

Proclamation – Health Transparency Act 2019

Explanatory notes for SL 2020 No. 21

made under the

Health Transparency Act 2019

General Outline

Short title

Proclamation for the *Health Transparency Act 2019*

Authorising law

Section 2 of the *Health Transparency Act 2019*

Policy objectives and the reasons for them

The objective of the proclamation is to commence stated provisions of the *Health Transparency Act 2019* (Act) on 1 March 2020. The provisions to be commenced by the proclamation:

- establish a legislative framework to collect and publish information about public and private hospitals and residential aged care facilities;
- amend the *Health Ombudsman Act 2013* to implement recommendations of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's *Inquiry into the performance of the Health Ombudsman's functions pursuant to section 179 of the Health Ombudsman Act 2013*, except the amendments about joint consideration of matters between the Office of the Health Ombudsman and the Australian Health Practitioner Regulation Agency;
- make consequential amendments to the *Health Practitioner Regulation National Law Act 2009*, *Hospital and Health Boards Act 2011*, *Private Health Facilities Act 1999* and *Public Health Act 2005* to support the operation of the Act.

The Act was passed by the Legislative Assembly on 28 November 2019 and received Royal Assent on 5 December 2019.

The amendments about joint consideration of matters between the Office of the Health Ombudsman and the Australian Health Practitioner Regulation Agency will commence at a later time, to allow time for systems and processes to be developed by these agencies to manage the joint consideration process.

Achievement of policy objectives

The policy objective will be achieved by fixing a date of 1 March 2020 for the commencement of certain provisions of the Act.

The proclamation commences sections 3 to 6, parts 2 to 5, certain sections of part 6, schedule 1 and sections 2 and 3 of schedule 2 of the Act. The certain parts of part 6 that will not be commenced are division 1; section 31(2) and (4); section 32 to the extent it inserts part 3, division 2A and 2B; sections 34, 35 and 37; section 63 to the extent it inserts part 21, division 3, subdivision 2; and section 67 to the extent it inserts section 193(1A)(a).

Consistency with policy objectives of authorising law

The proclamation is consistent with the policy objectives of the Act.

Inconsistency with policy objectives of other legislation

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

Alternative ways of achieving policy objectives

The proclamation is the only effective means of achieving the policy objective.

Benefits and costs of implementation

There are no costs associated with the proclamation.

Consistency with fundamental legislative principles

The proclamation is consistent with fundamental legislative principles.

Consultation

Queensland Health consulted with a wide range of stakeholders in the development of the Act. As the proclamation relates to the commencement of the Act, further consultation with stakeholders was not required.

The proclamation was assessed by Queensland Health, in accordance with *The Queensland Government Guide to Better Regulation*, as being excluded from regulatory impact assessment under exclusion category (g) on the basis that the proclamation is of a machinery nature. Therefore, consultation with the Queensland Productivity Commission was not required.