAD that I do not accept or support; hence I will not be supporting this amendment.

MR BARR (Kurrajong—Chief Minister, Treasurer, Minister for Climate Action, Minister for Tourism and Minister for Trade, Investment and Economic Development) (5.29): I thank Mr Cocks for bringing this forward. This issue is one which I have sought to understand the perspectives of a number of different stakeholders on, particularly in relation to the application of the conscientious objection elements within the bill.

I have had a number of meetings with individuals who have expressed particular concerns and sought to understand and get some form of shared understanding of the practical application and implementation of the legislation as it is drafted. I have also sought advice on the practical effects of Mr Cocks's amendment. While I understand the intent, the advice I have received is that it may not necessarily achieve the intent and may lead to some internal inconsistency within the bill. What is clear to me is that the bill has sought to balance conscientious objection based on personal or religious beliefs with an individual's freedom to access information and to choose what would be a lawful medical service.

The clauses that we are debating require facilities to allow access to an individual for the purpose of providing information. I think this is a reasonable measure that respects both the beliefs of those working in a care facility and the rights of an individual receiving care there.

In contemplating these clauses and the amendments, I have sought some information from other states that have legislated prior to us, and what the experience has been there, if there is not a clear, legislated framework requiring reasonable access. The advice, pretty consistently, has been that the effect of not having a clear framework has led to significant barriers to accessing voluntary assisted dying as a lawful and legitimate end-of-life choice.

The Victorian experiences have been highlighted to me, where some individuals were blocked from accessing the Victorian scheme by facility operators. There have been some cases, I am advised, where usual care was withdrawn following a request to access voluntary assisted dying. I cannot support an outcome like that occurring in the territory. I think the bill places reasonable and proportionate requirements on facilities.

Having a published policy is important, and I do note that, further in—not on this clause that we are debating now—there is a reference to regulation being an element that would guide how that information should be presented and its public accessibility. I think there is an opportunity for a further level of engagement from members as that regulation is developed, following the passage of this legislation. It is important that those who are making a decision about an aged-care residency understand very clearly the position of the facility that they are entering, so as to avoid, where possible, the sorts of instances that we have seen in other jurisdictions and the examples that Minister

Stephen-Smith referred to.

It is allowed and appropriate that care facilities that operate under a particular religious or other operating model that do not support voluntary assisted dying should have a public policy statement that is clear about that, and that those prospective residents or recipients of aged-care services understand that. Having that publicly available from the outset of this legislation will be important.

I reflect on that from the consumers' perspective. Consumers of a service, particularly elderly and vulnerable members of the community, deserve to be treated with respect by having a clear articulation of that policy in place. They deserve to understand the choices that are available and to be able to use that information to make a decision on their living arrangements.

What we see here, with the added level of detail that will come in regulation to provide guidance to aged-care facilities, will give the ability to adequately address that balance regarding there being a clear pathway under the legislation for conscientious objection, both for facilities and for individual medical practitioners. But that needs to be very public.

Regardless of the perspective that you take on this issue, we would all, I hope, want to avoid someone making an aged-care residency decision under the misapprehension that they would then be able to access a voluntary assisted dying service when that is clearly against the ethos of the organisation who is providing the care service.

This is an issue that we can seek to ameliorate over the longer term. Clearly, there will be people in aged-care facilities now who entered those facilities at the time when voluntary assisted dying was not available to them in this territory. There will be some transition challenges, I suspect. The guidance that the next level of detail, by way of regulation, can provide to care facilities, I think, will be important.

In weighing up all of those issues, and having considered a number of different perspectives about whether what is in the legislation meets the objectives of striking that balance, I believe it does. But I do acknowledge that there will be a next level of detail in the implementation phase, and it will be important that those facilities that are going to conscientiously object—and there will be some—are able to engage on exactly what information they need to provide, so that consumers of their services are aware of that, ahead of making a residency decision.

In conclusion, I cannot support Mr Cocks's amendment today, and I will support the bill as it is currently drafted.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.37): I too will not be supporting this amendment. By allowing care facilities to object to all parts of the voluntary assisted dying process, this amendment undermines the careful approach of the government, after extensive public consultation has taken place, to balance the competing rights and interests of care facilities to determine what practices are permitted within their facilities with the interests of individuals seeking access to voluntary assisted dying, a lawful medical

service. Consultation and research in other Australian jurisdictions tell us that not having minimal requirements in care facilities has resulted in poor oversight and outcomes for eligible people and their families.

I appreciate what we have heard so far, and I particularly commend the Chief Minister's careful consideration of this. I note that there are strongly held views across the community, including by faith-based institutions. I have been following this debate for a long time, since before voluntary assisted dying was legislated anywhere in Australia, and there has always been a fear about facilities refusing access. As states have legislated, that fear is one that has been realised. When we began our formal consultation phase, strong concerns came through again and again about how access to voluntary assisted dying might be challenging for people who relied on a care facility that opposes voluntary assisted dying, and they came through an expectation by health consumers, nongovernment organisations, primary care practitioners and care facilities that, if an eligible individual wishes to access voluntary assisted dying, there should be a process in place to assist that individual to do so.

Studies into the experience of voluntary assisted dying in Victoria, which does not include the requirements set out in the ACT model, have recorded instances of care facilities refusing to allow the voluntary assisted dying substance into a facility, not allowing outside health professionals to undertake eligibility assessments at a facility and preventing staff from discussing voluntary assisted dying at all. In some cases, objections resulted in forced transfers out of facilities to access voluntary assisted dying, causing additional pain, suffering and stress for patients and caregivers.

The bill, as we introduced, allows care facilities to decide their level of involvement in voluntary assisted dying as long as they do not hinder access or withdraw or refuse services to people who wish to access voluntary assisted dying. Similarly, in attempting to include a provision that health services and health practitioners may refuse to provide information about voluntary assisted dying, this amendment undermines an individual's ability to access information they are seeking in a way that may be particularly detrimental to vulnerable individuals at a time that they are at their most vulnerable.

The bill, as drafted, aims to ensure access to voluntary assisted dying while respecting that some health practitioners and health service providers may be morally, ethically or spiritually opposed to voluntary assisted dying. This is broadly consistent with how regulation of conscientious objection is provided for in Australian codes of conduct and ethical standards for doctors, nurses, pharmacists and other health practitioners. These standards require health practitioners to ensure that a patient has alternative care options or that their access to care is not impeded, including by providing information to enable a patient to obtain services elsewhere.

Mr Cocks's proposed amendment undermines the policy intent and perhaps one of the most important sections of this bill that does reflect what we have heard—the lived experiences of people in other jurisdictions that had their fears realised. The policy intent of the bill responds to what I have heard from the Human Rights Commission, for example—and I will take a moment shortly to share both a short paragraph from an academic study but also to reflect on a situation that is just over a year old that is familiar to many of us in this place.

Mr Cocks's amendment proposes to undermine that policy intent to remove those systemic barriers to individuals who wish to access voluntary assisted dying. Our health practitioners and our health services providers are our key gateway for providing information about and access to voluntary assisted dying services. Significant inequities of access and outcomes will arise if facilities are allowed to block access to voluntary assisted dying services, including information, on their premises as Mr Cocks's amendment proposes.

As I flagged, I wish to quote from a study, published on 3 July 2023, by Ben White, Ruthie Jeanneret, Eliana Close and Lindy Willmott, titled, *Access to voluntary assisted dying in Victoria: a qualitative study of family caregivers' perceptions of barriers and facilitators*. The section on institutional objection reads:

> Institutional objections were identified as access barriers for seventeen applicants for voluntary assisted dying—

This was a study of 28 applicants—so 61 per cent identified this as an access barrier—

> including institutions prohibiting eligibility assessments and barring entry to assessing doctors. Some institutions prohibited receiving or using the voluntary assisted dying medication provided by the Statewide Pharmacy Service on their premises.
>
> These objections led to delays and reduced choice. Some participants described relatives having to choose between pursuing voluntary assisted dying and being admitted to a hospital that did not support this aim to have their pain and symptoms managed. Some had to leave their current place of care (their so-called "home'" in the case of people in residential aged care facilities) to gain access, but this depended on alternatives being available.
>
> Participants also described emotional and relationship costs of institutional objections. Some people were "terrified" about missing out, and delays and reduced choice caused "distress" and "great sadness". Some felt distrust for the institution and staff in terms of clinical recommendations, and one participant described pursuing the voluntary assisted dying process in secret.

I do not think any of those are outcomes that Mr Cocks is seeking to achieve with the amendment that he has put forward, but that is the reality of the situation in Victoria. In my good conscience, I cannot support the amendment. Equally, we have worked so hard listening to the community's wishes, the clinical and practical experience and the academics' experience that we have heard to reflect something that promotes autonomy, fairness and choice—traditions which once were part of Liberal philosophy.

Finally—and I expect I will reflect on this at the conclusion of the debate tomorrow—one very recent example is that of Ros Williams, who is known to many of us in this place, a dear friend of Janine Haskins, who was here earlier today. Many of us are aware of the full circumstances of Ros's death, including barriers that emerged in her place of care. That was not only incredibly distressing for the caregivers, the nurse practitioners and anyone who was caring for Ros, but also resulted in a very tragic outcome—one that is still felt among the community and will be felt for some time—that is the subject of coronial proceedings. I want to flag that we will not let these circumstances be in vain. Nothing changes what happened and nothing changes the hurt that Ros's family

and friends still feel. Nothing changes that, but we can learn from those experiences and we can do what is right for Ros and for others like her by promoting fairness, autonomy and choice no matter where you are when you are dying. That is why I will not be supporting Mr Cocks's amendment.

MS DAVIDSON (Murrumbidgee—Minister for Community Services, Seniors and Veterans, Minister for Corrections and Justice Health, Minister for Mental Health and Minister for Population Health) (5.46): Voluntary assisted dying is a process that is about supporting a person with the right to make informed end-of-life choices that align with their own preferences and values. What we are doing here is trying to balance a conscientious objector's rights to freedom of belief with an eligible individual's fundamental rights and freedoms. This is broadly consistent with how we deal with a conscientious objection for a whole range of procedures and health services that a person might want to be able to have access to.

These standards require people who are providing care to ensure that a person has alternative care options or that their access to care is not negatively impacted, by making sure that they know where else they can access services and not seeking to prevent a person from being able to access a health service that they have the legal right to access. For this reason, I will not be supporting Mr Cocks's amendment today.

Question put:

> That **Mr Cocks**'s amendment No 1 be agreed to.

The Assembly voted—

Ayes 9	Noes 16	
Peter Cain	Andrew Barr	Suzanne Orr
Leanne Castley	Yvette Berry	Marisa Paterson
Ed Cocks	Andrew Braddock	Michael Pettersson
Jeremy Hanson	Joy Burch	Shane Rattenbury
Elizabeth Kikkert	Tara Cheyne	Chris Steel
Nicole Lawder	Jo Clay	Rachel Stephen-Smith
Elizabeth Lee	Emma Davidson	Rebecca Vassarotti
James Milligan	Mick Gentleman	
Mark Parton	Laura Nuttall	

Question resolved in the negative.

Mr Cocks's amendment No 1 negatived.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.53): I move amendment No 83 circulated in my name *[see schedule 1 at page 1329]*.

This amendment substitutes a signpost definition of "health service provider" into section 7 of the Health Act 1993 to correct a drafting error.

Ms Cheyne's amendment No 83 agreed to.

Clause 94, as amended, agreed to.

Clause 95.

MR COCKS (Murrumbidgee) (5.53): I will be opposing this clause.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.54), by leave: I move amendments Nos 84 and 85 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 84 amends clause 95(1) to insert "relevant" before "health service provider" to provide consistent drafting practices in the ACT. Amendment 85 substitutes the term "two working days" with "two business days" to amend the timeframe a person has to meet their regulatory obligations.

Ms Cheyne's amendments Nos 84 and 85 agreed to.

MS CASTLEY (Yerrabi) (5.55): I move amendment No 30 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 30 negatived.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.55): I move amendment No 86 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 86 amends the signpost definitions of "health service provider" and "relevant health service provider" in clause 95(4) to provide consistent drafting practices in the act.

Ms Cheyne's amendment No 86 agreed to.

Clause 95, as amended, agreed to.

Clause 96.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.56): I move amendment No 87 circulated in my name *[see schedule 1 at page 1329]*. Amendment 87 substitutes the definition of "disability" to provide a signpost to the definition to "disability" in the Disability Services Act 1991. This is a consequential amendment as a result of amendments to clause 11, which, of course, we covered earlier today.

Ms Cheyne's amendment No 87 agreed to.

Clause 96, as amended, agreed to.

Clause 97.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.56): I move amendment No 88 circulated in my name *[see schedule 1 at page 1329]*. This substitutes clause 97 to clarify that division 7.2 only applies where an individual is a resident of a facility and the facility operator does not provide residents of the facility with access to a voluntary assisted dying service—that is, the relevant service.

Ms Cheyne's amendment No 88 agreed to.

Clause 97, as amended, agreed to.

Clause 98.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.57): I move amendment No 89 circulated in my name *[see schedule 1 at page 1329]*.

Amendment 89 substitutes the term "in any case" with "if the individual does not have a coordinating practitioner" to provide clarity that, if an individual already has a coordinating practitioner, then the coordinating practitioner must be the individual's deciding practitioner. This clause provides that only in cases where the individual does not have a coordinating practitioner could another treating doctor be the individual's deciding practitioner.

Ms Cheyne's amendment No 89 agreed to.

Clause 98, as amended, agreed to.

Clause 99.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.58): I will be opposing this clause. I would encourage others who may be interested to think about doing the same as this requirement is now captured under revised clause 102A, which will be included under clause 86.

MS CASTLEY (Yerrabi) (5.58): I move amendment No 31 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 31 negatived.

Clause 99 negatived.

Clauses 100 to 102, by leave, taken together.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (5.59): I move amendment No 91 circulated in my name, which amends clauses 100 to 102 *[see schedule 1 at page 1329]*.

This continues much of the debate we were having earlier regarding facility operators and minimum requirements. Part 7 of the bill imposes obligations on facility operators to meet minimum standards and not hinder access to voluntary assisted dying for individuals who seek it. This is about striking a balance between the rights of the individual seeking access to voluntary assisted dying and the interests of facility operators, particularly those that operate a facility in accordance with an ethos or faith that does not support voluntary assisted dying.

The committee recommended that the ACT government develop processes to allow an individual to seek independent review when a facility operator decides that access to a facility for a relevant person is not reasonably practicable. As I highlighted earlier, where an individual considers that a facility operator has denied them reasonable access to a relevant person, the individual will have options for recourse, including making a complaint to the Human Rights Commission under the Human Rights Act 2004 or referring the matter to police.

However, in consideration of the submissions received and the committee's recommendation, these government amendments amend the provision for a facility operator to make a decision about reasonable access to enable facility operators to instead meet an objective standard when providing reasonable access. Under clause 100, the facility will be obligated to provide reasonable access. This is not defined in the bill and the common interpretation will apply. Guidance material will also be developed to provide further clarity on how facilities can meet this minimum standard.

Clause 101 sets out an obligation for a facility to consider and facilitate transfer of an individual who wants access to voluntary assisted dying. Where reasonable access cannot be facilitated, the facility operator must ask the individual if they want to be transferred to and from a place to access the service. Processes are set out in this clause to ensure it is reasonable and in the best interests of the individual for the transfer to occur.

Clause 101 establishes two offences. If the deciding practitioner decides the transfer is reasonable and if the individual consents, the facility operator must facilitate the transfer as soon as reasonably practicable. It is an offence for a facility operator to fail to do so, the maximum penalty being 100 penalty units. To ensure there are appropriate checks and balances, if the facility operator does not facilitate the transfer of the individual, the facility operator must give the board written notice stating the reasons for this and the steps taken by the operator to try to transfer the individual. Non-compliance with this clause is a strict liability offence, with a maximum penalty of 20 penalty units.

Clause 102 establishes a process where a facility operator does not transfer the individual because the transfer is unreasonable in the circumstances—for example,

where it would be likely to cause serious harm to the individual. Where this occurs, the facility operator must take reasonable steps to allow a relevant person to have access to the individual at the facility. Where this person is unable to attend the facility, the facility operator must take reasonable steps to allow another relevant person to have access to the individual. It is an offence for a facility operator to not comply with this clause, with a maximum penalty of 100 penalty units.

Similar to what we were discussing earlier, the purpose of these clauses is to ensure that no individual's access to voluntary assisted dying is hindered if they are a resident at a facility. While I cannot speak for the members of the select committee, I think this goes, in a very effective and workable way, to the intent of their recommendation. In fact, I would suggest it exceeds it and should provide further assurances to both facility operators and the staff within them, as well as patients and their families.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (6.04): I think Minister Cheyne has covered these amendments in detail, so I will not redo all of that, but I want to recognise that the committee received a number of submissions arguing that facility operators should not have the power to decide that it is not reasonably practicable to provide a relevant person with access to the individual at the facility without some safeguards in place. The various dissenting recommendations on the issue reflect the need to balance the competing rights and interests of a care facility to determine what practices are permitted within their facilities, and the interests of individuals seeking access to voluntary assisted dying once it becomes a lawful procedure.

The government amendment preserves the ability of care facilities to decide their level of involvement in voluntary assisted dying so long as they do not hinder access to voluntary assisted dying as a lawful medical service. I stand today primarily to reassure the Assembly—because I know this has been the subject of some conversation—of the clear advice that I have received that there is no conflict between these amendments and the obligations and the clinical practice requirements, committee requirements, under the Public Health Act.

There are very many ways to make this operational without requiring facilities themselves to credential providers of voluntary assisted dying services, which they have expressed concern about. There are ways to manage that, and there is no requirement for their licensing and their obligations under either the Public Health Act or the National Safety and Quality Health Service Standards.

Ms Cheyne's amendment No 91 agreed to.

MS CASTLEY (Yerrabi) (6.06): I would like to state for the record that I will not be moving my amendment on strict liability, but I still have concerns with regard to this clause.

Clauses 100 to 102, as amended, agreed to.

Proposed new clause 102A.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (6.07): I move amendment No 92 circulated in my name, which inserts a new clause 102A *[see schedule 1 at page 1329]*.

Amendment 92 provides that within two business days after the day an individual asks for information about, or access to, voluntary assisted dying, the facility operator must give the individual in writing the contact details for the care navigator service. The bill previously provided two working days for this to occur. Not complying with this requirement is a strict liability offence, with the maximum penalty of 30 penalty units. This offence was previously included in clause 99 of the bill; however, it has been redrafted to provide additional clarity, with clause 99 now omitted.

The government does not support extending the time frame for the provision of a facility operator's policy. This is a straightforward requirement and will support vulnerable people to access information about a lawful medical service. A facility operator must allow an employee or other official of the approved care navigator service to have reasonable access to the individual at the facility at a time that is acceptable to the individual if the individual consents to seeing the employee or other official and the employee or other official seeking access for the purpose of giving the individual the requested information. Not complying with these requirements is an offence, with the maximum penalty of 100 penalty units.

This offence was previously included in clause 100 of the bill; however, it has been redrafted to provide additional clarity. As with the previous amendments, again this is about providing clarity to anyone who is involved in the operation or living circumstances at a facility.

Ms Cheyne's amendment No 92 agreed to.

Proposed new clause 102A agreed to.

Clause 103.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (6.09), by leave: I move amendments Nos 93 and 94 circulated in my name together *[see schedule 1 at page 1329]*.

Amendment 93 amends clause 103(2) to provide that the facility operator must publish its policy in a way that is likely to come to the attention of an individual who tells the facility operator that the individual or a family member of the individual is interested in becoming a resident of the facility. This amendment will provide a clearer drafting on the policy intent of clause 103. The policy must also be published in a way that is likely to come to the attention of a resident of the facility and an individual who accesses the website for the facility. Again, this is about transparency, so that people can be aware of the access that is available at a particular facility at any point of their decision-making process with regard to that facility.

Amendment 94 substitutes the term "two working days" and makes it "two business

days" to amend the maximum time frame a person has to meet the regulatory obligations. As outlined previously, this is a straightforward requirement and two business days rather than four business days is considered sufficient time to meet this requirement.

Ms Cheyne's amendments Nos 93 and 94 agreed to.

MS CASTLEY (Yerrabi) (6.11): I move amendment No 33 circulated in my name *[see schedule 2 at page 1361]*.

Ms Castley's amendment No 33 negatived.

Clause 103, as amended, agreed to.

Clauses 104 to 106, by leave, taken together and agreed to.

Clause 107.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (6.12): I move amendment No 95 circulated in my name*[see schedule 1 at page 1329]*.

Ms Stephen-Smith will speak to this. I put that on the record so we are not repeating ourselves. I want to acknowledge the work of Ms Orr and her advocacy and the committee's recommendation about representation on the board. This is now clearer and it certainly supports the cross-section of the community. In drafting the bill originally, this is what we had always intended, but I think there is very good reason for us to set this out in legislation. It is also very reasonable that we have made clear the definition of carer representation. I acknowledge that this has come about again through recommendations—I believe recommendations 14 and 23—in the committee's report. I commend them for their attention to this and particularly thank Ms Orr for her leadership in this space.

MS STEPHEN-SMITH (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Family Services, Minister for Disability and Minister for Health) (6.13): As Minister Cheyne said, I also want to speak to this amendment while wearing the hats of both Minister for Health and Minister for Disability, and as someone who, like Ms Orr, has spent a lot of time speaking with carers and the disability community over time in the Assembly. This was a very well-considered recommendation to include. The committee report recommended that we specifically consider the inclusion of members on the board with knowledge and/or lived experience with disability and palliative care, and healthcare consumers and carers.

The government amendments do not cover palliative care specifically, because we already have a range of relevant areas of medicine, nursing, pharmacy, psychology, social work, ethics and law. Within those medical professions, it would be very unlikely that those people would not have an experience of palliative care, given the other considerations that would be made in relation to appointment to the board.

What we have sought to do in adding someone with experience in healthcare consumer representation or advocacy and someone with experience in disability or carer representation or advocacy as relevant areas to be considered in board appointments is to cover off on those important areas. As Minister Cheyne has indicated, it was always our intention to ensure that there was a community carer and consumer voice on the board, but it is absolutely worth making that explicit. I add my voice to Minister Cheyne's in thanking Ms Orr and the wider committee for drawing that to our attention. I commend the amendment.

Ms Cheyne's amendment No 95 agreed to.

Clause 107, as amended, agreed to.

Clauses 108 to 113, by leave, taken together and agreed to.

Clause 114.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (6.16): I move amendment No 96 circulated in my name *[see schedule 1 at page 1329]*.

Amendment No 96, inserts a new clause 114(2A) to provide beyond doubt that, where the voluntary assisted dying oversight board refers an issue to a person under clause 114(1)(c), the board may give information to the person if the information is relevant to a person's functions.

Ms Cheyne's amendment No 96 agreed to.

Clause 114, as amended, agreed to.

Clauses 115 and 116, by leave, taken together and agreed to.

Clause 117.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (6.17): I move amendment No 97 circulated in my name *[see schedule 1 at page 1329]*.

Amendment No 97 substitutes clause 117(1) to provide that a decision of the board on a question is valid if at least the number of members prescribed by regulation vote on the question and the question is decided by the number of votes prescribed by regulation.

Ms Cheyne's amendment No 97 agreed to.

Clause 117, as amended, agreed to.

Clauses 118 to 124, by leave, taken together and agreed to.

Clause 125.

MS CHEYNE (Ginninderra—Minister for the Arts, Culture and the Creative Economy, Minister for City Services, Minister for Government Services and Regulatory Reform and Minister for Human Rights) (6.18): I will be opposing this clause. Again, interested members may like to follow my lead.

Clauses 125, 127 and 129 in this bill, as introduced, are proposed to be removed as they duplicate existing safeguards under ACT legislation and may have unintended consequences. These provisions were originally included in the bill to provide comfort beyond doubt to participants in voluntary assisted dying. Further criminal proceeding protections are considered unnecessary and duplicative given the protections and defences that already exist under the Criminal Code 2002. The intention of amendment No 98 is to omit clause 125—"People assisting access to voluntary assisted dying or witnessing administration of approved substance"—as the behaviour in clause 125 sought to provide protection from liability, and that will now be included under new clause 126.

Clause 125 negatived.

Clause 126.

Debate (on motion by **Ms Orr**) adjourned to the next sitting.

Statements by members

Community events—EveryMan

MR CAIN (Ginninderra) (6.20): I will speak briefly, given the time, about a recent men's dinner held at Yarralumla Uniting Church. The dinner was held at the church last Friday and featured a really inspiring and interesting speaker, Greg Aldridge, who spoke about men and family violence. Greg is the CEO of EveryMan, as many members here would be aware, which is an organisation that provides support services to men experiencing exclusion, discrimination and marginalisation. The services also include counselling, violence protection, supported accommodation, NDIS support, and Indigenous support. I really commend EveryMan for their work to keep men on a good path, away from a vulnerable lifestyle or a lifestyle where they might unfortunately harm others. I thank the Yarralumla Uniting Church for organising this event and thank Greg for a really engaging presentation and the tireless effort he makes, and EveryMan makes, to make Canberra a better and safer place for all.

Mental health—Minister for Mental Health

MS DAVIDSON (Murrumbidgee—Assistant Minister for Families and Community Services, Minister for Disability, Minister for Justice Health, Minister for Mental Health, Minister for Veterans and Seniors) (6.21): I want to make sure that it is recorded that my office has been engaging with the offices of Dr Paterson and Mr Cocks for a number of months about a number of constituent matters. I have also been engaging with constituents and will continue to do so in an open and fair manner.

Roads—roadside drug testing

MR BRADDOCK (Yerrabi) (6.22): The commonwealth's Joint Committee on Law Enforcement has published a report titled *Australia's illicit drug problem: challenges and opportunities for law enforcement*. I would like to draw attention to the committee's recommendation 6, which says:

> … that the Australian Government support research to develop an effective roadside cannabis impairment test to be used by law enforcement …

As Greens Senator Shoebridge pointed out:

> Every submission on drug driving and cannabis made it clear the current system is broken. People are losing their licence, often their jobs and sometimes their liberty not because they are impaired while driving but because they have the smallest detectable amount of cannabis in their system.

I want to stress that recommendation 6 is a majority recommendation which accepts that decriminalisation is something that is being embraced by states and territories and that better testing is needed for law enforcement to effectively carry out their duty to keep the community safe, whilst ensuring that those who are not impaired but have detectable traces of cannabis in their system are not unfairly penalised. Driving whilst impaired is a crime, and rightly so; driving with trace amounts of cannabis that do not lead to impairment should not be a crime, particularly with the decriminalisation of cannabis and more and more people utilising cannabis for its documented medicinal benefits.

Adjournment

Motion (by **Mr Gentleman**) proposed:

> That the Assembly do now adjourn.

Menstruation—Menstrual Hygiene Day

MS ORR (Yerrabi) (6.23): Last week, on 28 May, we celebrated world Menstrual Hygiene Day, and I would like to take the opportunity to reflect on its significance. For context, in 2014 Menstrual Hygiene Day was started by NGO and creative agency WASH United as a global campaign against the lack of education, ongoing taboos, stigma, bad sanitation and lack of access to clean menstrual products which results in poor menstrual hygiene and negatively impacts the education, health and social status of women, girls and others who menstruate worldwide.

WASH works to ensure all people can benefit from safe drinking water, sanitation and hygiene, and Menstrual Hygiene Day is an initiative that seeks to unite non-profits, governments, individuals, businesses and the media in the promotion of good menstrual health and hygiene, with the aim of breaking taboos by raising awareness of and changing norms around menstruation, and urging leaders to prioritise menstrual health and hygiene.

Before Menstrual Hygiene Day, organisers could not identify a united global effort to raise awareness and advocate for menstrual hygiene, so 28 May was chosen to represent

the average length of a menstrual cycle, which is 28 days, and a period, which is five days. From 2015 to 2017, Menstrual Hygiene Day picked up more and more coverage, including a viral video featuring slam poet Aranya Johar that attracted much attention from India and globally and caused celebrities like Kareena Kapoor and Freida Pinto to add their voices to the cause.

In 2018, the first dedicated campaign, #NoMoreLimits, was created to communicate an overarching narrative, and national coalitions in countries like India, Nepal, Tanzania, Kenya, Gana and Uganda, and a new coalition for Africa, successfully used the day, which had continued to see an increase in coverage to successfully push governments on positive policy change.

2019's theme, "It's Time for Action", helped increase global momentum, with all but Antarctica and Greenland participating in the day. And, during 2020-2021, Menstrual Hygiene Day partners adapted to pandemic conditions by redirecting even more focus to digital channels, such as Studio MH Day, a multi-hour live broadcast, and the Menstruation Bracelet.

In 2022 and 2023, Menstrual Hygiene Day reached a milestone, with over 17,800 pieces of media coverage and more than 700 million people reached globally under the theme, "We Are Committed".

This year marks Menstrual Hygiene Day's 10th anniversary and the theme is "A Period-Friendly World", with the goal of celebrating progress and identifying remaining challenges. A period-friendly world does not attach stigma or taboo to menstruation and its people can access the products, education and infrastructure they need. Members of this place know that I have already done a lot of work on and said much about menstrual hygiene needs in the ACT. Indeed, the Period Products and Facilities (Access) Act remains a significant achievement and is a step towards a period-friendly world.

However, we are not there yet. Gaps still exist, even in our territory. I would like to live in a world where workers, consumers and leaders in the private sector also enjoy dignified and free access to period products and facilities. I want everyone to have access to menstrual and menopause leave, and I want the use of that leave to be totally normalised, and I want to ensure that menstruation is discussed without stigma and taboo among families and friendship groups. There is still much work to be done in this space and that is why I encourage all government sectors, institutions and individuals to join me in continuing to celebrate world Menstrual Hygiene Day.

Planning—Hawker shops

MS CLAY (Ginninderra) (6.27): I have heard from a lot of residents about the proposed redevelopment at the Hawker shops. I wrote to the planning minister in October last year about the Greens' expectations of the sale process and the things that should be considered as part of that. I also asked about the development in parliament at the start of April and have sent a follow-up letter to the new planning minister reiterating those concerns. I have also spoken to many of the locals about this and have had a chat to some of the local traders. There are definitely mixed views on this one.

Here are some of the issues that I have heard from the community and that I have asked to be included as part of any redevelopment at the Hawker shops. People have asked for an upgraded playground and community facilities. They have asked whether residential development should be considered as part of this. They have asked for sufficient green space and trees on and around the site to avoid a heat island; better lighting; improved paths; retainment of the post office, which is a core and essential service there; and consideration of whether, instead of doing a direct sale, there should be a two-stage tender process to assess whether Woolworths or another provider would be best placed to buy the car park and whether to allow other prospective buyers to put up some concepts for the site.

The processes that would be required to progress any development of the site include a variation of the Territory Plan and a development application that would require community consultation. I have said this to the developer, and the developer has agreed that they will, ahead of this, put in on-site signage. That is there now. The developer is also considering doing a full letterbox drop to ensure the neighbourhood is better informed.

I have also explained to our ministers that our local community expects a land sale like this to involve consultation by the ACT government in order to test the support of the Hawker and Belconnen communities, particularly in the context of previous attempts to make changes at the shops. They were certainly of great community intertest, and this one is too.

Some people in our community oppose any substantive changes at the site. Some people are definitely in favour. There are mixed views. The Greens recognise that Canberra is a growing and changing city and that many people in our community would like to see improvements in their local area. I grew up in this area. I have been going to that shopping centre my whole life and I understand people's attachment to the way it is, but, on a personal level, I certainly feel that it needs an uplift, at a minimum, and I can see many better ways that it could serve our community than the way it currently is.

We have seen examples of rejuvenated local shops, such as those in Scullin, Cook and Aranda. Those have brought a lot more locals back to the local shops. In those situations, the redevelopments occurred without major changes, so that is one way to make local shops better. Other examples include the expansion or development of new buildings at existing shops. Those have also seen some great results in making our shops more lively, including in Campbell, Kingston, Jamison and Curtin.

I would expect—and we made this clear in the letter to the planning minister—that any sale process should consider multiple options, not just a direct sale to Woolworths. We should consider taking the land to the open market through a two-stage tender process. That could seek expressions of interest to see how the site could be developed ahead of seeking further and final proposals for consideration. We would also need to ensure that any commitments made by developers are locked in as firm commitments on sale and lease conditions. That will make sure that, if a developer makes a commitment, in 10 years and 20 years the developers and the owners of those shops will still be honouring the commitments.

The ACT Greens recognise the potential for improvements in the expansion at the

Hawker shops and we hope to see something really good for the community happen on the site, but we certainly need to make sure the development that goes ahead, if it goes ahead, has the best interests of the community front and centre and that there has been really good consultation on it.

I will continue to follow this closely and I expect that, whichever option is pursued, the Hawker shops will have to remain a great spot, and that, given they are overdue for improvement, we will get some improvements in coming years.

That the Assembly do now adjourn.

Question resolved in the affirmative.

The Assembly adjourned at 6.31 pm.

Schedules of amendments

Schedule 1

Voluntary Assisted Dying Bill 2023

Amendments moved by the Minister for Human Rights

1
Clause 2
Page 2, line 4—

omit clause 2, substitute

2 Commencement

This Act commences on 3 November 2025.

Note The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

2
Clause 10 (h)
Page 6, line 20—

omit clause 10 (h), substitute

h) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual.

3
Clause 11 (2)
Page 7, line 17—

omit clause 11 (2), substitute

(2) For subsection (1) (b), an individual—

a) may meet the requirement mentioned in that subsection if they have a disability, mental disorder or mental illness; but

b) does not meet the requirement mentioned in that subsection only because they have—

(i) a disability that—

(A) substantially impairs their communication, learning or mobility; and

(B) results in the individual needing services to support them to live with the disability; or

(ii) a mental disorder or mental illness.

(2A) For subsection (1) (b), an individual's relevant conditions are ***advanced*** if—

a) the individual's functioning and quality of life—

(i) have declined or are declining; and

(ii) are not expected to improve; and

b) any treatments for the conditions that are reasonably available and acceptable to the individual have lost any beneficial impact; and

c) the individual is approaching the end of their life.

4
Proposed new clause 11 (3A) and (3B)
Page 8, line 10—

insert

(3A) For subsection (2A) (b), ***treatment***, for an individual's relevant conditions, does not include treatment that is primarily for the purpose of relieving a symptom of the conditions or any pain or distress caused by the conditions.

(3B) ***For subsection (2A)*** (c), an individual may be ***approaching the end*** of their life even if it is uncertain whether their relevant conditions will cause death within the next 12 months.

5
Clause 11 (4), definition of *advanced*
Page 8, line 12—

omit

6
Clause 11 (4), definition of *disability*
Page 8, line 19—

omit the definition, substitute

disability—see the *Disability Services Act 1991*, dictionary.

7
Clause 14 (1)
Page 11, line 16—

omit

2 working

substitute

4 business

8
Clause 16
Page 13, line 1—

omit clause 16, substitute

16 Coordinating practitioner to undertake first assessment

(1) An individual's coordinating practitioner must undertake an assessment (a ***first assessment***) to decide whether the individual—

(a) meets the eligibility requirements; and

(b) if the coordinating practitioner decides that the individual meets the eligibility requirements—understands the information given to them under subsection (3).

(2) For subsection (1) (b), in deciding whether an individual understands information given to them, the following must be taken into account:

(a) an individual is capable of understanding the information if they are capable of understanding the information with adequate and appropriate support;

(b) an individual must not be treated as not understanding the information unless all practicable steps to support them to understand the information have been taken;

(c) an individual must not be treated as not understanding the information only because they have impaired decision-making capacity under another Act or in relation to another matter;

(d) an individual who moves between understanding and not understanding information must, if practicable, be given the opportunity to consider the information at a time when they are most likely to understand it.

(3) If the coordinating practitioner decides that the individual meets the eligibility requirements, the coordinating practitioner must give the individual any information prescribed by regulation.

(4) The coordinating practitioner may take the following into account when undertaking the first assessment:

(a) any relevant information about the individual that has been prepared by another person who, in the opinion of the coordinating practitioner, has the appropriate skills and training to provide the information;

(b) if the coordinating practitioner refers the individual to another person for advice under section 17—any advice given by the other person.

9
Clause 17 (1)
Page 14, line 8—

after

who

insert

,in the opinion of the coordinating practitioner,

10
Clause 18 (1)
Page 14, line 22—

omit

2 working days after the day the coordinating practitioner decides whether the individual meets the eligibility requirements

substitute

4 business days after the day the coordinating practitioner makes their decision on the first assessment

11
Clause 19 (1) and (2)
Page 15, line 10—

omit clause 19 (1) and (2), substitute

(1) An individual's coordinating practitioner must refer the individual to another health practitioner (the ***first referral practitioner***) for a consulting assessment if, after undertaking a first assessment, the coordinating practitioner decides that the individual—

(a) meets the eligibility requirements; and

(b) understands the information given to the individual under section 16 (3).

(2) The referral must be made within 4 business days after the day the coordinating practitioner decides that the individual understands the information given to the individual under section 16 (3).

12
Clause 20 (1)
Page 16, line 6—

omit

2 working

substitute

4 business

13
Clause 20 (3)
Page 16, line 19—

omit clause 20 (3), substitute

(3) As soon as practicable after the health practitioner tells the coordinating practitioner about their decision, the coordinating practitioner must tell the individual about the decision.

14
Clause 22 (2)
Page 17, line 13—

omit

2 working days after the day the coordinating practitioner tells the health practitioner that the coordinating practitioner has told the individual

substitute

4 business days after the day they tell the coordinating practitioner

15
Clause 22 (5)
Page 17, line 21—

omit

16
Clause 23
Page 18, line 1—

omit clause 23, substitute

23 Consulting practitioner to undertake consulting assessment

(1) An individual's consulting practitioner must undertake an assessment (a ***consulting assessment***) to decide whether the individual—

(a) meets the eligibility requirements; and

(b) if the consulting practitioner decides that the individual meets the eligibility requirements—understands the information given to them under subsection (3).

(2) For subsection (1) (b), in deciding whether an individual understands information given to them, the following must be taken into account:

(a) an individual is capable of understanding the information if they are capable of understanding the information with adequate and appropriate support;

(b) an individual must not be treated as not understanding the information unless all practicable steps to support them to understand the information have been taken;

(c) an individual must not be treated as not understanding the information only because they have impaired decision-making capacity under another Act or in relation to another matter;

(d) an individual who moves between understanding and not understanding information must, if practicable, be given the opportunity to consider the information at a time when they are most likely to understand it.

(3) If the consulting practitioner decides that the individual meets the eligibility requirements, the consulting practitioner must give the individual any information prescribed by regulation.

(4) The consulting practitioner's consulting assessment and decision in relation to the consulting assessment must be undertaken and made independently of the individual's coordinating practitioner.

(5) The consulting practitioner may take the following into account when undertaking the consulting assessment:

(a) any relevant information about the individual that has been prepared by another person who, in the opinion of the coordinating practitioner, has the appropriate skills and training to provide the information;

(b) if the consulting practitioner refers the individual to another person for advice under section 24—any advice given by the other person.

17
Clause 24 (1)
Page 19, line 12—

after

who

insert

, in the opinion of the consulting practitioner,

18
Clause 24 (2) (d)
Page 19, line 25—

omit

19
Clause 25 (1)
Page 20, line 3—

omit

2 working days after the day the consulting practitioner decides whether the individual meets the eligibility requirements

substitute

4 business days after the day the consulting practitioner makes their decision on the consulting assessment

20
Clause 25 (1) (b)
Page 20, line 11—

omit

as soon as practicable,

21
Clause 27 (1)
Page 21, line 7—

omit clause 27 (1), substitute

(1) This section applies if—

(a) An individual's coordinating practitioner decides that the individual—

(i) meets the eligibility requirements; and

(ii) understands the information given to them under section 16 (3); and

(b) the individual's consulting practitioner decides that the individual—

(i) meets the eligibility requirements; and

(ii) understands the information given to them under section 23 (3).

22
Clause 27 (6)
Page 22, line 15—

omit

For this section:

substitute

In this section:

23
Clause 30 (1)
Page 24, line 9—

omit

2 working

substitute

4 business

24
Clause 34 (1)
Page 25, line 15—

omit

2 working

substitute

4 business

25
Clauses 36 and 37
Pages 26 to 28—

omit all mentions of

2 working

substitute

4 business

26
Clause 38 (1)
Page 28, line 19—

omit clause 38 (1), substitute

(1) This section applies if an individual has a coordinating practitioner.

27
Clause 38 (3)
Page 28, line 23—

omit

2 working

substitute

4 business

28
Clause 38 (3) (b)
Page 28, line 27—

omit

consulting

substitute

other health

29
Clause 38 (5) (b)
Page 29, line 16—

omit

2 working

substitute

4 business

30
Clause 39 (1) (b)
Page 30, line 7—

omit clause 39 (1) (b), substitute

(b) a previous coordinating practitioner made a decision when they were the coordinating practitioner for the individual—

(i) under section 16 that the individual—

(A) met the eligibility requirements; and

(B) understood the information given to them under section 16 (3); or

(ii) under section 35 or section 59 (1) (f) (i) that the individual met the final assessment requirements.

31
Clause 42 (1) (a)
Page 32, line 11—

omit

(a ***self-administration decision***)

32
Clause 42 (1) (b)
Page 32, line 13—

omit

(a ***practitioner administration decision***)

33
Clause 42 (4) (b)
Page 33, line 3—

omit

2 working

substitute

4 business

34
Clause 43 (1)
Page 33, line 9—

omit clause 43 (1), substitute

(1) If an individual has an administration decision in effect, the individual may, at any time—

(a) if the individual made a decision that they would self-administer an approved substance—decide instead that an approved substance will be administered to them by a health practitioner; or

(b) if the individual made a decision that an approved substance would be administered to them by a health practitioner—decide instead that they will self-administer an approved substance.

35
Clauses 43 to 46
Pages 34 to 38—

omit all mentions of

2 working

substitute

4 business

36
Clause 47 (1)
Page 39, line 12—

omit clause 47 (1), substitute

(1) This section applies if an individual has an administering practitioner.

37
Clause 47 (3)
Page 39, line 16—

2 working

substitute

4 business

38
Clause 47 (3)
Page 39, lines 17 and 18—

before all mentions of

health practitioner

insert

other

39
Clause 47 (3) (b)
Page 39, line 20—

omit

consulting

substitute

other health

40
Clause 47 (4)
Page 39, line 22—

before

health practitioner

insert

other

41
Clause 47 (5)
Page 40, line 6—

before all mentions of

health practitioner

insert

other

42
Clause 47 (5) (c)
Page 40, line 13—

omit

2 working

substitute

4 business

43
Clause 47 (5) (c)
Page 40, line 14—

before

health practitioner

insert

other

44
Clause 47 (7)
Page 40, line 20—

omit clause 47 (7). substitute

(7) When the other health practitioner gives the board notice under subsection (5) (c)—

(a) The other health practitioner becomes the individual's administering practitioner (the ***new practitioner***); and

(b) The administering practitioner functions transfer to the new practitioner.

45
Clause 51 (3)
Page 42, line 16—

omit

coordinating practitioner, their consulting practitioner or another health professional

substitute

coordinating practitioner or consulting practitioner

46
Clauses 51 to 53
Pages 43 and 44—

omit all mentions of

2 working

substitute

4 business

47
Clause 54 heading
Page 44, line 12—

substitute

54 Effect of change or revocation of administration decision on contact person appointment

48
Clause 54 (1) (a) (i)
Page 44, line 16—

omit

self-administration decision to a practitioner administration decision

substitute

administration decision

49
Clause 54 (1) (b) and (2)
Page 44, lines 20 and 22—

omit

self-administration

substitute

administration

50
Clause 58 (1) (b)
Page 46, line 12—

omit clause 58 (1) (b), substitute

(b) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual; and

51
Clause 58 (4)
Page 46, line 22—

omit

2 working days after prescribing

substitute

4 business days after the day they prescribe

52
Clause 59 (1) (b)
Page 47, line 5—

omit clause 59 (1) (b), substitute

(b) if the individual has a self-administration decision in effect—a contact person appointment is in effect for the individual; and

53
Clause 59 (4)
Page 47, line 24—

omit

2 working days after prescribing

substitute

4 business days after the day they prescribe

54
Clause 60
Page 48, line 4—

omit clause 60, substitute

60 Possessing, preparing and supplying approved substances—approved suppliers and couriers

(1) An approved supplier may—

(a) possess an approved substance; or

(b) prepare the substance for the purpose of supplying it under this section.

(2) If an approved supplier receives a prescription for an approved substance, the supplier may supply the substance to—

(a) for an individual who has made a self-administration decision— the individual or their contact person; or

(b) for an individual who has made a practitioner administration decision—the individual's administering practitioner.

(3) However, an approved supplier must not supply an approved substance under subsection (2) unless—

(a) the prescription was issued—

(i) for any part of the prescription relating to an approved substance that is a controlled medicine—not more than 6 months before the day the supplier supplies the substance; or

(ii) in any other case—not more than 12 months before the day the supplier supplies the substance; and

(b) the supplier is satisfied about—

(i) the authenticity of the prescription; and

(ii) the identity of the coordinating practitioner who issued the prescription; and

(iii) the identity of the individual, contact person or administering practitioner to whom the approved substance is being supplied; and

(c) the supplier has labelled the substance in accordance with any substance labelling requirements prescribed by regulation; and

(d) the supplier complies with any other requirements about the supply of an approved substance prescribed by regulation; and

(e) if the prescription is a subsequent prescription issued under section 59 and an approved substance was previously supplied for an individual under another prescription—the supplier is satisfied that the previously supplied substance has been—

(i) given to an approved disposer; or

(ii) reported as lost or stolen in accordance with the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 39; and

(f) the supplier supplies the substance to the person—

(i) personally; or

(ii) using a courier in the circumstances prescribed by regulation.

(4) An approved supplier commits an offence if the supplier—

(a) supplies an approved substance to a person under subsection (2); and

(b) does not personally supply the substance to the person; and

(c) does not supply the substance in accordance with subsection (3) (f) (ii).

Maximum penalty: 20 penalty units.

(5) A courier may do any of the following in relation to an approved substance:

(a) receive the substance from an approved supplier for a purpose mentioned in paragraph (b) or (c);

(b) possess the substance for the purpose mentioned in paragraph (c);

(c) deliver the substance to the person to whom it is addressed.

(6) A courier must comply with any requirements prescribed by regulation when doing a thing mentioned in subsection (5).

Maximum penalty: 20 penalty units.

(7) If an approved supplier supplies an approved substance under subsection (2), the supplier must, within 4 business days after the day they supply the substance—

(a) prepare a written record of the supply (a ***supply record***) that includes any information prescribed by regulation; and

(b) give a copy of the supply record to—

(i) the board; and

(ii) the director-general.

Maximum penalty (paragraph (b) (i)): 20 penalty units.

(8) An offence against subsection (7) (b) (i) is a strict liability offence.

(9) The approved supplier must keep the supply record for at least 2 years after the day they supply the approved substance.

(10) In this section:

controlled medicine—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 11 (2).

courier means a person who meets the requirements prescribed by regulation.

55
Clause 61 (2) (e)
Page 50, line 20—

after

substance

insert

for self-administration

56
Clause 61 (4)
Page 51, line 2—

omit clause 61 (4), substitute

(4) Within 4 business days after the day the contact person gives an approved substance to the individual under subsection (3) (c), the contact person must tell the board, by written notice, that they have given the substance to the individual.

Maximum penalty: 20 penalty units.

57
Clause 61 (6) (c)
Page 51, line 16—

after

substance

insert

for the individual to self-administer

58
Clause 62 (1) (a)
Page 52, line 4—

omit

to a practitioner administration decision

59
Clause 62 (2)
Page 52, line 8—

omit

their administering practitioner

substitute

the health practitioner

60
Clause 62 (3)
Page 52, line 11—

omit clause 62 (3), substitute

(3) Within 4 business days after the day an individual gives an approved substance to their administering practitioner under subsection (2), the administering practitioner must tell the board, by written notice, that they have received the substance from the individual.

Maximum penalty: 20 penalty units.

61
Clause 63
Page 52, line 19—

omit clause 63, substitute

63 Receiving and possessing approved substances—administering practitioner

(1) This section applies if—

(a) A practitioner administration decision is in effect for an individual; and

(b) the individual's coordinating practitioner has prescribed an approved substance under section 58 or section 59.

(2) The individual's administering practitioner may—

(a) receive the approved substance from an approved supplier for a purpose mentioned in section 63C (2); and

(b) possess the approved substance for a purpose mentioned in section 63C (2).

63A Receiving and possessing approved substances after change of administration decision—administering practitioner

(1) This section applies if an individual changes their administration decision under section 43 (1) (a).

(2) The individual's administering practitioner may—

(a) receive an approved substance from the individual for a purpose mentioned in section 63C (2); and

(b) possess the approved substance for a purpose mentioned in section 63C (2).

63B Giving, receiving and possessing approved substances—transfer of administering practitioner functions

(1) This section applies if—

(a) the administering practitioner functions for an individual are transferred under section 46 or section 47; and

(b) the original administering practitioner is in possession of an approved substance for the individual when the transfer takes effect.

(2) Within 14 days after the day the administering practitioner functions are transferred, the new administering practitioner may ask the original administering practitioner to give the approved substance to the new administering practitioner.

(3) The original administering practitioner must comply with a request under subsection (2) within 2 days after the day it is made.

Maximum penalty: 100 penalty units.

(4) If the original administering practitioner gives the substance to the new administering practitioner, the new administering practitioner may—

(a) receive the substance for a purpose mentioned in section 63C (2); and

(b) possess the substance for a purpose mentioned in section 63C (2).

(5) Within 4 business days after the day the original administering practitioner gives an approved substance to the new administering practitioner, the original administering practitioner must—

(a) tell the board, by written notice, that they have given the substance to the new administering practitioner; and

(b) tell the director-general, by written notice, that—

(i) the individual has a new administering practitioner; and

(ii) the original administering practitioner has given the substance to the new administering practitioner.

Maximum penalty (paragraph (a)): 20 penalty units.

(6) A written notice given under subsection (5) (b) must include any information prescribed by regulation.

(7) An offence against subsection (5) (a) is a strict liability offence.

63C Administering approved substances—administering practitioner

(1) This section applies if—

(a) a practitioner administration decision is in effect for an individual; and

(b) the individual's coordinating practitioner has prescribed an approved substance under section 58 or section 59.

(2) The individual's administering practitioner may do the following in relation to the approved substance:

(a) prepare the substance for administration to the individual;

(b) administer the substance to the individual.

(3) However, the individual's administering practitioner must not administer the approved substance to the individual unless the administering practitioner—

(a) is satisfied, immediately before administering the substance, that the individual—

(i) has decision-making capacity in relation to voluntary assisted dying; and

(ii) is acting voluntarily and without coercion; and

(b) administers the substance in the presence of an eligible witness.

(4) The witness to the administration of the approved substance must certify by written statement (a ***witness certificate***) that—

(a) the individual appeared to be acting voluntarily and without coercion; and

(b) the approved substance was administered to the individual in the presence of the witness.

(5) The witness must give the administering practitioner a copy of the witness certificate.

(6) In this section:

eligible witness means someone who is an adult.

62
Clause 64 (5) and (6)
Page 55, line 4—

omit clause 64 (5) and (6), substitute

(5) Within 4 business days after the original contact person gives an approved substance to another person under subsection (2), the original contact person must—

(a) tell the board, by written notice, that they have given the substance to the new contact person; and

(b) tell the director-general, by written notice, that—

(i) the individual has a new contact person; and

(ii) the original contact person has given the substance to the new contact person.

Maximum penalty (paragraph (a)): 20 penalty units.

(6) A written notice given under subsection (5) (b) must include any information prescribed by regulation.

(7) An offence against subsection (5) (a) is a strict liability offence.

63
Proposed new clause 64A
Page 55, line 11—

insert

64A Giving approved substances to approved disposer if administration decision revoked—individual or contact person

(1) This section applies if—

(a) an individual revokes their self-administration decision; and

(b) the individual or their contact person is in possession of an approved substance when the self-administration decision is revoked.

(2) The individual or contact person must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day the self-administration decision is revoked.

Maximum penalty: 100 penalty units.

64
Clause 65 (2)
Page 56, line 1—

omit clause 65 (2), substitute

(2) The contact person—

(a) may possess any remaining approved substance for the purpose mentioned in paragraph (b); and

(b) must give any remaining approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day of whichever event mentioned in subsection (1) (c) happens.

Maximum penalty (paragraph (b)): 100 penalty units.

65
Clause 66 heading
Page 56, line 5—

omit the heading, substitute

66 Giving approved substances to approved disposer—administering practitioner

66
Clause 66 (2) (b)
Page 56, line 21—

after

an approved disposer

insert

as soon as practicable, but not later than 14 days after the day of whichever event mentioned in subsection (1) (c) happens

67
Clause 66 (2), penalty
Page 56, line 22—

omit

68
Proposed new clause 66A
Page 56, line 22—

insert

66A Giving approved substances to approved disposer—transfer of administering practitioner functions

(1) This section applies if—

(a) the administering practitioner functions for an individual are transferred under section 46 or section 47; and

(b) the original administering practitioner is in possession of an approved substance for the individual when the transfer takes effect; and

(c) the original administering practitioner is not required to give the approved substance to the new administering practitioner under section 63B (Giving, receiving and possessing approved substances—transfer of administering practitioner functions).

(2) The original administering practitioner—

(a) may possess the approved substance for the purpose mentioned in paragraph (b); and

(b) must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day the transfer takes effect.

69
Clause 67 (2)
Page 57, line 9—

omit clause 67 (2), substitute

(2) The individual or other person—

(a) may possess the approved substance for the purpose mentioned in paragraph (b); and

(b) must give the approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day they become aware that the substance has expired.

Maximum penalty (paragraph (b)): 100 penalty units.

70
Clause 68 (2) and (3)
Page 57, line 16—

omit clause 68 (2) and (3), substitute

(2) The approved disposer—

(a) must, when they receive the approved substance, give the person a written record of receiving the substance that includes any information prescribed by regulation; and

(b) must, within 4 business days after the day they receive the approved substance, give the following entities a written notice of having received the substance that includes any information prescribed by regulation:

(i) the board;

(ii) the director-general; and

(c) may possess the approved substance for the purpose of disposing of it; and

(d) must, as soon as practicable after receiving the approved substance, dispose of it in accordance with any disposal requirements prescribed by regulation.

Maximum penalty (paragraph (b) (i)): 20 penalty units.

(3) Within 7 days after the day an approved disposer disposes of an approved substance, the disposer must—

(a) prepare a written record of the disposal (a ***disposal record***) that includes any information prescribed by regulation; and

(b) give the board a copy of the disposal record.

Maximum penalty (paragraph (b)): 20 penalty units.

71
Clause 69,
proposed new penalty
Page 58, line 20—

insert

Maximum penalty: 20 penalty units.

72
Clause 70
Page 59, line 1—

omit clause 70, substitute

70 Offence—unauthorised administration of approved substance

(1) A person commits an offence if the person—

(a) administers an approved substance to an individual; and

(b) is not authorised to administer the approved substance to the individual under section 63C (Administering approved substances—administering practitioner).

Maximum penalty: imprisonment for 7 years.

(2) This section does not apply if the person administers a medicine to another person under the *Medicines, Poisons and Therapeutic Goods Act 2008*.

Note The defendant has an evidential burden in relation to the matters mentioned in s (2) (see Criminal Code, s 58).

(3) In this section:

medicine—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 11 (1).

73
Clauses 74 and 75
Pages 60 and 61—

omit all mentions of

2 working

substitute

4 business

74
Clause 76 (2)
Page 61, line 26—

omit

2 working

substitute

4 business

75
Clause 76 (4)
Page 62, line 17—

omit clause 76 (4), substitute

(4) Within 4 business days after the day the administering practitioner administers the approved substance to the individual, the administering practitioner must give the board a copy of—

(a) the administration certificate; and

(b) the witness certificate.

Maximum penalty: 20 penalty units.

76
Proposed new clause 76 (6)
Page 62, line 22—

insert

(6) In this section:

witness certificate—see section 63C (4).

77
Clause 77 (1) (b)
Page 63, line 1—

omit

reasonably believes

substitute

believes on reasonable grounds

78
Clause 78 (2)
Page 63, line 18—

omit

2 working

substitute

4 business

79
Clause 80
Page 65, line 3—

omit clause 80, substitute

80 Director-general must keep register about supply and disposal of approved substances

(1) The director-general must keep a register about the supply and disposal of approved substances for the purpose of contacting any person the director-general considers appropriate in relation to an approved substance that has been supplied under this Act.

(2) The register—

(a) must include any information prescribed by regulation; and

(b) may include any other information the director-general considers appropriate.

(3) The director-general may correct any mistake, error or omission in the register.

(4) The director-general may give information in the register to a relevant entity if—

(a) the relevant entity requests the information; and

(b) the director-general is satisfied that the information is relevant to the exercise of the relevant entity's functions.

(5) In this section:

medicines and poisons inspector—see the *Medicines, Poisons and Therapeutic Goods Act 2008*, section 99.

relevant entity means—

(a) the board; or

(b) a medicines and poisons inspector.

80
Clause 84
Page 67, line 12—

omit clause 84, substitute

84 Eligibility for authorisation

(1) A health practitioner is eligible for authorisation as an authorised coordinating practitioner or authorised consulting practitioner if the health practitioner—

(a) is a doctor or nurse practitioner; and

(b) meets any other eligibility requirements prescribed by regulation.

(2) A health practitioner is eligible for authorisation as an authorised administering practitioner if the health practitioner—

(a) is a doctor, nurse practitioner or registered nurse; and

(b) meets any other eligibility requirements prescribed by regulation.

81
Clause 87
Page 68, line 1—

omit clause 87, substitute

87 Deciding applications

If a health practitioner applies for authorisation, the director-general must, in writing—

(a) if the health practitioner is eligible for authorisation—authorise the health practitioner; or

(b) if the health practitioner is not eligible for authorisation—refuse to authorise the health practitioner.

82
Clause 92 (3)
Page 70, line 17—

omit clause 92 (3), substitute

(3) A doctor must be either the coordinating practitioner or the consulting practitioner for an individual.

83
Clause 94 (3), definition of health service provider
Page 73, line 3—

omit the definition, substitute

health service provider—see the *Health Act 1993*, section 7.

84
Clause 95 (1)
Page 73, line 9—

before

health service provider

insert

relevant

85
Clause 95 (2)
Page 73, line 12—

omit

working

substitute

business

86
Clause 95 (4)
Page 73, line 17—

omit clause 95 (4), substitute

(4) In this section:

health service provider—see the *Health Act 1993*, section 7.

relevant health service provider means a health service provider prescribed by regulation.

87
Clause 96 (2), definition of disability
Page 75, line 2—

omit the definition, substitute

disability—see the *Disability Services Act 1991*, dictionary.

88
Clause 97
Page 75, line 21—

omit clause 97, substitute

97 Application—div 7.2

(1) This division applies if—

(a) an individual is a resident of a facility; and

(b) the facility operator does not provide residents of the facility with access to a relevant service.

(2) In this section:

relevant service means a service in relation to—

(a) the provision of information about voluntary assisted dying; or

(b) the exercise of a function under part 3 (Request and assessment process for **access** to voluntary assisted dying) or part 4 (Accessing voluntary assisted dying and death) in relation to an individual's request for access to voluntary assisted dying.

89
Clause 98 (1), definition of deciding practitioner, paragraph (b)
Page 76, line 7—

omit

in any case

substitute

if the individual does not have a coordinating practitioner

90
Clause 99
Page 76, line 17—

[oppose the clause]

91
Clauses 100 to102
Page 77, line 1—

omit clauses 100 to 102, substitute

100 Obligation to allow relevant person to have reasonable access to individual who wants information about or access to voluntary assisted dying

(1) This section applies if the individual, or their agent, tells the facility operator, orally or in writing, that the individual wants—

(a) information about voluntary assisted dying; or

(b) to access voluntary assisted dying.

(2) If the individual consents to seeing a relevant person, the facility operator must allow the relevant person to have reasonable access to the individual at the facility at a time that is acceptable to the individual.

Maximum penalty: 100 penalty units.

101 Obligation to consider and facilitate transfer of individual who wants to access voluntary assisted dying

(1) This section applies if—

(a) section 100 applies; and

(b) either—

(i) the relevant person is unable to attend the facility at a time that is acceptable to the individual; or

(ii) the facility operator does not allow the relevant person to have reasonable access to the individual at the facility in accordance with section 100.

(2) The facility operator must ask the individual if they want to be transferred to and from a place to see—

(a) the relevant person (the ***first relevant person***); or

(b) another relevant person if—

(i) the first relevant person is unable to see the individual at a time or place that is acceptable to the individual; or

(ii) the individual's deciding practitioner decides that transferring the individual to and from a place to see the first relevant person is unreasonable in the circumstances.

(3) If the individual, or their agent, tells the facility operator that the individual wants to be transferred to and from a place to see the first relevant person or another relevant person, the operator must ask the individual's deciding practitioner to decide whether it is reasonable in the circumstances to transfer the individual to and from a place to see the person.

(4) The individual's deciding practitioner must take the following into account when deciding whether a transfer is reasonable in the circumstances:

(a) whether the transfer would be likely to cause serious harm to the individual;

Examples—serious harm

significant pain, a significant deterioration in the individual's condition

(b) whether the transfer would be likely to adversely affect the individual's access to voluntary assisted dying;

Example—adverse effect

the transfer would likely result in a loss of decision-making capacity, including because of the effects of any pain relief or medication that would be required for the transfer

(c) whether the transfer would be likely to cause undue delay or prolonged suffering in accessing voluntary assisted dying;

(d) whether the place where it is proposed the individual would be transferred to is available to receive the individual;

(e) whether the individual would incur a financial loss or cost because of the transfer.

(5) The facility operator must, as soon as reasonably practicable, facilitate the transfer of the individual if—

(a) the deciding practitioner decides that the transfer is reasonable in the circumstances; and

(b) the individual consents to the transfer.

Maximum penalty: 100 penalty units.

(6) If the facility operator does not facilitate the transfer in accordance with subsection (5), the operator must give the board written notice stating—

(a) the reasons why the transfer did not happen; and

(b) the steps taken by the operator to try to facilitate the transfer.

Maximum penalty: 20 penalty units.

(7) An offence against subsection (6) is a strict liability offence.

102 Obligation to make access to relevant person reasonably practicable

(1) This section applies if the facility operator does not transfer the individual under section 101 because the individual's deciding practitioner decides that the transfer is unreasonable in the circumstances.

(2) If the individual consents to seeing the relevant person, the facility operator must take reasonable steps to allow the relevant person to have access to the individual at the facility at a time that is acceptable to the individual.

(3) If the relevant person is unable to attend the facility to see the individual at a time that is acceptable to the individual, the facility operator must take reasonable steps to allow another relevant person to have access to the individual at the facility at a time that is acceptable to the individual if the individual consents to seeing the other relevant person.

(4) A facility operator commits an offence if the operator—

(a) is required to take reasonable steps to allow a relevant person to have reasonable access to an individual at the facility under subsection (2) or (3); and

(b) fails to take reasonable steps to allow a person to have reasonable access to the individual at the facility.

Maximum penalty: 100 penalty units.

92
Proposed new clause 102A
Page 79, line 12—

insert

102A Obligations if individual wants information about voluntary assisted dying

(1) This section applies if an individual, or their agent, tells the facility operator, orally or in writing, that the individual wants information about voluntary assisted dying.

(2) Within 2 business days after the day the request is made, the facility operator must give the individual, in writing, the contact details for the approved care navigator service.

Maximum penalty: 30 penalty units.

(3) An offence against subsection (2) is a strict liability offence.

(4) The facility operator must allow an employee or other official of the approved care navigator service to have reasonable access to the individual at the facility at a time that is acceptable to the individual if—

(a) the individual consents to seeing the employee or other official; and

(b) the employee or other official is seeking the access for the purpose of giving the individual the requested information.

Maximum penalty: 100 penalty units.

93
Section 103 (2)
Page 79, line 19—

omit clause 103 (2), substitute

(2) The facility operator must publish its policy in a way that is likely to come to the attention of the following people:

(a) a resident of the facility;

(b) an individual who accesses the website for the facility;

(c) an individual who tells the facility operator that the individual or a family member of the individual is interested in becoming a resident of the facility.

Maximum penalty: 20 penalty units.

Examples—publishing information in way likely to come to individual's attention

1 including the policy in a brochure about the facility operator

2 displaying the policy on signs at the facility

94
Clause 103 (3)
Page 80, line 2—

omit

working

substitute

business

95
Clause 107 (5)
Page 82, line 14—

omit clause 107 (5), substitute

(5) In this section:

carer—see the *Carers Recognition Act 2021*, section 6 (1).

relevant area means any of the following areas:

(a) medicine;

(b) nursing;

(c) pharmacy;

(d) psychology;

(e) social work;

(f) ethics;

(g) law;

(h) health care consumer representation or advocacy;

(i) disability or carer representation or advocacy;

(j) another area the Minister considers relevant to the performance of the board's functions.

96
Proposed new clause 114 (2A)
Page 86, line 4—

insert

(2A) If the board refers an issue to a person under subsection (1) (c), the board may give information to the person if satisfied that the information is relevant to the exercise of the person's functions.

97
Clause 117 (1)
Page 87, line 9—

omit clause 117 (1), substitute

(1) A decision of the board on a question is valid if—

(a) at least the number of members prescribed by regulation vote on the question; and

(b) the question is decided by the number of votes prescribed by regulation.

98
Clause 125
Page 89, line 17—

[oppose the clause]

Schedule 2

Voluntary Assisted Dying Bill 2023

Amendments moved by Ms Castley

1
Clause 18 (3)
Page 15, line 8—

omit

2
Clause 22 (3)
Page 17, line 17—

omit

3
Clause 25 (3)
Page 20, line 20—

omit

4
Clause 30 (2)
Page 24, line 13—

omit

5
Clause 34 (2)
Page 25, line 22—

omit

6
Clause 36 (5)
Page 26, line 20—

omit

7
Clause 37 (6)
Page 28, line 8—

omit

8
Clause 38 (6)
Page 29, line 20—

omit

9
Clause 42 (5)
Page 33, line 7—

omit

10
Clause 43 (5)
Page 34, line 8—

omit

11
Clause 44 (6)
Page 35, line 21—

omit

12
Clause 45 (5)
Page 37, line 17—

omit

13
Clause 46 (6)
Page 38, line 29—

omit

14
Clause 47 (6)
Page 40, line 19—

omit

15
Clause 51 (7)
Page 43, line 7—

omit

16
Clause 53 (5)
Page 44, line 11—

omit

17
Clause 58 (5)
Page 46, line 26—

omit

18
Clause 59 (5)
Page 47, line 28—

omit

20
Clause 61 (5)
Page 51, line 9—

omit

21
Clause 62 (4)
Page 52, line 18—

omit

24
Clause 68 (4)
Page 58, line 14—

omit

25
Clause 74 (3)
Page 60, line 23—

omit

26
Clause 75 (3)
Page 61, line 21—

omit

27
Clause 76 (5)
Page 62, line 22—

omit

28
Clause 78 (3)
Page 63, line 24—

omit

29
Clause 79 (6)
Page 65, line 1—

omit

30
Clause 95 (3)
Page 73, line 16—

omit

31
Clause 99 (3)
Page 76, line 27—

omit

33
Clause 103 (4)
Page 80, line 5—

omit

Schedule 3

Voluntary Assisted Dying Bill 2023

Amendments moved by Mr Cocks

1
Clause 94
Page 72, line 4—

omit clause 94, substitute

94 Conscientious objection by health practitioner, health service provider or private health facility

(1) A health practitioner or health service provider who has a conscientious objection to voluntary assisted dying may refuse to do any of the following:

(a) provide information about voluntary assisted dying;

(b) participate in the request and assessment process;

(c) supply an approved substance;

(d) be present when an approved substance is administered by or to an individual.

(2) The operator of a private health facility may—

(a) refuse to authorise or permit the carrying out of any part of the voluntary assisted dying process in relation to patients at the facility; and

(b) require patients to acknowledge, as a condition of acceptance into the facility, that they—

(i) understand and accept that the operator does not authorise or permit the carrying out of any part of the voluntary assisted dying process at the facility; and

(ii) agree not to seek or demand access to voluntary assisted dying at the facility.

(3) If a patient at a private health facility tells a person employed or engaged at the facility that they wish to access voluntary assisted dying, the operator of the facility must—

(a) ensure that the patient is told about the operator's refusal to authorise or permit the carrying out of any part of the voluntary assisted dying process at the facility; and

(b) on the patient's request, take reasonable steps to facilitate transfer of the patient to another health facility where, in the operator's opinion, the patient is likely to be able to access voluntary assisted dying.

(4) In this section:

health facility—see the *Health Act 1993*, section 6.

health service provider—see the *Health Act 1993*, section 7.

operator, of a private health facility, means the entity that is responsible for the management of the facility.

private health facility means a health facility other than a health facility operated by the Territory.

2
Clause 95
Page 73, line 7—

[oppose the clause]
