

## Health Legal Report – March 2023

Welcome to the March 2023 edition of the Health Legal Report.

In this issue of the Health Legal Report we discuss:

- Aged care – Key personnel suitability matters
- *Kontis v Coroners Court of Victoria* [2022] VSCA 274 (12 December 2022)
- Improving access to primary care through the section 19(2) exemption initiative in Victoria

We also set out some of the Bills we are tracking throughout Australia, as well as some useful information links.



## Aged care – Key personnel suitability matters

By Chris Chosich, Senior Solicitor

### Introduction

In a further round of reforms following the Final Report of the Commonwealth Royal Commission into Aged Care Quality and Safety, the Commonwealth Parliament has passed *the Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022* (Cth) (**Amending Act**). The Amending Act has made various reforms to the legislation governing aged care services funded under the *Aged Care Act 1997* (Cth) (**Aged Care Act**).

This article is concerned with the new requirement for approved providers to assess the suitability of 'key personnel' against the 'suitability matters'. From 1 December 2022, new section 63-1A of the Aged Care Act, requires approved providers to consider the suitability of key personnel against specified criteria at least once every 12 months. They must also maintain records of these assessments.



### Whose suitability needs to be assessed?

Suitability assessment must be conducted for each member of key personnel as defined in section 8B of the *Aged Care Quality and Safety Commission Act 2018* (Cth) (**Quality and Safety Act**). In general, this includes:

1. any member of a group of persons who is responsible for executive decisions (including Board members);
2. any other person who has authority or responsibility for, or significant influence over, planning, directing or controlling the activities of the entity (e.g. CEO);
3. any person who is responsible for the nursing services provided by an aged care service and who holds a recognised qualification in nursing (e.g. Director of Nursing), regardless of whether that person is employed by the provider;
4. any person who is responsible for the day-to-day operations of the service, regardless of whether that person is employed by the provider.

1. and 2. above do not apply where the approved provider is a State or Territory. However, in many instances, public hospitals or other public entities operating aged care services are incorporated as body corporates that are separate from the State or Territory, even though they are subject to State or

Territory oversight and control. For State and Territory body corporates, Board members and other persons with significant influence over the entity would be subject to key suitability assessment.

### What assessments must be conducted?

When assessing key personnel suitability, the Aged Care Act requires an approved provider to:

1. consider the suitability matters in respect of each member of key personnel in accordance with any requirements specified in the *Accountability Principles 2014* (Cth) (at time of writing, none are specified); and
2. be satisfied that each member of key personnel is suitable to be involved in the provision of aged care.

Further suitability requirements may be specified in the Accountability Principles, though none have yet been specified at time of writing.

The 'suitability matters' are set out in section 8C of the Quality and Safety Act. They are:

- (a) the individual's experience in providing, at any time, aged care or other relevant forms of care;
- (aa) whether a banning order against the individual is, or has at any time been, in force;
- (b) whether a NDIS banning order against the individual is, or has at any time been, in force;

## March 2023 Edition

- (c) whether the individual has at any time been convicted of an indictable offence;
- (d) whether a civil penalty order against the individual has been made at any time;
- (e) whether the individual is, or has at any time been, an insolvent under administration;
- (f) whether the individual is or has at any time been the subject of adverse findings or enforcement action by any of the following:
  - (i) a Department of the Commonwealth or of a State or Territory;
  - (ii) the Australian Securities and Investments Commission;
  - (iii) the Australian Charities and Not-for-profits Commission;
  - (iv) the Australian Competition and Consumer Commission;
  - (v) the Australian Prudential Regulation Authority;
  - (vi) the Australian Crime Commission;
  - (vii) AUSTRAC;
  - (viii) another body established for a public purpose by or under a law of the Commonwealth;
  - (ix) a State or Territory authority (including, but not limited to, a body that is equivalent to a body mentioned in subparagraphs (ii) to (vii));
  - (x) a local government authority;
- (g) whether the individual:
  - (i) is, or has at any time been, the subject of any findings or judgment in relation to fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings; or
  - (ii) is currently party to any proceedings that may result in the individual being the subject of such findings or judgment;
- (h) whether the individual is, or has at any time been, disqualified from managing corporations under Part 2D.6 of the *Corporations Act 2001*;

Further matters may be specified in rules made under the Quality and Safety Act. None have been specified at time of writing.

### Record keeping

An approved provider must also keep records of its assessments:

1. the name of the individual in relation to whom the suitability matters were considered;
2. the date or dates on which the suitability matters were considered in relation to the individual;
3. the outcome of the approved provider's consideration of each suitability matter in relation to the individual;
4. the reasons for reaching that outcome;

### Conducting the assessment

Practically speaking, approved providers will need to have a record for each member of key personnel that includes an outcome for each suitability criterion and then reach a conclusion on whether the approved provider is reasonably satisfied that the person is suitable to be involved in the provision of aged care.

The Commission has guidance on the suitability assessment process. It suggests that the assessment of the suitability criteria should occur against a variety of sources, including:

- (a) statutory declarations taken from key personnel;
- (b) complaints records
- (c) performance reviews
- (d) conducting searches of publicly accessible registers (e.g. the Insolvency Register, the registers of banning orders made under the *Quality and Safety Act* or the *National Disability Insurance Scheme Act 2013* (Cth), the National Register maintained by AHPRA, etc);
- (e) police and other checks.

Having regard to this evidence, the approved provider must decide if the member of key personnel is suitable to be involved in the provision of aged care, taking into account the suitability matters listed above.

## March 2023 Edition

Importantly, a person is not necessarily disqualified from being involved in the provision of aged care just because they have a suitability matter to disclose. For example, the Commission's guidance gives the example of a staff member who files for bankruptcy after their (uninsured) home is destroyed in a flood. The example suggests that a provider could determine that the bankruptcy does not affect suitability to be involved in the provision of aged care

services. Of course, that conclusion (and the reasoning) must be documented.

Health Legal has a template policy, checklist and statutory declaration that can support the implementation of key personnel suitability assessment. If you would like further information about this, please let us know.

*If you have any questions arising out of this article, please contact [Chris Chosich](mailto:chris.chosich@healthlegal.com.au) on (03) 9865 1333, or email [chris.chosich@healthlegal.com.au](mailto:chris.chosich@healthlegal.com.au).*

### In Brief

- **Family Law Reforms**

The Commonwealth Government has recently closed consultation on the *Family Law Amendment Bill 2023* (Cth). This Bill, if passed, would make various changes to the Australian family law system. Most relevantly, Schedule 6 of the Bill proposes limiting the admission of evidence of communications made in the course of a confidential professional relationship where one party is providing a health service. This protection, if passed, would make it more difficult to admit evidence from health records in family law proceedings. However, it may not affect the ability of parties to subpoena those records.

- **Privacy Act Review**

In 2020, the Commonwealth Government commenced a review of the Commonwealth *Privacy Act 1988* (Cth). After receiving submissions on a Discussion Paper and Issues Paper, the Commonwealth has published the [Privacy Act Review Report](#). The Report proposes a wide range of changes to the *Privacy Act 1988* (Cth), including increasing protections applying personal identifying information, extending some protections to de-identified information, conferring rights on people to control information that is about them (e.g. a right to erasure), changing the definition of 'consent' and giving individuals a right to apply to a Court seeking relief for interferences with privacy. Submissions may be made on the proposals until 31 March 2023.

- **Tort of Privacy**

The [Privacy Act Review Report](#) also proposes that the Commonwealth introduce a statutory tort of privacy as recommended by the Australian Law Reform Commission in its 2014 [Report on Serious Invasions of Privacy in the Digital Era \(Report 123\)](#). The ALRC's recommendation was that the Commonwealth establish the tort under Commonwealth legislation that applies also to States and State authorities, not just entities covered by the *Privacy Act 1988* (Cth). A tort of this kind would be a significant change in Australian law and could raise novel Constitutional issues insofar as it would apply to States and State entities. Again, submissions may be made on this proposal until 31 March 2023.

## *Kontis v Coroners Court of Victoria* [2022] VSCA 274 (12 December 2022)

By Lauren Heyward, Solicitor

### Introduction

This matter concerned the powers, and obligation, of the Coroner of Victoria (the Coroner) to compel witnesses to give evidence in inquests. The Supreme Court of Victoria affirmed that the Coroner must investigate all reasonable lines of inquiry and could compel evidence to be given where on the whole, within the context of the particular circumstances, it is in the interests of justice.

### Facts

The applicants, Mr Konstantin Kontis and Ms Vesna Kos were the Chairman and Facility Manager and Director of Nursing, respectively, of St Basil's Home for the Aged (**St Basil's**) during the deadly 2020 COVID-19 outbreak at that facility. In 2021, the Coroner convened an inquest into the deaths of residents, requiring Mr Kontis and Ms Kos to give evidence in relation to various matters. At the same time, WorkSafe Victoria informed the Coroner that it was commencing a criminal investigation into the facility's outbreak in relation to potential breaches of the *Occupational Health and Safety Act 2004* (Vic) (the **OHS Act**).

Mr Kontis and Ms Kos subsequently informed the Coroner that they were relying on the protection against self-incrimination, in accordance with section 50 of the *Coroners Act 2008* (Vic) (the **Coroners Act**), and would not provide evidence in the inquest. The Coroner served Mr Kontis and Ms Kos with a summons to appear. They further objected to providing evidence in the inquest.

This particular matter was heard on appeal from the Trial Division of the Supreme Court of Victoria, where it was determined that a ruling by the Coroner that 'he was satisfied that it is in the interests of justice for both Ms Kos and Mr Kontis to be required to give evidence in [the] inquest' was correct.

### Initial decision of the Coroner

The Coroner, in issuing a notice to give evidence, considered the submission by Mr Kontis and Ms Kos that it was not in the 'interests of justice' that they give evidence – both as it would tend to incriminate

them, and that the evidence they could give was available elsewhere.

For the first argument, the Coroner noted that no charges have been laid against the parties. Importantly, WorkSafe has only indicated that they were commencing an investigation into possible breaches of the OHS Act by St Basil's with no mention of personal liability. Further, the Coroner noted that there was no evidence that either person was an 'employer' for the purposes of the OHS Act, thus avoiding personal liability for breaches under sections 21 and 23 of that Act.

The Coroner, as a result, considered that it was unclear what degree of overlap there might be between the inquest and any investigation conducted by WorkSafe if Mr Kontis and Ms Kos were only able to attract liability as an officer of the body corporate under other sections of the OHS Act.

The Coroner held that 'interests of justice' must be given its 'widest possible meaning' when considering the scope of the Coroners Act and the context of the phrase. The duty of the Coroner is such that they are empowered to investigate deaths and make findings 'if possible' – the Coroner therefore must 'pursue all reasonable lines of inquiry'. The Coroner determined that in the absence of Mr Kontis and Ms Kos, who had a significant role in the daily management of the aged care facility, the investigation would be incomplete and he would be unable to fulfil his statutory duty to conduct a complete and thorough inquest into the deaths at St Basil's.





## March 2023 Edition

Importantly, the Coroner stated:

In discharging the functions conferred by the [Coroners] Act, the Coroner enjoys broad investigatory powers, including coercive powers that expressly override common law protections.

### Relevant provisions of the Coroners Act

Section 57 of the Coroners Act provides a protection from self-incrimination. It relevantly states under section 57(4):

- (4) The coroner may require the witness to give evidence if the coroner is satisfied that:
- (a) the evidence does not tend to prove that the witness has committed an offence against or arising under, or is liable to a civil penalty under, a law of a foreign country; and
  - (b) the interests of justice **require** that the witness give the evidence. [Emphasis added]

Additionally, in accordance with section 67:

- (1) A coroner investigating a death must find, **if possible**—
- (a) the identity of the deceased; and
  - (b) the cause of death; and
  - (c) unless subsection (2) applies, the circumstances in which the death occurred; and
  - (d) any other prescribed particulars. [Emphasis added]

### Issues

Three primary questions were asked of the Court in this Appeal:

1. Whether the Coroner correctly interpreted the Coroners Act, specifically section 57(4)(b), and determined that it was in the interests of justice to compel the witnesses into giving evidence;
2. Whether the 'interests of justice' are confined to the interests served by the inquest; and
3. Whether the Coroner erred in only determining that he was satisfied that it was in the interests of justice that Mr Kontis and Ms Kos be compelled to give evidence, and not determining that the interests of justice 'required' that course.

### Decision and Reasoning

When considering the initial decision of the Coroner, the Court of Appeal raised the Coroner's reliance on an earlier case (*Priest v West*) in which rulings of the Coroner were challenged on the grounds that the Coroner incorrectly declined to accept evidence, and found to be incorrect. In that matter, the Court outlined that the words 'if possible' in section 67 of the Coroners Act made it an obligation for the Coroner to investigate all reasonable lines of inquiry and that the Coroner 'must do everything possible to determine the cause and circumstances of [the] death(s).'

The Court of Appeal in this matter held that the Coroner correctly assessed the question of justice against the background and context of the proceedings, including considering the possibility of charges being laid under the OHS Act and any overlap between those proceedings and evidence given at the inquest. The Coroner recognised that giving evidence as part of the inquest into the deaths at St Basil's may have implications for Mr Kontis and Ms Kos, while also giving weight to his obligation that the inquest must be complete.

In their decision, the Court held that the Coroner had correctly assessed the interests of justice by including an assessment of interests that lay outside of the inquest, answering the second question (posed above) in deciding that, despite words to the contrary in the initial ruling of the Coroner, he had looked beyond inquest process to make his findings.

Finally, the Court of Appeal turned to the final question – whether the Coroner was satisfied that the interests of justice 'required' Mr Kontis and Ms Kos to give evidence. While acknowledging that 'requiring' a course of action differs from a decision that an action is merely 'favoured', the Court held that the Coroner had reached the conclusion that justice *required* the evidence of Mr Kontis and Ms Kos, despite the exact phrasing used in his ruling suggesting otherwise. The Court emphasised that the ruling should be read as a whole, and in context, which showed that the Coroner applied the correct tests and considered the appropriate matters.

The Appeal was dismissed.

## March 2023 Edition

### Compliance Impact

This matter highlights the power of the Coroner and the required scope of inquests. It should be noted that the Coroner is not bound by the laws of evidence, and is statutorily required to investigate deaths to the fullest extent, taking into account all reasonable lines of inquiry.

While assessing the interests of justice when seeking evidence, the Coroner must consider matters outside of the inquest at hand; however, where no charges have been laid or liability is not directly apparent, it may be difficult to rely on the protections against self-incrimination granted by section 57 of the Coroners Act.

*If you have any questions arising out of this article, please contact **Lauren Heyward** on (03) 9865 1323, or email [lauren.heyward@healthlegal.com.au](mailto:lauren.heyward@healthlegal.com.au).*

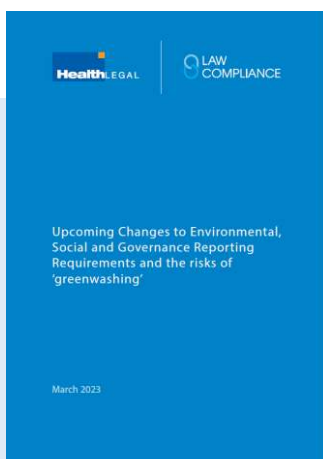
### Cybersecurity and IT Management

Health Legal and Law Compliance are aware that everyone is constantly aiming to have the highest possible cybersecurity in place from spam and hackers, as we are too. Sometimes, unfortunately firewalls and spam filters are also preventing us from sending emails to our clients.

To ensure you receive all future communications promptly and avoid difficulties with our Law Compliance and Health Legal emails reaching you and/or your team (because of these varied spam filtering services falsely classifying emails as spam or going into junk folders), we ask that you please let your IT team know to whitelist the following addresses:

- [healthlegal.com.au](http://healthlegal.com.au);
- [info@mailgun.lawcompliance.com.au](mailto:info@mailgun.lawcompliance.com.au);
- [lawcompliance.com.au](http://lawcompliance.com.au);
- our account system [accountright@apps.myob.com](mailto:accountright@apps.myob.com)

*Should you or your IT team have further questions regarding this, please feel free to contact us.*



### ESG Reporting Paper

For some time now, in Australia and across the world, society's expectations of organisations have been shifting as the concept of corporate responsibility gains traction. There is increasing global recognition that it's not sustainable for organisations to operate in a vacuum with little regard to the impact they have on society, the environment, or the economy. Given the increased interest in environmental, social and governance (ESG) reporting, we have prepared a Paper on the requirements of ESG reporting for both public and entities. In this Paper we also discuss the risks associated with "greenwashing".

Download our [ESG Reporting Paper](#) or contact us via [info@healthlegal.com.au](mailto:info@healthlegal.com.au) to request an emailed copy.



[Health Legal](#) and [Law Compliance](#) are on LinkedIn. Follow us for current news and updates.

## Improving access to primary care through the section 19(2) exemption initiative in Victoria

By Alice Holmes, Solicitor

### Introduction

This article discusses the section 19(2) exemption initiative, under the *Health Insurance Act 1973* (Cth) in Victoria. The initiative is already in place in other States, however, the initiative has only recently been extended to Victoria.

### Introduction to section 19(2)

Under section 19(2) of the *Health Insurance Act 1973* (Cth) (the **Act**), unless otherwise directed by the Commonwealth Minister for Health and Aged Care (**Minister**), Medicare benefits are not payable in respect of professional services rendered by, or on behalf of, or under an arrangement with an authority established by a State or Territory law (e.g. a public hospital or public health service (**Public Health Service**)). In brief, section 19(2) prevents practitioners from claiming Medicare benefits in circumstances where they are already remunerated by a Public Health Service. This is sometimes called the rule against “double dipping”. A direction from the Minister can provide an exemption to the prohibition under section 19(2) of the Act (which will allow Public Health Service employed doctors to bill Medicare). As such, the advantage in obtaining the exemption is that the Public Health Service can access Medicare funding to directly provide those primary care services in circumstances where Medicare funding would not otherwise be available.

### What is the Initiative?

The Council of Australian Governments introduced the *COAG Section 19(2) Exemptions Initiative* (the **Initiative**) in 2006-2007. The Initiative aims to provide people living in rural and remote communities with better access to primary care, including after hours care. The Initiative provides conditional funding through Medicare to the States.

Under the *National Health Reform Agreement – Addendum 2020-25* (which is an agreement between the Commonwealth and the States), Public Health Services may not bill Medicare except in limited circumstances. A relevant exemption to this general prohibition is set out in clause G22:

States which have signed a Memorandum of Understanding with the Commonwealth for the COAG initiative “Improving Access to Primary Care Services in Rural (and Remote) Areas” may bulk bill the MBS for eligible persons requiring primary health care services who present to approved facilities.



Currently, there are sites participating in the Initiative in all Australian jurisdictions except for Victoria, Tasmania and the Australian Capital Territory.

A memorandum of understanding is currently in place between Victoria and the Commonwealth Government which is effective until 2025 (**MoU**). The MoU establishes the framework for Public Health Services to participate in the Initiative and a direction from the Minister is required to “approve” each site before it can provide services under the Initiative.

### Eligibility for the Initiative in Victoria

Only rural Public Health Service sites are eligible. The site must be located in Modified Monash Model categories 5-7.

The Victorian Department of Health will be coordinating the exemption applications and Public Health Services will need to follow the Department’s guidance and requirements and ultimately obtain the Department’s support.

### Conditions of participation

The exemptions issued in other States are subject to conditions and similar conditions will likely apply in respect of participating Victorian sites. Only certain Medicare item numbers are claimable under this exemption Initiative, including some pathology and imaging services.



## March 2023 Edition

Further, practitioners must bulk bill patients. The proceeds must be assigned to the Public Health Service. This will be achieved by an amendment to the terms of employment or VMO agreement.

An approved site must invest at least 70% of the funds billed under the Initiative towards reinvestment in new services and improvements, in accordance with the Public Health Service's operational plan which is to be submitted in support of the application. According to the Victorian Department of Health's publication "Improving Access to Primary Care in Rural and Remote Areas: COAG Section 19(2) Exemptions Initiative: Guidance 2022" (**Guidance**), no more than 30% of the funds can be directed towards meeting the administrative costs of implementing the Initiative.

Importantly, the Guidance confirms that the Initiative does not displace, or prevent the establishment of, compliant private practice arrangements. This means that Medicare billing continues to be permitted under properly implemented private practice arrangements. Under a private practice arrangement, the practitioner is given the right to

provide services to their private patients from the Public Health Service's facility; but this must **not** be in the course of their duties as an employee or under their engagement as a VMO.

### Implications

Rural Victorian Public Health Services which meet the eligibility criteria may wish to consider whether they would like to participate in the Initiative.

In parallel, it would be timely for Public Health Services to review existing private practice arrangements to ensure they are compliant with section 19(2) of the Act. Contravention of section 19(2) of the Act may render the relevant practitioner and Public Health Service liable for offences or obligations to repay Medicare benefits (plus a penalty).

For further information about the Initiative please visit <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>

*If you have any questions arising out of this article, please contact **Alice Holmes** on (03) 9865 1337 or email [alice.holmes@healthlegal.com.au](mailto:alice.holmes@healthlegal.com.au).*

### Frequently Asked Medico-Legal Questions Handbook

Health Legal (in conjunction with Austin Health) has developed a Handbook covering all of the medico-legal questions which are frequently asked by health service staff. The Handbook is extensive (more than 100 pages) and focuses on the needs of the Victorian public and private health sectors.

Specifically, the Handbook covers a wide range of topics, including consent, refusal/withdrawal of treatment, patient privacy/confidentiality and dealing with adverse events and patient complaints.

The Handbook is updated every 6 months and is provided in an electronic format so that it can be easily placed on your intranet. The next update is due in September 2023.

*For further information or to receive our March 2023 Handbook, please contact **Chris Reily** on (03) 9865 1300 or email [chris.reily@healthlegal.com.au](mailto:chris.reily@healthlegal.com.au).*

## March 2023 Edition

### Law Compliance Update

Law Compliance is a legislative compliance business of Health Legal.

Whilst initially focussed on health care organisations Law Compliance now provides compliance services to hundreds of organisations across Australia and this number grows each month. Our aim is to make compliance easy.

Our clients range from small rural community service organisations to government related entities to some of Australia's largest health care organisations, local councils, universities, charities, community service organisations, aged care providers and child care organisations.

Our online platform, **Comply Online**<sup>®</sup>, continues to be successfully rolled out across Australia. With Comply Online<sup>®</sup> our subscribers can easily:

- assign topics to individuals within their organisation
- monitor organisation wide compliance activity
- produce a variety of compliance reports, including audit and risk compliance reports



For more information about Comply Online<sup>®</sup> or to arrange a free demonstration, please go to: <https://lawcompliance.com.au/comply-online/> or contact **Natalie Franks** on (03) 9865 1324 or [natalie.franks@lawcompliance.com.au](mailto:natalie.franks@lawcompliance.com.au).




### Lifting the burden of compliance—The Australian Financial Review

The Australian Financial Review recently interviewed our CEO Natalie Franks, featuring Law Compliance's comprehensive legislative compliance services and how they help organisations across the nation.

[Read The Australian Financial Review article here.](#)

## Some of the Legislative Changes being tracked



**Western Australia**

- Animal Welfare and Trespass Legislation Amendment Bill 2021 (WA)
- Climate Change and Greenhouse Gas Emissions Reduction Bill 2021 (WA)
- Criminal Law (Mental Impairment) Bill 2022 (WA)
- Directors' Liability Reform Bill 2022 (WA)
- Health Services Amendment Bill 2021 (WA)
- Land and Public Works Legislation Amendment Bill 2022 (WA)
- Retail Trading Hours Amendment Bill 2021 (WA)
- Statutes (Repeals and Minor Amendments) Bill 2021 (WA)
- Teacher Registration Amendment Bill 2022 (WA)

**Northern Territory**

- Statute Law Revision Bill 2022 (NT)

**Queensland**

- Births, Deaths and Marriages Registration Bill 2022 (Qld)
- Corrective Services (Emerging Technologies and Security) and Other Legislation Amendment Bill 2022 (Qld)
- Health and Other Legislation Amendment Bill 2022 (Qld)
- Environmental Protection and Other Legislation Amendment Bill 2022 (Qld)
- Housing Legislation Amendment Bill 2022 (Qld)
- Monitoring of Places of Detention (Optional Protocol to the Convention Against Torture) Bill 2022 (Qld)
- Residential Tenancies and Rooming Accommodation (Rent Freeze) Amendment Bill 2022 (Qld)
- Water Legislation Amendment Bill 2022 (Qld)
- Working with Children (Indigenous Communities) Amendment Bill 2021 (Qld)

**Commonwealth**

- Commonwealth Electoral Amendment (Stop the Lies) Bill 2022 (Cth)
- Crimes Legislation Amendment (Ransomware Action Plan) Bill 2022 (Cth)
- Customs Amendment (Banning Goods Produced By Forced Labour) Bill 2022 (Cth)
- Customs Amendment Bill 2022 (Cth)
- Customs Legislation Amendment (Controlled Trials and Other Measures) Bill 2022 No. (Cth)
- Environment Protection and Biodiversity Conservation Amendment (Climate Trigger) Bill 2022 (Cth)
- Export Control Amendment (Streamlining Administrative Processes) Bill 2022 No. (Cth)
- Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 No. (Cth)
- Higher Education Support Amendment (2022 Measures No. 1) Bill 2022 (Cth)
- Paid Parental Leave Amendment (Improvements for Families and Gender Equality) Bill 2022 (Cth)
- Public Interest Disclosure Amendment (Review) Bill 2022 (Cth)
- Telecommunications Legislation Amendment (Information Disclosure, National Interest and Other Measures) Bill 2022 No. (Cth)
- Therapeutic Goods Amendment (2022 Measures No. 1) Bill 2022 (Cth)
- Treasury Laws Amendment (2022 Measures No. 4) Bill 2022 (Cth)
- Treasury Laws Amendment (Consumer Data Right) Bill 2022 (Cth)
- Treasury Laws Amendment (Modernising Business Communications and Other Measures) Bill 2022 (Cth)
- Treasury Laws Amendment (Modernising Business Communications) Bill 2022 (Cth)
- Workplace Gender Equality Amendment (Closing the Gender Pay Gap) Bill 2023 (Cth)

**South Australia**

- Cannabis Legalisation Bill 2022 (SA)
- Environment Protection (Cigarette Butt Waste) Amendment Bill 2023 (SA)
- Fair Work (Family and Domestic Violence Leave) Amendment Bill 2022 (SA)
- Fair Trading (Lifespan of Electrical Products) Amendment Bill 2022 (SA)
- Food (Restrictions on Advertising of Junk Food) Amendment Bill 2022 (SA)
- Freedom of Information (Ministerial Diaries) Amendment Bill 2022 No. (SA)
- Gas (Ban on New Connections) Amendment Bill 2022 (SA)
- Gender Equality Bill 2022 (SA)
- National Electricity (South Australia) (Ministerial Reliability Instrument) Amendment Bill 2022 (SA)
- Residential Tenancies (Rent Control) Amendment Bill 2022 (SA)
- Statutes Amendment (Animal Welfare Reforms) Bill 2022 (SA)
- Statutes Amendment (Personal Mobility Devices) Bill 2022 (SA)
- Work Health and Safety (Industrial Manslaughter) Amendment Bill 2022 (SA)

**Tasmania**

- Electoral Disclosure and Funding Bill 2022 No. (Tas)
- Justice Miscellaneous (Royal Commission Amendments) Bill 2022 (Tas)
- Mental Health Amendment Bill 2022 (Tas)
- Public Interest Disclosures (Members of Parliament) Bill 2021 (Tas)
- Residential Building (Miscellaneous Consumer Protection Amendments) Bill 2022 (Tas)
- Right to Information Amendment (Public Protected Areas) Bill 2021 (Tas)
- Right to Information Amendment Bill 2021 (Tas)

**Victoria**

- Building and Planning Legislation Amendment Bill 2022 (Vic)
- Building, Planning and Heritage Legislation Amendment (Administration and Other Matters) Bill 2022 (Vic)
- Children and Health Legislation Amendment (Statement of Recognition and Other Matters) Bill 2022 (Vic)
- Children, Youth and Families (Raise the Age) Amendment Bill 2021 (Vic)
- Children, Youth and Families Amendment (Child Protection) Bill 2021 (Vic)
- Children, Youth and Families Amendment (Out of Home Care Age) Bill 2020 (Vic)
- Commercial Passenger Vehicle Industry Amendment Bill 2019 (Vic)
- Crimes (Mental Impairment and Unfitness to be Tried) Amendment Bill 2020 (Vic)

**New South Wales**

- Aboriginal Cultural Heritage (Culture is Identity) Bill 2022 (NSW)
- Abortion Law Reform (Sex Selection Prohibition) Amendment Bill 2021 (NSW)
- Anti-Discrimination Amendment (Sex Workers) Bill 2020 (NSW)
- Education Legislation Amendment (Parental Rights) Bill 2020 (NSW)
- Protection of the Environment Operations Amendment (Clean Air) Bill 2021 (NSW)
- Tax Administration Amendment (Combating Wage Theft) Bill 2021 (NSW)
- Water Management Amendment (Water Access Licence Register) Bill 2022 (NSW)

**ACT**

- Discrimination Amendment Bill 2022 (ACT)
- Financial Management Amendment Bill 2021 (No 2) 2021 (ACT)
- Freedom of Information Amendment Bill 2022 (ACT)
- Integrity Commission Amendment Bill 2022 (No 2) (ACT)
- Period Products and Facilities (Access) Bill 2022 (ACT)
- Planning Bill 2022 No. (ACT)
- Professional Engineers Bill 2022 (ACT)
- Residential Tenancies Legislation Amendment Bill 2022 (ACT)
- Revenue Legislation Amendment Bill 2022 (ACT)

**Disability Amendment Bill 2022 (Vic)**

- Drugs, Poisons and Controlled Substances Amendment (Decriminalisation of Possession and Use of Drugs of Dependence) Bill 2022 (Vic)
- Drugs, Poisons and Controlled Substances Amendment (Pill Testing Pilot for Drug Harm Reduction) Bill 2019 (Vic)
- Emergency Powers Safeguards Legislation Amendment Bill 2021 (Vic)
- Health Legislation Amendment (Information Sharing) Bill 2023 (Vic)
- Human Rights and Housing Legislation Amendment (Ending Homelessness) Bill 2022 (Vic)
- Local Government Amendment (Rates and Charges) Bill 2021 (Vic)
- Racial and Religious Tolerance Amendment Bill 2019 (Vic)
- Wildlife Rescue Victoria Bill 2020 (Vic)

If you would like details of these new Bills please contact the Law Compliance team on **1300 862 667** or visit our website [www.lawcompliance.com.au](http://www.lawcompliance.com.au)

## March 2023 Edition

### Contact us

For further information please contact:

<p>Natalie Franks CEO and Legal Counsel Direct: 03 9865 1324 Email: natalie.franks@healthlegal.com.au</p>		<p>Alon Januszewicz Legal Counsel Direct: 03 9865 1312 Email: alon.januszewicz@healthlegal.com.au</p>	
<p>Sarah Caraher Associate Legal Counsel Direct: 03 9865 1334 Email: sarah.caraher@healthlegal.com.au</p>		<p>Teresa Racovalis Chief Operations Officer (Compliance) Direct: 03 9865 1311 Email: teresa.racovalis@healthlegal.com.au</p>	
<p>Sue Allen Senior Consultant Direct: 03 9865 1340 Email: sue.allen@healthlegal.com.au</p>		<p>Giovanni Marino Senior Associate Direct: 03 9865 1339 Email: giovanni.marino@healthlegal.com.au</p>	
<p>Chris Chosich Senior Solicitor Direct: 03 9865 1333 Email: chris.chosich@healthlegal.com.au</p>		<p>Andrew Gill Senior Solicitor Direct: 03 9865 1322 Email: andrew.gill@healthlegal.com.au</p>	
<p>Ben Schwarer Senior Solicitor Direct: 03 9865 1337 Email: ben.schwarer@healthlegal.com.au</p>		<p>Chris Reily Solicitor Direct: 03 9865 1343 Email: chris.reily@healthlegal.com.au</p>	
<p>Lauren Heyward Solicitor Direct: 03 9865 1323 Email: lauren.heyward@healthlegal.com.au</p>		<p>Alice Holmes Solicitor Direct: 03 9865 1337 Email: alice.holmes@healthlegal.com.au</p>	

### Copyright and disclaimer

If you would like to reproduce any part of this Report please contact Health Legal.

This Report has been prepared by Health Legal. Professional advice should be sought before applying this information to particular circumstances. No liability will be accepted for any losses incurred by those relying solely on this publication.