

## Health Legal Report – July 2024

Welcome to the July 2024 edition of the Health Legal Report.

In this issue of the Health Legal Report we discuss:

- *H v OL* [2024] NSWSC 271
- Privacy framework for Victoria's health information sharing system (CareSync Exchange)
- *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill* 2024 (Cth)

We also set out some of the Bills we are tracking throughout Australia.



## *H v OL* [2024] NSWSC 271

By Maria Toma, Compliance Solicitor

### Introduction

In this case the Supreme Court of New South Wales (the **Court**), constituted by Elkaim AJ, heard an application from H (the **Hospital**) for an order authorising medical treatment for the diagnosis of Pre-B Acute Lymphoblastic Leukaemia of a 14-year-old child (**OL**). The parents of OL (first and second Defendants) objected to the treatment as they preferred there to be no treatment for the Leukaemia to avoid any pain and suffering and instead, their child to be allowed to die at home. The Hospital disagreed with the request of the parents and therefore sought an order to allow for treatment to be administered to OL.



### Facts

OL suffered from many pre-existing health issues which resulted in limited communication and difficulties with OL's behaviour. The pre-existing health issues include the following:

- Developmental and epileptic encephalopathy;
- Severe developmental delay; and
- Autism Spectrum Disorder level 3.

In 2024, OL was diagnosed with leukaemia which required OL to be hospitalised and undertake further medical treatments which consequently led to her existing challenging behaviours worsening. OL would typically need to be restrained to allow for the medication to be administered, which was significantly distressing for OL and further made other basic examinations very difficult at times.

It was accepted that the proposed treatment regime would be debilitating, intrusive and extend over 2 years. But, the medical opinion was that it would have a 90% chance of achieving survival. Significantly, without treatment, OL would have a life expectancy of 2 to 4 weeks.

OL's parents did not want OL to have the proposed treatment to avoid further pain and suffering and instead preferred their daughter to receive palliative care allowing her to die at home. OL's parent's refusal of medical treatment was not based on any religious or cultural belief and was simply derived from the love for their daughter and their desire to avoid any further suffering to a medically challenged child.

The Hospital requested the Court exercise its *parens patriae* jurisdiction to enable its medical practitioners and staff to provide the proposed leukaemia treatment to OL. OL's parents opposed this order.

### *Supreme Court Proceedings*

The *parens patriae* jurisdiction allows the Supreme Court to make orders for the protection of children and people who are otherwise not able to look after themselves. The *parens patriae* jurisdiction dictates that the Court must base its decision on the best interests of the child, and not on any other consideration.

The issue before the Court was therefore whether it was in OL's best interests for it to order the leukaemia treatment to be administered.

The Court relied on five affidavits that were filed in the proceedings along with oral evidence from four doctors whose reports were attached to the affidavits. Various doctors presented evidence to the Court, noting that there would be many risks in the proposed treatment, some of which included permanent damage to OL. Doctors also accepted that the treatment would be difficult and complicated by OL's pre-existing conditions, and would place a burden on OL and her family that may be greater than to another child and family.

Doctors proposing the treatment expressed considerable sympathy for OL's parents but sought the treatment and agreed that their evidence could

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be summarised to the effect of “it will be difficult, but that doesn’t mean you don’t try”.

A paediatrician who has managed OL’s treatment since 2014 conceded that it was a very difficult situation but unequivocally supported the parent’s case. This paediatrician stated that the treatment would be excessively onerous for OL and even envisaged a need to shackle OL in order to administer the treatment. The paediatrician recommended the oral administration of chemotherapy drugs, but this would essentially be on a palliative basis.

The Court referred to several cases considered to be of a similar nature, including *Minister for Health v AS* [2004] WASC 286, where the Supreme Court of Western Australia said:

‘where faced with the stark reality that the child will die if life-saving treatment is not performed which has a good prospect of a long-term cure, it is beyond doubt that it is in the child’s best interests to receive that treatment.’

His Honour distinguished the facts of the current case from others where the Court exercised its *parens patriae* jurisdiction. Notably, the Court emphasised that in this case, OL is suffering from leukaemia and without treatment will have a very short lifespan. Should the leukaemia be successfully treated, OL’s life expectancy would be approximately 53 years.

The Court also noted that whilst OL was not well and had other medical issues, she was not in a vegetative state. Whilst OL’s other medical issues were an important consideration, the Court stated that OL had been living with those issues for her whole life. The Court also noted that OL’s life had not been without joy and, but for the leukaemia, she would continue to live.

### Decision

After careful consideration of all the evidence, the Court ruled in favour of the treatment.

His Honour noted:

“It is very important to appreciate that OL, as disabled as she was, was living a life with her family with no suggestion that any action should be taken to interfere with her continuing upbringing. The leukaemia is an illness which is capable of being dealt with, and while successful treatment will bring her back to her previous life, with all its complications, that is a situation that would have existed in any event.”

His Honour acknowledged that the leukaemia treatment would be very difficult for OL and her parents, however, noted that it did not mean it should not be administered. The Court stated that treatment was required and would hopefully return OL to her pre-leukaemia condition.

His Honour considered he had little alternative but to make the orders sought as they would hopefully allow OL to return to her previous condition and continue to live the life that she had already. As no medical opinion doubted that OL would die without treatment, his Honour stated that not making an order is effectively a death sentence.

### Conclusion

This case is an example of the Court exercising its power to authorise treatment of a child over the objection of the child’s parents, where the Court considers the treatment to be in the best interests of the child.

Reasonable minds may differ on where the child’s best interests lie in a case such as this, where a relatively prolonged period of treatment was likely to be distressing for the child, who was likely incapable of understanding the purpose of the treatment. Balanced against that potential pain and suffering, however, is the potential value of a life ‘not without joy’ that should not be diminished by the existence of a child’s disabilities.

Where there are disputes between a child’s parents and treating practitioners, a hospital may seek an order overriding the parents’ objection. Careful consideration should be given to management of the therapeutic relationship.

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

**In Brief****• Penalty for attempted bid rigging**

The Federal Court of Australia has recently imposed civil penalties on a building automation company, **Delta Building Automation Pty Ltd**, and its sole director, for attempted bid rigging and inducement of bid rigging: *Australian Competition and Consumer Commission v Delta Building Automation Pty Ltd (No 2)* [2024] FCA 580.

In August 2023, the Federal Court found that Delta, via its director, had engaged in attempted cartel conduct concerning a tender for a contract to maintain the building management system for the National Gallery of Australia (**BMS Contract**). In short, the attempted cartel conduct involved Delta offering a competitor a payment in return for the competitor making no bid for the BMS Contract, or not making a 'true' (in the sense of competitive) bid. The offer was rejected by the competitor.

In June 2024, the Court imposed a \$1.5m penalty on Delta and a \$120,000 penalty upon its director. The Court also restrained Delta and its director from communicating with competitors (actual or potential) without the written approval of the Australian Competition and Consumer Commission and required Delta to implement a Competition and Compliance Policy and a Complaints Handling Policy. Delta and its director were also ordered to pay the costs of the Australian Competition and Consumer Commission, which brought the proceedings.

**• Usual practice and medical records**

In *Runacres v The Coroners Court of Victoria* [2024] VSC 304, the Supreme Court dismissed an appeal brought by a medical practitioner against adverse findings made by the Coroner in the *Inquest into the Passing of Veronica Nelson*. Ms Nelson, a Gunditjmara, Dja Dja Wurrung, Wiradjuri and Yorta Yorta woman, passed in Dame Phyllis Frost Centre (a correctional facility) after being remanded into custody. The inquest considered a wide range of issues relating to Ms Nelson's passing, including the medical assessment she received on reception into the correctional facility. One finding, subject of challenge to the Supreme Court, related to the reliability of notes that contained pre-populated information (i.e. a template with values for various matters already recorded and which needed to be actively changed by the medical practitioner). This was a significant issue at inquest because Ms Nelson's weight was significantly lower on autopsy than it was at the medical assessment in question. Expert evidence suggested the difference in recorded weights was not plausible given the short time between the medical assessment and autopsy. The Coroner found that the records made about Ms Nelson by the practitioner were inaccurate based on that and other evidence. On appeal, the practitioner alleged that that finding implied that the record was falsified which some evidence was against. The Supreme Court rejected this ground of appeal, saying:

*...In the context of the medical record being woefully inaccurate and the evidence of the appellant that at least in some respects he thought 'no one would read it anyway', the veracity and evidentiary worth of the medical record entries is very limited and very much open to doubt. The reliability of a contemporaneously made written record can be diminished by evidence of its inaccuracy and error. The authenticity and reliability of the written record was undermined by the lack of care by the appellant in the entries made by him in Veronica's medical record.*

This aspect of the case demonstrates that the evidentiary value of medical records is only as good as the processes which produce them. If evidence of the usual practice by which records are created is poor, then the evidentiary value of those records is equally likely to be poor.

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# Privacy framework for Victoria's health information sharing system (CareSync Exchange)

## Introduction

On 2 February 2024, the *Health Legislation Amendment (Information Sharing) Act 2023* (Vic) established the legislative framework for the operation of a secure health information sharing system – known as CareSync Exchange – allowing clinicians at Victorian public health services to access information maintained by the Victorian Department of Health.

The system has not yet been rolled out while aspects of the system – legal and practical – are designed and implemented.

It is expected that the system will be rolled out to Austin Health, Eastern Health, Northern Health, Alfred Health, Monash Health, Peter MacCallum Cancer Centre, The Royal Children's Hospital, The Royal Melbourne and The Royal Women's Hospital in late 2024. Other hospitals and health services will be subject to a staged roll out in subsequent years.

A key element of the legal regulation of CareSync Exchange is the *Victorian Electronic Patient Health Information Sharing System Privacy Management Framework (Framework)*, which was published in the Government Gazette on 5 June 2024. Health services with access to CareSync Exchange must comply with the Framework to the extent reasonably practicable (*Health Services Act 1988* (Vic) s 134ZU).

The Framework relevantly sets out the user permissions for users at participating health services and the Department of Health, describes the responsibilities for imposing access controls on users, requires monitoring, reporting and auditing by health services and describes data breach and incident management procedures.

The Framework is also notable because it describes the kinds of information that will reside in CareSync Exchange (see Framework, Appendix B). For each patient, the information includes demographics, presenting problems, allergies, medications, radiology/pathology, procedure information and "documents" (such as discharge summaries, outpatient letters, etc).

Some patients' information will be retained behind a break-glass feature. This feature will apply to patients who are flagged as experiencing family violence, who are in out of home care, who are "public-profile individuals" or who are victim-survivors of sexual assault or harm. To access information in these circumstances, clinicians will be required to acknowledge its sensitivity and provide a reason for access. Break-glass events will be logged and are intended to be subject to periodic audit.

The Framework is available at this link: [Victorian Electronic Patient Health Information Sharing System Privacy Management Framework](#).

### Health Legal in the spotlight

Health Legal's ongoing recognition in industry awards highlights our firm's exceptional legal expertise in Health and Aged Care Law.

#### Best Lawyers Australia 2025

Natalie Franks – Health and Aged Care  
Alon Januszewicz – Health and Aged Care

#### Best Law Firms Australia 2025 edition

Health Legal – Health and Aged Care Law

#### Doyle's Guide

Natalie Franks – *Preeminent Health & Aged Care lawyer*  
Alon Januszewicz – *Recommended Health & Aged Care Lawyer*

## Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Bill 2024 (Cth)

By Chris Chosich, Senior Associate

### Introduction

On 31 May 2024, the *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Act 2024 (Cth)* (the **Act**) passed the Federal Parliament. The Act will remove requirements for eligible nurse practitioners and midwives to be a party to a 'collaborative arrangement' to be eligible to bill Medicare or prescribe pharmaceutical benefits. The Act will commence on 1 November 2024. Other requirements for nurse practitioners and midwives to be eligible to provide Medicare services and prescribe pharmaceutical benefits will remain unchanged.



### Changes to *Health Insurance Act 1973 (Cth)*

The *Health Insurance Act 1973 (Cth)* (the **HI Act**) establishes the framework under which eligible health practitioners may bill Medicare for 'professional services' that they have rendered.

Under the HI Act, nurse practitioners and midwives are relevantly eligible to bill Medicare as a 'participating' nurse practitioner or midwife if:

- they meet any criteria set out in the *Health Insurance Regulations 2018 (Cth)* (the **HI Regulations**). Regulation 66 of the HI Regulations provides that a midwife is eligible if they are endorsed by the Nursing and Midwifery Board of Australia; and
- render the services under a collaborative arrangement with a registered medical practitioner of a kind specified in the HI Regulations, which also require records to be kept of patients treated under the arrangement.

The Act will remove the requirement for a collaborative arrangement so that participating nurse practitioners and midwives may render Medicare-billable services without the need for a collaborative arrangement. **Guidance from the Commonwealth Government** indicates that the HI Regulations will be amended to remove the kinds of specified collaborative arrangements.

### Changes to *National Health Act 1953 (Cth)*

The Act will also amend the *National Health Act 1953 (Cth)* (the **NH Act**), which establishes the framework for the Pharmaceutical Benefits Scheme, to remove an equivalent requirement for authorised nurse practitioners and authorised midwives to be a party to a collaborative arrangement that substantially reflects the requirements under the HI Act in order to prescribe pharmaceutical benefits.

### Conclusion

From 1 November 2024, the requirements for nurse practitioners and midwives to provide Medicare billable services and prescribe pharmaceutical benefits will change. A collaborative arrangement will no longer be required for these kinds of health professional to provide those services and benefits, provided they meet the other requirements of the relevant legislation.

This provides a timely opportunity to review any collaborative arrangements in place with nurse practitioners and authorised midwives and to review processes for these professionals to render Medicare billable services and prescribe pharmaceutical benefits ahead of the 1 November 2024 commencement date.

The Act is accessible [here](#). Further information about the Commonwealth Government's Collaborative Arrangements 2023 Project (of which the Act is a part) can be found [here](#).

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### Frequently Asked Medico-Legal Questions

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 August 2024

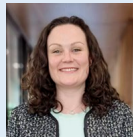
*For further information or to receive our March 2024 Handbook, please contact **Lauren Heyward** on (03) 9865 1300 or email [lauren.heyward@healthlegal.com.au](mailto:lauren.heyward@healthlegal.com.au).*

### Staff News

We are pleased to announce several promotions amongst our lawyers, all of whom have done outstanding work for our clients and our organisation, each an integral member of our expert team:



**Alice Holmes**  
Senior Solicitor



**Jillian Britton**  
Senior Compliance  
Solicitor



**Lauren Heywood**  
Senior Compliance  
Solicitor

### 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;**
- **info@mailgun.lawcompliance.com.au;**
- **lawcompliance.com.au;**
- our account system **accountright@apps.myob.com**

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

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### 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 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).



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



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Some of the Legislative Changes being tracked

**Western Australia**

Retail Trading Hours Amendment Bill 2021 (WA)  
Climate Change and Greenhouse Gas Emissions Reduction Bill 2021 (WA)  
Statutes (Repeals and Minor Amendments) Bill 2021 (WA)  
Electricity Industry Amendment (Alternative Electricity Services) Bill 2023 (WA)

**Northern Territory**

Traffic Legislation Amendment Bill 2024 (NT)

**Queensland**

Assisted Reproductive Technology Bill 2024 (Qld)  
Child Safe Organisations Bill 2024 (Qld)  
Crime and Corruption and Other Legislation Amendment Bill 2024 (Qld)  
Disability Services (Restrictive Practices) and Other Legislation Amendment Bill 2024 (Qld)  
Education (General Provisions) and Other Legislation Amendment Bill 2024 (Qld)  
Electrical Safety and Other Legislation Amendment Bill 2024 (Qld)  
Queensland Community Safety Bill 2024 (Qld)  
Respect at Work and Other Matters Amendment Bill 2024 (Qld)  
Termination of Pregnancy (Live Births) Amendment Bill 2024 (Qld)  
Trusts Bill 2024 (Qld)  
Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2024 (Qld)

**New South Wales**

Anti-Discrimination Amendment (Heterosexual Discrimination) Bill 2024 (NSW)  
Automated External Defibrillators (Public Access) Bill 2024 (NSW)  
Equality Legislation Amendment (LGBTIQA+) Bill 2023 (NSW)  
ICAC and Other Independent Commissions Legislation Amendment (Independent Funding) Bill 2024 (NSW)  
Ombudsman and Other Legislation Amendment Bill 2024 (NSW)  
Prevention of Cruelty to Animals Amendment (Transparency and Fit and Proper Persons) Bill 2024 (NSW)  
Protection of the Environment Operations Amendment (Balloons) Bill 2024 (NSW)  
Residential Tenancies Amendment (Animals in Residential Premises) Bill 2024 (NSW)  
Residential Tenancies Amendment (Prohibiting No Grounds Evictions) Bill 2024  
Surveillance Devices Amendment (Public Interest Exemptions) Bill 2023 (NSW)

**Commonwealth**

Agriculture (Biosecurity Protection) Levies and Charges Collection Bill 2024 (Cth)  
Accountability of Grants, Investment Mandates and Use of Public Resources Amendment (End Pork Barrelling) Bill 2024 (Cth)  
Childhood Gender Transition Prohibition Bill 2023 (Cth)  
COAG Legislation Amendment Bill 2023 (Cth)  
Commonwealth Electoral Amendment (Voter Protections in Political Advertising) Bill 2023 (Cth)  
Communications Legislation Amendment (Prominence and Anti-siphoning) Bill 2023 (Cth)  
Crimes and Other Legislation Amendment (Omnibus No. 1) Bill 2024 (Cth)  
Customs Amendment (Banning Goods Produced By Forced Labour) Bill 2022 (Cth)  
Customs Amendment (Preventing Child Labour) Bill 2023 (Cth)  
Defence Amendment (Safeguarding Australia's Military Secrets) Bill 2023 (Cth)  
Education Services for Overseas Students Amendment (Quality and Integrity) Bill 2024 (Cth)  
Electoral Legislation Amendment (Fair and Transparent Elections) Bill 2024 (Cth)  
Electoral Legislation Amendment (Fair and Transparent Elections) Bill 2024 (No. 2) 2024 (Cth)  
Electoral Legislation Amendment (Fairer Contracts and Grants) Bill 2023 (Cth)  
Electoral Legislation Amendment (Restoring Trust) Bill Cth 2023 (Cth)  
Environment Protection and Biodiversity Conservation Amendment (Climate Trigger) Bill 2022 [No. 2] (Cth)  
Environment Protection and Biodiversity Conservation Amendment (Protecting Environmental Heritage) Bill 2024 (Cth)  
Export Control Amendment (Ending Live Sheep Exports by Sea) Bill 2024 (Cth)  
Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 (Cth)  
Fair Work Amendment (Right to Disconnect) Bill [No.2] 2023 (Cth)  
Fair Work Legislation Amendment (Small Business Redundancy Exemption) Bill 2023 (Cth)  
Fair Work Legislation Amendment (Strengthening Protections Against Discrimination) Bill 2023 (Cth)  
Health Insurance Legislation Amendment (Assignment of Medicare Benefits) Bill 2024 (Cth)  
Keeping Cash Transactions in Australia Bill 2024 (Cth)  
Lobbying (Improving Government Honesty and Trust) Bill 2023 (Cth)

**South Australia**

Aboriginal Heritage (Miscellaneous) Amendment Bill 2023 (SA)  
Cannabis Legalisation Bill 2022 (SA)  
Education and Children's Services (Parental Primacy) Amendment Bill 2024 (SA)  
Explosives Bill 2023 (SA)  
Fair Trading (Lifespan of Electrical Products) Amendment Bill 2022 (SA)  
Freedom of Information (Miscellaneous) Amendment Bill 2023 (SA)  
Health Care (Ambulance Response Targets) Amendment Bill 2023 (SA)  
Heritage Places (Protection of State Heritage Places) Amendment Bill 2023 (SA)  
Pet Food (Marketing and Labelling) Bill 2024 (SA)  
Residential Tenancies (Rent Freeze) Amendment Bill 2024 (SA)  
Retirement Villages (Miscellaneous) Amendment Bill 2024 (SA)  
Return to Work (Employment and Progressive Injuries) Amendment Bill 2024 (SA)  
Statute Amendment (Personal Mobility Devices) Bill 2024 (SA)  
Statutes Amendment (Animal Welfare Reforms) Bill 2022 (SA)  
Statutes Amendment (National Energy Laws) (Data Access) Bill 2024 (SA)  
Statutes Amendment (South Australian Employment Tribunal) Bill 2024 (SA)  
Statutes Amendment (South Australian Employment Tribunal) Bill 2024 (SA)

**Tasmania**

Disability Inclusion and Safeguarding Bill 2024 (Tas)  
Human Tissue Amendment Bill 2024 (Tas)  
Industrial Hemp Amendment Bill 2024 (Tas)  
Residential Tenancy Amendment Bill 2024 (Tas)  
State Litigator (Consequential Amendments) Bill 2024 (Tas)  
Work Health & Safety Amendment (Safer Workplaces) Bill 2024 (Tas)  
Work Health and Safety Amendment (Industrial Manslaughter) Bill 2024 (Tas)

**Victoria**

Children, Youth and Families Amendment (Home Stretch) Bill 2023 (Vic)  
Children, Youth and Families Amendment (Raise the Age) Bill 2022 (Vic)  
Confiscation Amendment (Unexplained Wealth) Bill 2024 (Vic)  
Disability and Social Services Regulation Amendment Bill 2024 (Vic)  
Drugs, Poisons and Controlled Substances Amendment (Pill Testing Pilot for Drug Harm Reduction) Bill 2023 (Vic)  
Planning and Environment Amendment (Soil Protection) (Solar Power Generation Facilities) Bill 2023 (Vic)  
Public Health and Wellbeing Amendment (Health Services Performance Transparency and Accountability) Bill 2023 (Vic)  
Residential Tenancies Amendment (Rent Freeze and Caps) Bill 2023 (Vic)  
Victorian Responsible Gambling Foundation Repeal and Advisory Councils


**ACT**

Corrections Management Amendment Bill 2021 (ACT)  
Disability Inclusion Bill 2024 (ACT)  
Education and Care Services National Law (ACT) Amendment Bill 2024 (ACT)  
Environment Protection (Fossil Fuel Company Advertising) Amendment Bill 2024 (ACT)  
Health (Improved Abortion Access) Amendment Bill (ACT)  
Housing and Consumer Affairs Legislation Amendment Bill 2024 (ACT)  
Human Rights (Healthy Environment) Amendment Bill 2023 (ACT)  
Integrity Commission Amendment Bill 2022 (ACT)  
Modern Slavery Legislation Amendment Bill 2023 (ACT)  
Nature Conservation Amendment Bill 2024 (ACT)  
Parentage (Surrogacy) Amendment Bill 2023 (ACT)  
Property Developers Bill 2023 (ACT)

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