



Hansard

LEGISLATIVE ASSEMBLY

60th Parliament

Wednesday 21 June 2023

Office-holders of the Legislative Assembly

60th Parliament

Speaker

Maree Edwards

Deputy Speaker

Matt Fregon

Acting Speakers

Juliana Addison, Christine Couzens, Jordan Crugnale, Paul Edbrooke, Bronwyn Halfpenny,
Paul Hamer, Michaela Settle, Meng Heang Tak and Jackson Taylor

Leader of the Parliamentary Labor Party and Premier

Jacinta Allan

Deputy Leader of the Parliamentary Labor Party and Deputy Premier

Ben Carroll

Leader of the Parliamentary Liberal Party and Leader of the Opposition

John Pesutto

Deputy Leader of the Parliamentary Liberal Party and Deputy Leader of the Opposition

David Southwick

Leader of the Nationals

Peter Walsh

Deputy Leader of the Nationals

Emma Kealy

Leader of the House

Mary-Anne Thomas

Manager of Opposition Business

James Newbury

Members of the Legislative Assembly
60th Parliament

Member	District	Party	Member	District	Party
Addison, Juliana	Wendouree	ALP	Lambert, Nathan	Preston	ALP
Allan, Jacinta	Bendigo East	ALP	Maas, Gary	Narre Warren South	ALP
Andrews, Daniel ²	Mulgrave	ALP	McCurdy, Tim	Ovens Valley	Nat
Battin, Brad	Berwick	Lib	McGhie, Steve	Melton	ALP
Benham, Jade	Mildura	Nat	McLeish, Cindy	Eildon	Lib
Britnell, Roma	South-West Coast	Lib	Marchant, Alison	Bellarine	ALP
Brooks, Colin	Bundoora	ALP	Matthews-Ward, Kathleen	Broadmeadows	ALP
Bull, Josh	Sunbury	ALP	Mercurio, Paul	Hastings	ALP
Bull, Tim	Gippsland East	Nat	Mullahy, John	Glen Waverley	ALP
Cameron, Martin	Morwell	Nat	Newbury, James	Brighton	Lib
Carbines, Anthony	Ivanhoe	ALP	O'Brien, Danny	Gippsland South	Nat
Carroll, Ben	Niddrie	ALP	O'Brien, Michael	Malvern	Lib
Cheeseman, Darren	South Barwon	ALP	O'Keefe, Kim	Shepparton	Nat
Cianflone, Anthony	Pascoe Vale	ALP	Pallas, Tim	Werribee	ALP
Cleland, Annabelle	Euroa	Nat	Pearson, Danny	Essendon	ALP
Connolly, Sarah	Laverton	ALP	Pesutto, John	Hawthorn	Lib
Couzens, Christine	Geelong	ALP	Read, Tim	Brunswick	Greens
Crewther, Chris	Mornington	Lib	Richards, Pauline	Cranbourne	ALP
Crugnale, Jordan	Bass	ALP	Richardson, Tim	Mordialloc	ALP
D'Ambrosio, Liliana	Mill Park	ALP	Riordan, Richard	Polwarth	Lib
De Martino, Daniela	Monbulk	ALP	Rowswell, Brad	Sandringham	Lib
de Vietri, Gabrielle	Richmond	Greens	Sandell, Ellen	Melbourne	Greens
Dimopoulos, Steve	Oakleigh	ALP	Settle, Michaela	Eureka	ALP
Edbrooke, Paul	Frankston	ALP	Smith, Ryan ³	Warrandyte	Lib
Edwards, Maree	Bendigo West	ALP	Southwick, David	Caulfield	Lib
Fowles, Will ¹	Ringwood	Ind	Spence, Ros	Kalkallo	ALP
Fregon, Matt	Ashwood	ALP	Staikos, Nick	Bentleigh	ALP
George, Ella	Lara	ALP	Suleyman, Natalie	St Albans	ALP
Grigorovitch, Luba	Kororoit	ALP	Tak, Meng Heang	Clarinda	ALP
Groth, Sam	Nepean	Lib	Taylor, Jackson	Bayswater	ALP
Guy, Matthew	Bulleen	Lib	Taylor, Nina	Albert Park	ALP
Halfpenny, Bronwyn	Thomastown	ALP	Theophanous, Kat	Northcote	ALP
Hall, Katie	Footscray	ALP	Thomas, Mary-Anne	Macedon	ALP
Hamer, Paul	Box Hill	ALP	Tilley, Bill	Benambra	Lib
Haylett, Martha	Ripon	ALP	Vallence, Bridget	Evelyn	Lib
Hibbins, Sam	Prahran	Greens	Vulin, Emma	Pakenham	ALP
Hilakari, Mathew	Point Cook	ALP	Walsh, Peter	Murray Plains	Nat
Hodgett, David	Croydon	Lib	Walters, Iwan	Greenvale	ALP
Home, Melissa	Williamstown	ALP	Ward, Vicki	Eltham	ALP
Hutchins, Natalie	Sydenham	ALP	Wells, Kim	Rowville	Lib
Kathage, Lauren	Yan Yean	ALP	Werner, Nicole	Warrandyte	Lib
Kealy, Emma	Lowan	Nat	Wight, Dylan	Tarneit	ALP
Kilkenny, Sonya	Carrum	ALP	Williams, Gabrielle	Dandenong	ALP
Wayne Farnham	Narracan	Lib	Wilson, Belinda	Narre Warren North	ALP
			Wilson, Jess	Kew	Lib

¹ ALP until 5 August 2023

² Resigned 27 September 2023

³ Resigned 7 July 2023

⁴ Elected 3 October 2023

PARTY ABBREVIATIONS

ALP – Australian Labor Party, Greens – Australian Greens,

Ind – Independent, Lib – Liberal Party of Australia, Nat – National Party of Australia

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Wednesday 21 June 2023

The SPEAKER (Maree Edwards) took the chair at 9:32 am, read the prayer and made an acknowledgement of country.

*Bills***Energy and Resources Legislation Amendment (Transition Away from Coal) Bill 2023***Introduction*

Ellen SANDELL (Melbourne) (09:33): I move:

That I introduce a bill for an act to amend the Environment Protection Act 2017 to prohibit the authorisation of thermal coal activity under a licence, to amend the Renewable Energy (Jobs and Investment) Act 2017 to increase the renewable energy target for Victoria, to amend the Mineral Resources (Sustainable Development) Act 1990 to prohibit the exploration for or mining of coal and to amend the Constitution Act 1975 to entrench some of those amendments and for other purposes.

I wish to speak to the motion. We know the climate crisis is real. We know it is happening right now, and it is only set to get worse. I hope no-one in this chamber seriously doubts that. Therefore there could be no more important issue and no more urgent issue than this. Our very future, the future of our kids and the future of humanity, depends on humans taking every possible action to avoid the worst impacts of the climate crisis, and yet we have no plan and no legislation in Victoria to phase out coal. That is exactly why I am bringing this bill today and asking for this chamber's support in allowing me to first read this bill today, because it simply cannot wait one more day. Every day that we wait, every day that we delay is a day closer to complete climate collapse. That is what the science is telling us.

Members interjecting.

The SPEAKER: Order! The member for Wendouree is warned.

Ellen SANDELL: Just two weeks ago scientists sounded the alarm that Arctic and Antarctic ice is melting much, much faster than we have ever thought. That means that places where hundreds of millions of people – hundreds of millions of people – currently live are going to go under water. The Intergovernmental Panel on Climate Change report last year made it very, very clear: developed economies like Victoria simply must keep all fossil fuels in the ground. No more coal, no more gas – it really is that simple.

I know that this government prides itself on taking action on renewables, and I know that it has done some really hard work to support more renewable energy. I know they want an energy transition and are working towards that. But the simple fact of the matter is this: we cannot give with one hand and take with the other. We cannot build renewables with one hand, even as fast as we are, and continue to dig up coal or burn gas – and in fact create new uses and new markets for coal – with the other hand. Yet here in Victoria that is the government's plan. Not only is it the government's plan to keep our brown coal plants operating beyond 2030, but Labor is now throwing its support behind a new coal project in the Latrobe Valley, the so-called Hydrogen Energy Supply Chain or HESC project, which wants to extend the life of coalmining in Victoria and turn the dirtiest brown coal in the world into hydrogen for export to Japan. This is a project that would put 3.8 million tonnes of carbon dioxide into the atmosphere, despite Labor's hopes that we can bury these underground somehow with a technology that has not been proven at this scale anywhere in the world.

That is why we urgently need a plan to phase out coal now, and that is why we need this bill. What this bill does is ban coal post 2030, and it is very important that we first read it in the Victorian Parliament today. The bill sets 2030 as the absolute last possible date that thermal coal activities can happen in Victoria. That means no mining, no burning, no turning coal into hydrogen or any other use. And it enshrines that ban on coalmining into the constitution so that it is much harder to be overturned. If we can do it for fracking because that process is so toxic, we can do it for coalmining too.

We are living in a climate crisis. Sometimes in here it does not feel like it because we are discussing so many other issues, but we are living in a crisis, and we are quickly running out of time. Experts warn the earth is headed for the make-or-break 1.5-degree limit within just five years – five years. It is looking more and more likely Victoria will face another El Niño at the end of this year and with it the threat of more Black Summer bushfires, more drought, more disasters. We cannot put a fire out while continuing to throw fuel on it. We cannot afford to give fossil fuels a lifeline. The stakes are simply too high. That is why I urge this house – every member – to reflect on their duties to the community and their duties to the future. Allow a debate on this bill, which would leave brown coal, the dirtiest of all the fossil fuels, in the ground for good.

Gabrielle DE VIETRI (Richmond) (09:38): I rise to speak in support of the motion to end coal. There are two questions at play here. The first is whether this chamber should allow private members bills to be debated, and the second is whether this bill is important and urgent enough to allow it to go to debate despite Labor's convention of voting down all non-government business.

On the first point, non-government members should be able to bring bills to this chamber and have them debated. The fact that we cannot is rare, unusual and, quite frankly, embarrassing. In the Westminster system this is not the norm. In fact this chamber is the only chamber in the Westminster system to deny private members bills. This is the house of the people, and all electorates should have their representatives heard on matters of importance.

Secondly, this bill is urgent and important enough to be brought on right now for debate. Record-setting global temperatures, rising sea levels, food and water insecurity, extreme weather, catastrophic disasters, displacement of people, lives lost – these are the impacts of the climate crisis, and they are just the beginning of what we are on track to experience. They are the tip of the proverbial melting iceberg. This is not new or niche information, and yet in the middle of a climate crisis Labor is supporting a major coal project, a new brown coal project, the dirtiest coal that there is, a leading cause of the climate crisis. They are actively bringing on this coal project, and this directly undermines their own stated target for emissions reductions. The Labor Treasurer has said that this project will not add to Victoria's emissions, because we will capture the emissions through carbon capture and storage – this myth, CCS technology. But CCS technology is a farce. Time and time again it has grossly underdelivered on emissions reductions, and it is viewed by experts across the world as a monumental failure. Burying carbon is just like burying your head in the sand when it comes to climate change. Chevron's Gorgon gas project in WA purported to capture its emissions through CCS but we know failed abysmally to get anywhere near what it promised. In fact the Climate Council refers to CCS as a licence to pollute.

That is why I support the Energy and Resources Legislation Amendment (Transition Away from Coal) Bill 2023, which aims to stop new coal projects like this dirty coal project in the Latrobe Valley and prevent future coal exploration and mining. This bill will enshrine a ban on coalmining in our constitution and ensure that future governments cannot simply reverse the decision. Most of us in this place know that climate crisis is the defining issue of our time. Not allowing this bill to progress to a debate is not only undemocratic but a severe disregard for our duty to represent the people of Victoria and prevent the devastating impacts of climate change.

James NEWBURY (Brighton) (09:42): At the outset I would say that the coalition does not support the substance of this bill. However, we do support the right of non-government members to have their voices heard in this place. The member for South Barwon has been interjecting throughout this debate that this is the government's chamber and only the government has a right to do anything or be heard in this chamber. That is the level of arrogance that is coming from this government.

Mary-Anne Thomas: On a point of order, Speaker, this is a debate on the introduction of a bill, and I ask that you call the Manager of Opposition Business back to speaking to the bill.

The SPEAKER: On the point of order, I would ask you to come back to debating the introduction of the bill.

James NEWBURY: The coalition have repeatedly said – in every sitting week, I imagine – that we support the right of non-government members to have their voices heard in this place. This is not a government chamber; this is the people’s place. This is the place where the people of Victoria elect their representatives from their local communities to be heard, and every member should have the right to be heard. Again, the coalition do not support the substance of this bill, but we do support the right for every member to be heard and we will be supporting the right for the bill to be introduced.

This bill follows another instance yesterday where the government blocked the opportunity of introducing new integrity measures in this state –

Mary-Anne Thomas: On a point of order, Speaker, I am sure that you can anticipate my point of order. It is a debate on the introduction of a bill, and I ask that you bring the Manager of Opposition Business back to that matter.

The SPEAKER: Order! The Manager of Opposition Business will come back to the introduction of the bill.

James NEWBURY: I was speaking to the introduction of a bill that was blocked by the government yesterday. I will finish by saying that the government are arrogant in the way that they are blocking any member of this place from having their voice heard, and the coalition will support the introduction of the bill by the Greens.

Assembly divided on motion:

Ayes (30): Brad Battin, Jade Benham, Roma Britnell, Tim Bull, Martin Cameron, Annabelle Cleeland, Chris Crewther, Gabrielle de Vietri, Wayne Farnham, Sam Groth, Sam Hibbins, David Hodgett, Emma Kealy, Tim McCurdy, Cindy McLeish, James Newbury, Danny O’Brien, Michael O’Brien, Kim O’Keeffe, John Pesutto, Tim Read, Richard Riordan, Brad Rowswell, Ellen Sandell, David Southwick, Bill Tilley, Bridget Vallence, Peter Walsh, Kim Wells, Jess Wilson

Noes (54): Juliana Addison, Jacinta Allan, Colin Brooks, Josh Bull, Anthony Carbines, Ben Carroll, Darren Cheeseman, Anthony Cianflone, Sarah Connolly, Chris Couzens, Jordan Crugnale, Lily D’Ambrosio, Daniela De Martino, Steve Dimopoulos, Paul Edbrooke, Will Fowles, Matt Fregon, Ella George, Luba Grigorovitch, Bronwyn Halfpenny, Katie Hall, Paul Hamer, Martha Haylett, Mathew Hilakari, Melissa Horne, Natalie Hutchins, Lauren Kathage, Sonya Kilkenny, Nathan Lambert, Gary Maas, Alison Marchant, Kathleen Matthews-Ward, Steve McGhie, Paul Mercurio, John Mullahy, Tim Pallas, Danny Pearson, Pauline Richards, Tim Richardson, Michaela Settle, Ros Spence, Nick Staikos, Natalie Suleyman, Meng Heang Tak, Jackson Taylor, Nina Taylor, Kat Theophanous, Mary-Anne Thomas, Emma Vulin, Iwan Walters, Vicki Ward, Dylan Wight, Gabrielle Williams, Belinda Wilson

Motion defeated.

Documents

Documents

Incorporated list as follows:

DOCUMENTS TABLED UNDER ACTS OF PARLIAMENT – The Clerk tabled:

Auditor-General:

Collecting State-based Tax Revenue – Ordered to be published

Supporting Students with Disability – Ordered to be published

Ombudsman – WorkSafe 3: Investigation into Victorian self-insurers’ claims management and WorkSafe oversight – Ordered to be published

Special Investigator, Office of – Special report to Parliament under s 100 of the *Special Investigator Act 2021*

Statutory Rules under the following Acts:

Conservation, Forests and Lands Act 1987 – SR 50

Forests Act 1958 – SR 49

Public Health and Wellbeing Act 2008 – SR 52

Road Safety Act 1986 – SRs 53, 54

Subordinate Legislation Act 1994 – SR 51

Subordinate Legislation Act 1994 – Documents under s 15 in relation to statutory rule 46

Victorian Independent Remuneration Tribunal:

Members of Parliament (Victoria) Determination No. 01/2023

Members of Parliament (Victoria) Guidelines No. 01/2023.

Bills

State Taxation Acts Amendment Bill 2023

Victorian Future Fund Bill 2023

Council's agreement

The SPEAKER (09:52): I have received messages from the Legislative Council agreeing to the following bills without amendment: the State Taxation Acts Amendment Bill 2023 and the Victorian Future Fund Bill 2023.

Committees

Joint select committee

Establishment

Brad ROWSWELL (Sandringham) (09:52): I desire to move, by leave, notice of motion 12 standing in my name, relating to a dedicated parliamentary inquiry investigating the sexual abuse of children in state schools.

Leave refused.

Members statements

Level crossing removals

Steve DIMOPOULOS (Oakleigh – Minister for Tourism, Sport and Major Events, Minister for Creative Industries) (09:53): I just want to share with the house three updates of some note in my community in the last couple of weeks. The first one is that the Glen Huntly community received a train line in the 1880s, and this year, 2023, it will be level crossing free. The last boom gates have gone from my community. We have removed the ones at Grange Road, Koornang Road, Murrumbeena Road and Poath Road and of course the ones in Clayton, and now we are removing the ones at Glen Huntly Road and Neerim Road. It was a fantastic sight to see them lifted off for me and Mr Batchelor in the other house.

Oakleigh Football Club

Steve DIMOPOULOS (Oakleigh – Minister for Tourism, Sport and Major Events, Minister for Creative Industries) (09:53): The other contribution of note in my community locally is that the Oakleigh Football Club has installed an honour board, effectively, on a wall at the back of the Oakleigh–Carnegie RSL to honour some incredible past players for that amazing club. It no longer exists, but it began in 1891, the Oakleigh Football Club. It won eight premierships, and there is a history to be told of that club. I want to thank Ian Westman and Paul Ansell and everybody involved

in that project for being part of that story, telling that history and that story for everybody to see now at the Oakleigh–Carnegie RSL.

Oakleigh electorate Coptic community

Steve DIMOPOULOS (Oakleigh – Minister for Tourism, Sport and Major Events, Minister for Creative Industries) (09:54): The last one is that I was at the Coptic community fete, which I go to every year. They are an outstanding community, the Coptic community in Oakleigh. They put on the best fete and they share their love of their culture and their tradition with the rest of the community, and I wish them well.

Alexandra Truck, Ute and Rod Show

Cindy McLEISH (Eildon) (09:54): The Alexandra Truck, Ute and Rod Show over the King's Birthday weekend was another ripper which provided a great benefit to the community of Alexandra and neighbouring areas. Around 15,000 people flocked to Alexandra to check out the 330 trucks, 100 utes and 45 rods on display. The annual truck show is considered one of the best in Australia, with the ABC reporting it is the largest one-day event on regional Victoria's calendar – and it is run by a committee of 10 members. It is very impressive.

This free event provides a huge economic boost for the local community, with approximately \$1.4 million brought into the town of Alexandra and \$3.1 million for the surrounding areas. Thousands of visitors booked out accommodation and eateries and shopped at local businesses over the long weekend. The event is a fabulous fundraising opportunity for local community organisations. The Alexandra kindergarten sold the most delicious hot beef and gravy rolls. Volunteers from the schools, Rotary, Lions, Scouts and sporting clubs were all on hand to help make this event the success that it is. The only downside was that it is likely to be the last time we see the very popular woodchop there. It is difficult for community groups in regional Victoria to get funding assistance, so an event like this is a real opportunity to make a positive difference. This year it is mental health that will benefit. Committee president Ayden Embling, together with all committee members, did an excellent job organising and executing the day. It was no easy feat – just imagine parking 330 trucks at 4 am.

Mount Alexander College

Danny PEARSON (Essendon – Minister for Government Services, Assistant Treasurer, Minister for WorkSafe and the TAC, Minister for Consumer Affairs) (09:56): They say, 'From little things big things grow.' I was delighted to join my good friend the Minister for Education for the official opening of the new facilities at Mount Alexander College in Flemington. It has been quite a journey. I think those of us who choose a course in public life invariably ask ourselves, to begin with, why I want to do this. And then when you arrive here you think, what do I want to achieve. As the member for Essendon, I wanted to get this school right. This school was seen as what was described to me as a high-outcome school. When I asked what that meant, I was told it meant that kids go there and they cannot read and write and by the time they leave at year 10, they can. What you saw over the journey was this school just was not attracting a large cohort of students – I remember being there in 2015 with the then Minister for Education James Merlino, and there were 27 students that year in the year 7 cohort. With an initial investment of \$250,000 by the government, Wayne Haworth, the then principal, did a fantastic job in convincing the community that this was a really important school, and it resulted in this fantastic development that we see now. So it is something I am incredibly proud of, and I was delighted the minister was able to join me.

Jeff Marshall

Danny PEARSON (Essendon – Minister for Government Services, Assistant Treasurer, Minister for WorkSafe and the TAC, Minister for Consumer Affairs) (09:57): Just one last thing: my father-in-law is in ill health at the moment, but I just want him to know I could not have asked for a better father-in-law than him. He is just such a great guy, and my thoughts are with him as he fights this battle.

Gippsland train services

Tim BULL (Gippsland East) (09:57): I want to raise with the Minister for Public Transport that V/Line coaches on the Gippsland line are not stopping at Clayton, Dandenong and Caulfield as the train services that they are replacing did. This hinders those attending really important medical appointments. It forces the sick and the elderly to catch a coach to Pakenham and then a Metro train to Clayton, which is inappropriate and cumbersome, and I ask the minister to restore the stops at these locations on the replacement bus schedule.

Gelantipy Road, East Gippsland

Tim BULL (Gippsland East) (09:58): Bushfire-damaged roadside trees marked by arborists for removal along the Gelantipy Road a long time ago – it was 3½ years ago, after the bushfires – have not been removed. The marks are still on the trees. Recently one fell over, narrowly missing school traffic, and it needs to be fixed. I ask the minister to please make sure that that work is undertaken in the not-too-distant future – before we have a much more serious accident.

Gippsland East electorate roads

Tim BULL (Gippsland East) (09:58): While on roads, between Bairnsdale and Sale there are 170 centre-of-the-road bullnose barriers, and in 10 cases they are severely damaged where vehicles have slammed into them. Some have been in disrepair for over 12 months. Similarly, six months ago a truck rollover at the Lucknow roundabout damaged the barrier significantly, and it has not been repaired either. Given that we have got an increasing road toll and these are road safety issues, I ask that these matters be addressed.

Victorian Refugee Awards

Colin BROOKS (Bundoora – Minister for Housing, Minister for Multicultural Affairs) (09:59): I rise to update the house on the Victorian Refugee Awards, hosted by the Victorian Multicultural Commission (VMC), which I attended last night with the member for Narracan during this national Refugee Week. There were some truly remarkable stories of inspiring Victorians achieving incredible things over the past year. This year the theme for national Refugee Week is ‘Finding freedom’. It is a very fitting theme because, as last night’s nominees and winners demonstrated, freedom is not only a political idea; it goes to our very humanity. I will take a moment just to run through the fantastic winners from last night: for the Achievement Award, Thuy Vinh Bui, a refugee and working single mum, who for the last 30 years has helped hundreds of refugees. The Leadership Award went to Jacob Thang, a refugee from Chin State, Myanmar. Since arriving in 2012 he has grown a small gardening business into a successful commercial landscaping company providing employment to local Chin community members. The Young Leaders Award: Athraa Yousif has used her own lived experiences in Iraq’s conflict to inspire others and advocate for greater policy change and greater understanding of the need for more mental health support for young refugees. The Afghan Women’s Organisation Victoria won the business award. They support and empower Afghan women and girls from all ethnicities as well, utilising a culturally sensitive approach.

All of these people demonstrate that a person’s potential should not be a function of where they have come from or the circumstances from which they came. I want to thank the VMC for putting together this award and for its work in supporting multicultural communities.

Kew electorate students

Jess WILSON (Kew) (10:00): Nearly a quarter of the electorate of Kew’s population is aged 19 and below. As their representative in the Parliament I am conscious that decisions we make in this place will have intergenerational consequences and will disproportionately impact younger generations who do not yet have the power to vote. That is why I am determined to listen to our younger Victorians and be their voice in the Parliament to fight for the issues that are important to them and will help shape their future.

I recently invited primary and secondary school students from the more than 30 schools across Kew to a school leaders forum so they could raise and share their ideas. The grade 6 students spoke about improving online safety, the risks of vaping and improving local road safety. At only 11 or 12 years of age, the students made informed, impassioned arguments and suggested some very clever ideas to tackle local issues, some of which I have already raised in this place. The year 12 leaders agreed there is a widespread concern amongst their peers that young people are not heard or respected in the political debate. The mental health of young Victorians was consistently raised. Many of the students noted the stigma that still surrounds mental health, and it was agreed the role of government is to step up and ensure there is sufficient professional support both in and outside school.

The design and focus of our education system, particularly VCE, culminating in an ATAR, were discussed as not adequately representing the skills or ability of a young person graduating from school and needing to be reviewed. Housing affordability, support for LGBTIQI+ students, HECS debt and greater funding for our state education were just some of the other important issues discussed. We need to do more to listen to our young Victorians and ensure their views are better represented. I thank the students for actively engaging in the forum. It is just the start of the conversation.

Michael Browne

Sonya KILKENNY (Carrum – Minister for Planning, Minister for Outdoor Recreation) (10:02): I would like to acknowledge Michael Browne, principal of Seaford Primary School. Michael was recently recognised for his extraordinary 50 years of service and dedication to Victorian students and families at a recognition-of-service ceremony with the Minister for Education. The ceremony is an annual event that recognises and celebrates dedication, loyalty and longevity of service to the Department of Education and public education in Victoria. I wish to thank Michael for his enduring commitment to public education for more than 50 years. He has changed lives by helping to deliver a world-class education to several generations of Victorians, making Victoria a better place for everyone.

Bonbeach YCW Junior Football Club

Sonya KILKENNY (Carrum – Minister for Planning, Minister for Outdoor Recreation) (10:02): I acknowledge Bonbeach YCW Junior Football Club for their incredible community work in organising a successful MND Australia Ice Bucket Challenge fundraiser last week. They were joined and supported by the Bonbeach YCW Junior Cricket Club, the Bonbeach YCW Junior Netball Club and of course the Bonbeach YCW Junior Sports Club. I also commend the Bonbeach YCW Junior Football Club for their continuing commitment and efforts to encourage and support more girls to get involved in local sport. This year the club has reported the highest-ever number of registrations for girls. For the first time in the club's history there are girls teams in the under-10s, under-12s and under-14s. This is an outstanding achievement. I look forward to joining them at Bonbeach Reserve to watch a girls home game and celebrate this terrific milestone in the club's history.

Patterson River Secondary College

Sonya KILKENNY (Carrum – Minister for Planning, Minister for Outdoor Recreation) (10:03): Finally, I would like to thank some terrific students from Patterson River Secondary College who undertook their work experience placements with me and my electorate office team: Avi Jackson, Ace Layton and Benjamin Ward.

King's Birthday honours

Kim O'KEEFFE (Shepparton) (10:03): I rise today to acknowledge the achievements of two people in my electorate who were recognised in the King's Birthday honours list. Firstly, Associate Professor Ravi Bhat was awarded an AM and has been recognised for his service to medicine and rural psychiatry. Associate Professor Bhat is currently the divisional clinical director of mental health services at Goulburn Valley Health, where he has worked for more than two decades. It is a testament to his dedication and passion to supporting regional communities like those in the Shepparton district.

He is truly selfless, and in speaking about becoming a Member of the Order of Australia he credited his colleagues and psychiatrists at GV Health.

The second person I would like to acknowledge is a stalwart in our community and in the dairy industry, Brian Leslie. Mr Leslie was awarded an OAM for service to the dairy cattle industry, playing a part in founding International Dairy Week and his work establishing the inaugural All Breeds Dairy Youth Camp in 1987. He credits his success to fantastic mentors throughout his life and is now passing his knowledge on to the next generation. Our region is so fortunate to have people of this calibre committed to our communities and sharing their knowledge for the benefit of others.

Vicki Scott

Kim O'KEEFFE (Shepparton) (10:04): June is Bowel Cancer Awareness Month. I would like to acknowledge my close friend Vicki Scott, who faced bowel cancer 12 months ago. Vicki has had life-changing surgery but is doing well. Vicki has become a strong advocate and spokesperson for bowel cancer and is one of the most positive, strong people I know.

Janette Kennedy

Matt FREGON (Ashwood) (10:05): Towards the end of May we lost a good friend and member of our community, Janette Kennedy, or Jan, as we all knew her. The member for Glen Waverley made a wonderful condolence statement last sitting week, so I will not go into all the details of Jan's life. But she was a tireless worker and trooper for women's health and the women in our region. She was a good friend, mother, grandmother and one of the best of us. We will miss her. Vale, Jan Kennedy.

Renewable energy

Matt FREGON (Ashwood) (10:05): On another matter, I was delighted to join several members of this house, the members for Kew and Hawthorn, and federal colleagues Michelle Ananda-Rajah, the member for Higgins, and the member for Kooyong and the Electrify Boroondara group about a month or so ago to listen to Saul Griffith talk about the transition from gas to electricity, which is something that I know this government and the Minister for Energy and Resources are doing a power of work on. Our gas transition statement is something to be applauded. There is a lot of work to do in this area, and as Saul said himself: it is urgent, but that transition will happen over time.

Rapid Cold

Matt FREGON (Ashwood) (10:06): I would like to personally thank the guys down at Rapid Cold, who helped my family transition out of our gas-ducted heating to electric, and I have got to say we are very toasty in our house. Thank you.

Red Apple Day

Chris CREWTER (Mornington) (10:06): I am proud to support Red Apple Day today to raise awareness of bowel cancer. It is not a sexy topic, but it is one we need to speak about, as one of the biggest issues in the battle against bowel cancer is silence. Over the past three decades there has been a 266 per cent increase in bowel cancer in adolescents and young adults from 15 to 24 years. It is our second-biggest killer of all cancers, and 15,610 Australians are told they have bowel cancer each year, claiming the lives of 5354 people.

One ambassador for Bowel Cancer Australia is Donna Hope, who is here in the chamber today, who is also the former member for Carrum in this place and is now leading my electorate office team. Donna was diagnosed with advanced bowel cancer at the age of 43. Up until then she had had a clear bill of health. A series of scans and a colonoscopy resulted in major surgery, followed by six months of chemotherapy. 'You have bowel cancer' are words Donna along with 15,000 Australians each year never expect to hear. Donna is passionate about raising awareness, sharing her mistake of ignoring health symptoms – one which many of us make in our busy lives. There is a common misconception that bowel

cancer is an older person's disease. As we know, it is not, and bowel cancer develops often without warning signs. I encourage you all to support Red Apple Day today and make a vow to chat bowel.

Top Tourism Town Awards

Paul EDBROOKE (Frankston) (10:08): It comes as no surprise to anyone in the chamber that the most beautiful electorate in Victoria, the electorate with the best beach in Victoria, the education electorate and the envy of every other member in this place, Frankston, has been named, alongside Sorrento, Lakes Entrance and Bendigo, as one of Victoria's best holiday destinations. Frankston is a finalist for the 2023 Top Tourism Town Awards once again. Frankston was a finalist in the 2021 awards and finished third in 2022. It has been a magnificent nine years for Frankston under the Andrews Labor government, and we are now seeing the fruits of our investments and hope to take the first prize this year – and there is no reason why we will not.

Frankston mental health and wellbeing local

Paul EDBROOKE (Frankston) (10:08): On another matter, the Minister for Mental Health Gabrielle Williams MP recently visited the Frankston mental health and wellbeing local to announce the beginning of walk-in services in the coming weeks and a weekend service to kick off in the coming months as well. The Frankston local is delivered by Wellways Australia in partnership with Mentis Assist and Pen Health and since opening late last year has provided support to hundreds of people in the community, with wellbeing and therapeutic group sessions, face-to-face appointments, telehealth and outreach. We are delivering the biggest mental health reform in the nation's history, and the local services play a vital role in ensuring we deliver the most accessible care for all Victorians close to home. A big shout-out goes to all the Pen Health workers and all the mental health workers who were there that day and showed their hospitality and their workplace.

Sydney Road tram stops

Tim READ (Brunswick) (10:09): On Saturday morning nearly 200 of my constituents braved the cold to march or roll up Sydney Road in support of fellow Brunswick residents who use mobility aids, wheelchairs and prams and who cannot use any of the tram stops for a 5-kilometre strip along Sydney Road from the last accessible tram stop in Park Street all the way to the terminus. In a few years the train line will close for many months for level crossing replacements, and we are all looking forward to the end results of that. But while the line is closed those people using mobility aids will have their range severely limited because they will not be able to use any public transport, and public transport is not really public until all of the public can use it. I understand about a quarter of Melbourne's tram stops are accessible; three-quarters are not, including that 5-kilometre strip up Sydney Road.

The Greens costed increasing the number of accessible tram stops from about 25 per cent to 55 per cent, and it was a shade over \$1 billion when it was costed last year. A level crossing removal of the sort planned for Brunswick is going to be of the order of \$1.5 billion. In other words, the comms budget would probably cover the tram stops upgrade in Sydney Road. Why don't we just do it?

FIFA Women's World Cup Trophy Tour

Juliana ADDISON (Wendouree) (10:11): The FIFA Women's World Cup is the biggest women's sporting event in the world, and last week we welcomed the trophy to Wendouree. The 2023 tournament will be the first time the FIFA Women's World Cup will be held in the Southern Hemisphere. It was a very special day on Friday when the 2023 FIFA Women's World Cup Trophy Tour came to the Wendouree West recreation reserve, the home of the Forest Rangers Soccer Club. The trophy started its global tour in Melbourne in February and has connected with young players and fans around the world in 32 countries as a part of the journey. It was such a great honour to host the trophy at the Wendouree West rec reserve, a place where young footballers now have the facilities to develop and improve their soccer skills. I am so proud of the world-class facilities that the Andrews Labor government has delivered with a \$7 million investment, with additional support from the federal government and the City of Ballarat.

Thank you to Wadawurrung traditional owner Shannen Mennen for the welcome to country and smoking ceremony. To the incredible Forest Rangers, thank you for hosting the FIFA Women's World Cup trophy tour and for so many club members, players, families and supporters coming along. Thank you to Minister Dimopoulos, FIFA, Football Australia and Visit Victoria for the opportunity to showcase Wendouree. We could not believe that the Wendouree-based Forest Rangers club was chosen for this once-in-a-lifetime event. It is testament to the culture of this very special club.

Windfall gains tax

Bill TILLEY (Benambra) (10:12): Small rural councils are toeing the line at rate caps that are a fraction of inflation at the same time as new taxes rob them of a lifeline. At Towong the balance sheet looks positive, but it is artificially inflated by fire and flood money that is already committed. Towong is big; it is about 7000 square kilometres. With less than 6000 people, its capacity to generate income is limited. One option was to cash in on the growth of Albury–Wodonga and rezone its rural land to residential to create affordable land, more housing and additional ratepayer revenue. But the windfall gains tax will scuttle all that. There was no consultation, no modelling for this tax that pundits warned would disproportionately affect housing supply and affordability in regional Victoria.

From July, farmland at Tallangatta that is rezoned residential will be slugged with a tax equal to half the new value. Think about a \$500,000 improvement and add \$250,000 in Labor taxes, not to benefit the local community but to pay Labor's debt. It is a disincentive to development and will add to the costs for those who have the aspiration to dream of owning their own home. Yesterday in question time the Minister for Planning was spruiking the government's commitment to create affordable housing. This tax does none of that, and sadly it is also going to rob many councils of potential income.

Bentleigh Secondary College

Nick STAIKOS (Bentleigh) (10:14): Congratulations, Bentleigh Secondary College, on an amazing musical production *Home Before Midnight*. This one was particularly impressive because it was an original production which combined well-known fairytale characters into a story about forging your own path in life and celebrating each other's differences. Congratulations to the wonderful cast: Milly Nankervis, Scarlett Moss, Holly Pirret, Maya Thurlow, Cristina Pizzolante, Charli Curtis, Leanne Zyntek, Julien Lasserre, Ebony Rae Mann, Gabriele Rubino, Madeline Gough, Jack Murphy Downs, Sarah Golden, Sophia Lambas, Eboni Crawford, George Kokakis, Gelb Shvetsov, Lachlan Hardy, Alexia Nagaeva, Michael Kakkos, Gabe Yianni, Lola Frost, Reuben Neal, Charlie Byrne, Meitar Harel, Luca Coombs, Bridget Vafiades, Erin Whelan, Kaylee Irwin, Leela Toth, Zoe Connolly, Ashley Tsan, Estelle Quattrocchi and Mia Workman and also staff Jacinta Egan, Christine O'Keefe, Caitlyn Overton, Schy Prewett, Bec Gemmola, Nicole Goodwin and Correne Harry.

Bentleigh Secondary College's performing arts program is second to none. That is why our government is building a brand new performing arts centre for this outstanding school which will be open next year. It has been an absolute pleasure working with principal Helene Hiotis to secure this one-of-a-kind state-of-the-art facility which will include a 500-seat theatre for Bentleigh's productions but also for the use of local primary schools. Once again, congratulations to the cast on a stellar performance.

Geelong Arts Centre

Chris COUZENS (Geelong) (10:15): I recently joined the Premier on a tour of the biggest and greatest regional arts centre in the country and to announce that the new Geelong Arts Centre will open on Saturday 19 August, with a long-awaited festival to follow. The completion of the \$140 million Little Malop Street redevelopment will mark the most ambitious stage of the Geelong Arts Centre's transformation, following the Labor government's \$38.5 million Ryrie Street redevelopment completed in 2019. I want to take the opportunity to acknowledge and thank the CEO Joel McGuinness and the board for their tireless work during this project and also the current minister and the previous minister, the Assistant Treasurer, who is sitting at the table today, who really made a great commitment to that redevelopment.

The Geelong Arts Centre will now amplify the voices of the local First Nations community with the Wadawurrung artist Kait James and local First Nations artists Tarryn Love, Gerard Black and Mick Ryan to showcase First Nations stories throughout the centre. Each of the building's four levels evokes a different Wadawurrung creation narrative, with earth and ochre country expressed at ground level, ascending to moonah forest country, sky country and night sky on level 4. It is telling the story of Djilang and of the profound traditions of performance on the Wadawurrung site for thousands of years. It is a celebration of everything that Geelong is.

Dragon boat festival

John MULLAHY (Glen Waverley) (10:17): Recently I had the pleasure to attend dragon boat festivities in my electorate, with many more events coming over the next few days. The festival commemorates the life of Qu Yuan, a famous poet. His life is honoured through the holding of dragon boat races and the eating of rice dumplings, zongzi. I must say that I am a huge fan of zongzi – they are absolutely delicious – I am not sure whether you are a fan, Deputy Speaker.

These events are always special occasions where our Chinese community get together to share this special day. I would like to thank Michael Miáo from the Chinese Association of Monash, Mrs Lee from the Monash Senior Volunteers Service Centre and Mrs Yin Xi Zhou from the Chinese Seniors Education and Skills Development Association for their kind invitations.

Cultural organisations are extremely important to our state. They give people the opportunity to connect with their cultures and connect with others in the area, and this is especially important to the seniors in my electorate. My electorate of Glen Waverley is one of the most diverse in our state, with a vibrant community where cultures, languages and traditions are celebrated. I am proud to be part of an Andrews Labor government that wholeheartedly celebrates diversity and always fights for equality and fairness, and I am incredibly grateful to represent the diverse community of the Glen Waverley district. Tomorrow I wish all in my community a special Duanwu Jie.

Philippines Independence Day

Mathew HILAKARI (Point Cook) (10:18): Earlier this month I had the pleasure of attending the 125th anniversary of Philippines Independence Day, along with the Minister for Multicultural Affairs. I would like to thank the Philippines Consulate General Maria Lourdes Salcedo along with our good friends Melba Marginson and other leaders from the Filipino community. They did amazing work in bringing together all of the Filipino community at this celebration. There was traditional dance and music of course, but then also some less traditional music and dance, with Billy Ray Cyrus's *Achy Breaky Heart* filling the dance floor – and I am sure you all missed out on that on the evening.

DJJS Melbourne International Yoga Day

Mathew HILAKARI (Point Cook) (10:19): On another matter, recently I had the pleasure of attending the DJJS Melbourne International Yoga Day event with my good friend the flexible member for Melton. DJJS Melbourne was established to empower and uplift underprivileged people within our community, and they do a great job across Melbourne's west. I would like to thank Dilsher and all the organising team at DJJS Melbourne for their work.

Point Cook Cup

Mathew HILAKARI (Point Cook) (10:19): Last weekend we saw the second iteration of the Point Cook Cup between the Point Cook Football Club and the Point Cook Central Sporting Club. It was decided by one point in the last quarter, in the last seconds. With the football in the goal square, Point Cook Central just could not get it over the line, so I am looking forward to a third thriller later this season.

Mernda Park Primary School

Lauren KATHAGE (Yan Yean) (10:20): On Monday I attended Mernda Park Primary School, where I met with assistant principal Caroline Van Oorschot. I was there to present awards to the school's winners in the Big Bridge Build competition. This competition celebrates the building of a new bridge over the Plenty River in Mernda as part of the Bridge Inn Road upgrade. In this competition students used home materials and art and craft materials – we had cans of chickpeas; we had dish-drying racks – to create a bridge, and I was really pleased to show the creations to Deputy Premier Jacinta Allan, who judged the competition. At Mernda Park Primary School I was so pleased to present awards to Dhyan Patel, Yvresse De Marco, Mira Gosain and Sampruthi Madhusudanan. Their awards and talents will be everlasting – great students. After that I was able to have a bit more of a look around the school, which prides itself on being a place where creativity meets technology. If anyone has ever been in or heard of a gaga pit or is worried about what that might be, I suggest you visit Mernda Park Primary School.

Meals on Wheels

Will FOWLES (Ringwood) (10:21): Half of my electorate is in the City of Whitehorse local government area, and residents of course expect reliable services and resident-focused decision-making from the council. Many of my constituents rely particularly on essential care services like Meals on Wheels. They were disappointed when council stepped away from providing this service. However, fortunately the federal Labor government's Future Fit program will continue the Meals on Wheels service in Whitehorse. A new Meals on Wheels provider has been secured and services will operate from the Nunawading Community Hub. The Meals on Wheels team is working to ensure a smooth transition and to provide meals and social connection to the elderly, and I am very grateful to the federal government for stepping into the breach.

Hunter Valley bus crash

Will FOWLES (Ringwood) (10:22): The Warrandyte Cricket Club is dealing with a thoroughly devastating series of events as a result of the Hunter Valley bus crash that occurred late on Sunday 11 June. As I am sure members know, 40 people were returning from a wedding. Twenty-four of those 40 on board were part of the Warrandyte Cricket Club community. One of them has died, three of them have life-altering injuries and most of them are still in New South Wales dealing with the consequences of that tragic event. I want to extend my gratitude to the Premier and the government for their support of the Warrandyte Cricket Club, just a few minutes outside of my electorate. That support has been absolutely critical for them, and I want to particularly congratulate Dave Molyneux and his committee for the unbelievable work they are doing in the most trying of circumstances.

Hampton Park Turkish Seniors Group

Belinda WILSON (Narre Warren North) (10:23): Last week I had the absolute pleasure of attending the Hampton Park Turkish Seniors Group. *(Time expired)*

Statements on parliamentary committee reports

Public Accounts and Estimates Committee

Report on the Appointment of a Person to Conduct the Financial Audit of the Victorian Auditor-General's Office

Mathew HILAKARI (Point Cook) (10:23): I rise to speak on the Public Accounts and Estimates Committee (PAEC) report of May 2023, *Appointment of a Person to Conduct the Financial Audit of the Victorian Auditor-General's Office*. As I have said previously, this is the audit of the auditor. The report comes with a recommendation which was produced on 1 May. I am so glad actually to see the chair of the Public Accounts and Estimates Committee here, the member for Laverton, who was vital in the construction of this report. It comes with the recommendation to appoint Mr Kenneth Weldin of PKF Melbourne Audit and Assurance for a period of 12 months. This is to conduct a financial audit

of the Victorian Auditor-General's Office for the financial year ending 30 June 2024. There are a number of elements to that, including the fixed level of payment for that audit to be undertaken. The audit needs to be undertaken by 14 August or soon after – preferably no later in fact is what we say – and prior to the inclusion of the audit opinion in the Auditor-General's report, so that it can be included in the annual report of the Auditor-General. The term of the previous financial auditor Mr Bradbury will expire after reporting for the financial year 2022–23; he has been the auditor for the years from 2019–20 to 2022–23. There are a lot of numbers that are coming through, but we will see many more numbers in the auditor's report of course.

On the recommendation for how the auditor for the Auditor-General's audit report is selected – well, of course it is by recommendation of PAEC, and they are also appointed by resolution of the Legislative Council and the Legislative Assembly. We have to be clear that we do not have a person who is otherwise engaged under the Auditor-General, holding a delegation from the Auditor-General or has a conflict of interest on the basis of undertaking an independent performance audit for the Auditor-General. These would make this person not suitably qualified to undertake this audit. Our Auditor-General undertakes many audits, so there is actually a smaller pool than for many other roles that are undertaken.

I would like to thank Dr Caroline Williams, the executive officer for PAEC, and Dr Krystle Gatt Rapa and Jacqueline Coleman, who have provided administrative support in this process. I also want to recognise some of the members. I have recognised the chair already and her role on this committee. I would like to recognise the member for Box Hill Mr Hamer and also the member for Yan Yean, who is sitting next to me right now and will also, I understand, speak on this report a little bit later this afternoon.

The Parliament was engaged in the PAEC hearings for nine days most recently. All members of PAEC made a very good contribution, but I particularly want to recognise the new ministers and their roles at the PAEC hearings. They made an extraordinary effort, they and their staff, and they were absolutely consummate professionals. Their professionalism was matched only by the PAEC staff, the staff at Hansard, the catering staff and all the staff in the parliamentary building.

One of the other things that was of particular note at PAEC was the importance of sewers and sewer works and early works for roads. Sewers seemingly was a very big issue that came across at PAEC many, many times, and I understand from previous members of PAEC – like Danny O'Brien, who was at his ninth PAEC hearing – that these matters come up regularly. He has just entered the building in fact. So I thank everybody on PAEC for their efforts and I thank our committee for their work.

Integrity and Oversight Committee

The Independent Performance Audits of the Independent Broad-based Anti-corruption Commission and the Victorian Inspectorate

Annabelle CLEELAND (Euroa) (10:27): Today I rise to speak on the reports made by the Integrity and Oversight Committee into the independent performance audits of the Independent Broad-based Anti-corruption Commission and the Victorian Inspectorate. Of specific interest to me is a minority report completed by the member for Sandringham and the member for Rowville, conveniently located at page 385 of this extensive and riveting report. This minority report discloses some of the significant challenges throughout the performance audit process, providing context to the conclusions made in the report.

There are two reasons the report gives for opposing the committee's adoption of the performance audits. The first is the performance auditor's inability to do what both the law and the committee required. The second reason explains that the legislative framework underpinning the performance audit process is simply inadequate. The minority report concludes that:

... due principally to the misrepresentations of the auditor's capacity to undertake this audit, their final reports contained in the Majority Report are not independent.

It is interesting to see the report discuss concerns about the quality of work undertaken by the auditor as well. The auditor's plans were said to be well short of the committee's expectations. The plans, I quote, had:

... little overall detail and omitted reference to significant and essential components of a plan such as key risks and mitigation strategies, reference to past annual reports and other similar documents, audit criteria, timelines and key staff members.

At the conclusion of the audits the auditors themselves acknowledged that they were ineffective and unable to undertake the audits to an acceptable standard.

There are further concerns raised throughout the minority report, including about the legislative framework in place for the audit process. This framework, outlined in the Independent Broad-based Anti-corruption Commission Act 2011 and the Victorian Inspectorate Act 2011, was found to be inadequate and failed to provide the necessary clarity the committee required. The report summarises that absolute independence cannot be ensured for the audit under the current system. This minority report is not asking for wide-sweeping changes to the legislation; instead it calls for further clarity and allowing an audit to function as it normally would.

A further point covered in the minority report speaks on the conduct of the subcommittee chair in relation to directing the auditor. On Thursday 6 October 2022 the chair of the subcommittee issued an email to the auditor instructing them to act in a particular way. Some might call the amount of direct engagement from Labor MPs 'interference', something that is not ideal when trying to achieve independent audits, which we have recently seen. It also further demonstrates the auditor's inability to undertake the performance audit themselves. This level of assistance, which the report says was maintained during the course of the performance audit, legitimately calls into question the independence of the audit. It is not unreasonable to state that a completed performance audit report, as included in the majority report, albeit without an expressed audit opinion, would not have been achieved without the ongoing oversight and assistance of the subcommittee.

The centralisation of power, the complete disrespect for taxpayers money, the gaslighting of Victorians and the downplaying of clear integrity concerns are leaving constituents across my electorate embarrassed to live under this Premier. I wholeheartedly agree with my constituents. Government MPs continue to blindly follow the Premier and hide from their duty to call out improper conduct. Victorians deserve better. The conduct of this government is embarrassing, and I hope members opposite find the courage to consider these very real issues.

As members of this place, we have a duty to act with integrity and honesty in our dealings every single day. Sadly, this government continues to be shaded by corruption investigations, while members of Parliament on that side of the house blindly follow the Premier. I have also spoken to many former politicians who are appalled by the current standards of behaviour accepted by this government, which we saw yesterday with the dreadful treatment of my colleague the member for Eildon by the Premier.

While here I want to congratulate two residents of my electorate, Alexander 'Sandy' MacKenzie of Avenel and Pat McNamara of Nagambie, who were among some 1192 Australians celebrated in the King's Birthday 2023 Honours List. Both were appointed a Member of the Order of Australia, in part through their services as longstanding politicians who acted with profound integrity. Mr MacKenzie received his award for significant service to the people and Parliament of Australia, to education and to conservation. He was a federal MP serving as a National Country Party member for Calare in New South Wales from 1975 to 1983. The honours list citation for my electorate's other awardee Mr McNamara states the Nagambie resident received his order of Australia for significant service to rowing, to the Parliament of Victoria and to the community through a range of roles. Mr McNamara was a National Party MP in the Victorian Parliament from 1982 to 2000.

Public Accounts and Estimates Committee*Report on the Appointment of a Person to Conduct the Financial Audit of the Victorian Auditor-General's Office*

Lauren KATHAGE (Yan Yean) (10:32): I rise to speak to the Public Accounts and Estimates Committee report tabled in May, *Report on the Appointment of a Person to Conduct the Financial Audit of the Victorian Auditor-General's Office*. As so thoroughly summarised by the member for Point Cook, the committee resolved to recommend the appointment of Mr Kenneth Weldin to conduct the financial audit of VAGO for the financial year ending 30 June 2024. This is the first report tabled by PAEC in the 60th Parliament, and last week we concluded the first budget hearings of the 60th Parliament. I must say as a new member of the committee and indeed of Parliament I look forward to that report being tabled. What may not make the report are the incredible contributions by the opposition during the hearings. I say 'incredible' because they beggared belief. I guess we were all prepared for them to ask the Minister for Women 'What is a woman?' not just because of the fairly abhorrent views of some in their party but because with so few women amongst them perhaps they really do not know.

The SPEAKER: Order! I ask the member to come back to the committee report, please.

Lauren KATHAGE: Yes. Members statements perhaps would be more appropriate. In the budget hearings we decided that we would give them the benefit of the doubt, because with so few women perhaps they really do not know, as I said. The budget hearings were great. We had the Minister for Small Business there, who outlined some of the different investments they are making in multicultural precincts –

Cindy McLeish: On a point of order, Deputy Speaker, I seek clarity about the report that the member is speaking on, because we have moved on to PAEC, and it is not one of the reports that is available.

The DEPUTY SPEAKER: Yes, I will uphold the point of order. The report I believe you were speaking on was the *Report on the Appointment of a Person to Conduct the Financial Audit of the Victorian Auditor-General's Office*. If you could come back to that, that would be appreciated.

Lauren KATHAGE: Yes. Thank you, Deputy Speaker. That was so thoroughly summarised by the member for Point Cook with our first report of this Parliament, and I am looking forward to future reports including things. The Auditor-General is dealing with an audit of the Auditor-General's office to make sure that everything is true and correct. We have a lot of audits of grant programs, like the grant program for small businesses in multicultural precincts. When we were discussing those in the hearings the opposition asked, 'What about Australians?' 'What about Australians?' they asked. It seems that, for the esteemed members of the Liberal Party, they also need explained to them what is an Australian. Well, the answer to that is well known by members on this side of the chamber, where we value all Australians equally, where we recognise the incalculable contribution of migrants and those Australians whose parents were born overseas. Those on this side of the chamber are busy delivering what matters for all Victorians, and what matters to Victorians is cost-of-living pressures. That is what they are discussing at their kids' netball games, in the staffroom, down at the shops at the check-out. I had a conversation with the check-out attendant – 'Wow' – a bit shocked when I saw the cost. That is what matters to Victorians.

Danny O'Brien: On a point of order, Deputy Speaker – I think you know where I am going to go with this – as important as the issues that are raised are, they do not relate to the appointment of an auditor for the Auditor-General.

Danny Pearson: On the point of order, Deputy Speaker, I have had to listen to this nauseating hagiography from the member for Euroa in relation to Pat McNamara. I have had to listen to this nauseating hagiography of Pat McNamara. This has been a bit of a wideranging discussion. You have

got to give a little to get a little. I had to put up with that. I am enjoying listening to my member's contribution.

James Newbury: On the point of order, Deputy Speaker, I agree with the minister and I understand why he feels his member's contribution has been so nauseating – and it does not in any way relate to the committee report at hand.

The DEPUTY SPEAKER: A point of order is not an opportunity for debate, and the Chair would appreciate your assistance in that. The member should be speaking on the committee report and will come back to it.

Lauren KATHAGE: Thank you, Deputy Speaker. And yes – *(Time expired)*

Integrity and Oversight Committee

The Independent Performance Audits of the Independent Broad-based Anti-corruption Commission and the Victorian Inspectorate

David SOUTHWICK (Caulfield) (10:37): I am going to talk on a committee report. My report is the Integrity Oversight Committee's report *The Independent Performance Audits of the Independent Broad-based Anti-corruption Commission and the Victorian Inspectorate*. I want to draw my comments to the minority report and thank the member for Rowville and the member for Sandringham for their work. This is very important, this committee, because this committee and the overall framework in which IBAC operates is so integral to trust in any government. I make this point that the bar that has been set for IBAC is just so high to actually be able to achieve any real transparency integrity in this government. Unfortunately we have even seen so many questions – even from the former Commissioner Robert Redlich – in terms of the operation, the lack of powers and the lack of resources from the IBAC.

I would say certainly that this is something we need to get right in this Parliament. This minority report does talk about strengthening that in terms of some of these audits. If you look at a number of the audits that we have had, whether it be the *Operation Daintree* with the healthcare workers – \$2.2 million given to a health union, which is effectively jobs for mates, and leaving aside the poor healthcare workers that needed that training. There have been so many instances where we have had IBAC look into these investigations and do some really good work. You see things that under any other jurisdiction you would find a government absolutely liable for this atrocious behaviour, but unfortunately in Victoria it just gets skated past and they move on to the next corruption problem. It is corruption after corruption after corruption, and the poor Victorian taxpayer has to pay the price, because ultimately, in many of these instances, there is money being shifted from one to the other and we all have to pay that price.

I take the example of some of the Big Build stuff at the moment, where again you have got corruption allegations on some of the Big Build sites. With Morson in particular there have been allegations of ghost shifting, where people are effectively being paid not to work. They have been stood down pending an investigation. These are the kinds of things IBAC could be looking into and should be looking into, but the very, very high bar at the moment makes it very, very difficult for them to look into that. So this committee is charged with actually looking at how we can make performance better and how we can do things better. Unfortunately we are just not doing that in this state of Victoria. We have got to have confidence, because if you see a situation like the case of the Big Build and the Metro Tunnel, which is big money – \$13 billion of taxpayers money going to build a tunnel – and you are getting workers that are on those sites effectively being paid not to work, we have got to ensure that there is proper transparency and accountability for every project.

When you look at it, it is not just the members of Parliament in terms of the integrity, it is not just judges and police and others, but it is also the projects which governments are caught out on, and these

are the some of the things that I think IBAC certainly need to look into. They need to have their powers strengthened and have the resources to be able to go forward as part of that.

We heard the member for Polwarth make mention of the Myki contract – again, allegations of huge corruption –

The DEPUTY SPEAKER: Order! If the member could maybe come back to the report.

David SOUTHWICK: Well, again, I would say that it is very important, Deputy Speaker, for us to have transparency and accountability. You cannot be awarding contracts to mates, and we have seen that happen time and time again. The absolute focus of any government should be to ensure that they are accountable to, ultimately, the voters that put them in this place. There has been IBAC report after IBAC report that unfortunately has shown all kinds of things but has fallen short of actually holding this government to account. I do not know how many people I meet on the streets that say, ‘How does the Andrews government get away with it? How do they keep getting away with corruption after corruption after corruption?’ Unfortunately it is because the powers are not strong enough in this state.

Paul Mercurio: On a point of order, Deputy Speaker, on relevance, would you ask the member to come back to the committee report, please.

The DEPUTY SPEAKER: Thank you, member for Hastings. There is now no point of order; the member’s time has expired. The member for Greenvale to continue on a committee report.

Scrutiny of Acts and Regulations Committee

Report on the Statute Law Amendment Bill 2022

Iwan WALTERS (Greenvale) (10:43): It certainly is on a committee report; it is on the most recent *Alert Digest* of the Scrutiny of Acts and Regulations Committee (SARC), which I am very privileged to chair.

The DEPUTY SPEAKER: Order! Under the standing orders you cannot speak on the *Alert Digest*. There is a report on the Statute Law Amendment Bill 2022 from SARC.

Iwan WALTERS: There is a report that has been recently tabled by the Scrutiny of Acts and Regulations Committee. I will not touch on the *Alert Digest*.

The DEPUTY SPEAKER: And the member is speaking on that report?

Iwan WALTERS: I am speaking on that report, Deputy Speaker. It gives me an opportunity to reflect upon the way in which this committee operates. The report that was tabled in the house recently reflects the extraordinary diligence of the secretariat. As chair of that committee it is a great pleasure to be able to work with the secretariat, who bring extraordinary experience and a depth of understanding of our legislative processes. As chair it has certainly helped me to interrogate bills and topics of substance that the committee is inquiring into, such as those covered by the report. The work of the secretariat is also complemented by human rights advisers. The current incumbent of that role Jeremy Gans has been assisting the committee in its work for some time and brings a very great depth of experience and professional wisdom to that role.

In addition to the secretariat I would like to acknowledge and thank my colleagues in this place the member for Tarneit, who is in the chamber, the member for Broadmeadows and the member Shepparton as well and also our colleagues in the other place who assist in making the committee a constructive and generally bipartisan set of processes.

The work of the committee is also supported by a broader secretariat, who I have not properly acknowledged in this place. The member for Tarneit was good enough to do that recently. I would just like to echo his words in thanking Katie Helme, who supports the work of the committee through the subcommittee that deals with subordinate legislation. She does a power of work in developing very

clear and succinct but very thorough commentary on every piece of subordinate legislation that comes before the committee. That is, as you would expect, a very significant amount of work indeed.

I note that customarily the work of the Scrutiny of Acts and Regulations Committee is confined to the scrutiny of decision-makers in this place, in this Parliament and in this government, but in concluding my remarks I would just quickly like to acknowledge the decision-making of another leader and thank Ben Stokes for his very generous declaration last Friday and acknowledge the fantastic work of the Australian cricket team this morning led by Pat Cummins for a magnificent win in Birmingham.

Integrity and Oversight Committee

The Independent Performance Audits of the Independent Broad-based Anti-corruption Commission and the Victorian Inspectorate

Bridget VALLENCE (Evelyn) (10:46): Yes. Go Aussies. As much as I would have loved there to be a committee report on the Australian cricket team's win overnight, there is not, so today I will be speaking on the report *The Independent Performance Audits of the Independent Broad-based Anti-corruption Commission and the Victorian Inspectorate* – say that three times quickly. This inquiry was conducted by the Integrity and Oversight Committee. I refer in particular to the excellent minority report at page 373, which was authored by the member for Sandringham and the member for Rowville. This particular aspect of the report includes pertinent insights into this inquiry and highlights challenges and deficiencies of the legislative framework and that the auditor's final report contained within the majority report is not independent.

This is extremely troubling. Recommendation 1 of the minority report noted that the Integrity and Oversight Committee, or the IOC:

... should review and rewrite sections of the *Independent Broad-based Anti-corruption Commission Act 2011* ... and the *Victorian Inspectorate Act 2011* ... with a particular focus on the framework of integrity agency performance audits.

Integrity matters. I think every Victorian has an expectation around integrity, and we are not seeing too much of it at the moment from the government benches. Integrity is so crucial, but you would not know that under the Andrews–Allan regime here in Victoria. The IOC at the time of this inquiry was dominated by Labor MPs and a Labor chair who took unprecedented and unbecoming steps to stifle transparency by doing things during the inquiry such as cutting microphones and cutting the public online feed of this inquiry when the former IBAC Commissioner Robert Redlich was providing evidence to the inquiry, evidence that the Labor chair did not want to hear, evidence that was exposing Labor, knowing how many corruption probes from the Premier through to the ministry that they are involved in, that they are embroiled in. Really the Victorian public deserves to know this. They deserve to be able to hear these inquiries and these hearings online, and for those feeds to be cut was astonishing and unprecedented and really simply wrong.

The reason I refer to this committee report and this inquiry of the IOC is that it was an inquiry that gave rise to an extraordinary and explosive letter that was subsequently sent by the IBAC Commissioner at the time, Justice the Honourable Robert Redlich, to the Victorian Parliament's Presiding Officers about potential misconduct of Labor government MPs and, astonishingly, revenge attacks by Labor government MPs on IBAC – on the anti-corruption body.

While the Presiding Officers kept this letter secret from all members of this place and indeed the public, it was available for all to read by appearing in the *Herald Sun*, in the media. Now, when questioned about former IBAC Commissioner Robert Redlich's letter and statements that came after this committee's inquiry, Premier Daniel Andrews at a media conference dismissed the letter of the IBAC Commissioner, saying, 'I'm not here to have a debate with people who used to have a job who've written a letter that apparently says a whole bunch of stuff. I haven't seen the letter.' Of course he had. The Premier's statement reeks of arrogance and really says all that you need to know about his lack of respect for the Victorian people, the Victorian Parliament, scrutiny and integrity. The highly respected

Robert Redlich smashed the Labor majority of this IOC – of the committee conducting the inquiry at the time. Being a Labor Party majority, he really exposed that majority of the committee for the leaks and for calling into question the independence of the audit process.

So with the time left, this really goes to the heart of corruption that we are seeing from the government. Why wouldn't integrity be important to Victorians? It absolutely is. This government are involved and embroiled in way too many corruption probes, and they really need to come clean with the Victorian public on why that is.

The DEPUTY SPEAKER: I remind all members to please use the correct titles when referring to all members.

Business of the house

Notices of motion

Danny PEARSON (Essendon – Minister for Government Services, Assistant Treasurer, Minister for WorkSafe and the TAC, Minister for Consumer Affairs) (10:51): I advise that the government does not wish to proceed with notice of motion 1 today, and I ask that it remain on the notice paper.

Bills

Mineral Resources (Sustainable Development) Amendment Bill 2023

Statement of compatibility

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (10:52): In accordance with the Charter of Human Rights and Responsibilities Act 2006 I table a statement of compatibility in relation to the Mineral Resources (Sustainable Development) Amendment Bill 2023.

Opening paragraphs

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006*, (the Charter), I make this Statement of Compatibility with respect to the Mineral Resources (Sustainable Development) Amendment Bill 2023 (the Bill).

In my opinion, the Bill, as introduced to the Legislative Assembly, is compatible with human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

Overview

The Bill amends the *Mineral Resources (Sustainable Development) Act 1990* to reform the legislative framework for the management of risks related to mining and extractive industries in Victoria.

The Bill provides for a new general duty regulatory model based on the risks related to mining and extractive industries. As far as reasonably practicable, it requires a person eliminate or minimise any risk posed to the environment, to any member of the public or to land, property or infrastructure by exploration, extractive industry, mining or rehabilitation of land or any related activity. The Bill removed the requirement that person holding a mining license, prospecting license or extractive work authority to provide work plans for Department Head's approval; but retains the requirement to lodge a rehabilitation plan. The general duty approach requires certain consequential features, including new notification obligations.

Human Rights Issues

The human rights protected by the Charter that are relevant to the Bill are:

- the right to privacy and reputation (section 13);
- the right not be deprived of a person's property (section 20);
- the right to protection against self-incrimination (section 25(2)(k)); and
- the right not to be punished more than once (section 26).

Privacy and reputation

Section 13(a) of the Charter provides that a person has the right not to have their privacy, family, home or correspondence unlawfully or arbitrarily interfered with. An interference with privacy will not be 'unlawful' where it is permitted by a law which is precise and appropriately circumscribed. Interferences with privacy

will not be 'arbitrary' provided they are reasonable in the particular circumstances, and just and proportionate to the legitimate end they seek to achieve.

Notification obligations

The current regulatory framework provides that holders of licenses, work authorities or consents (collectively, authority holders) are to supply technical and financial information concerning their activities to the Minister. The Bill imposes additional obligations on authority holders (and former authority holders) to notify the Department Head, as the regulator, about any material change, or proposed change, in work, and any change, or foreseeable change, in circumstances that is likely to materially change increase the risk posed by the work. Failure to do notify will be an offence.

The notification requirements could feasibly require an authority holder to provide information relating to their personal affairs (for example, if ill-health of particular employees is the material change in circumstances for an operation) thereby engaging the right to privacy in section 13 of the Charter. This circumstance is considered unlikely to occur in practice; however, may be managed depending on the circumstances.

The substance of such notifications from authority holders allows the regulator to determine what category of risk and the corresponding standard and conditions it should be subject to. If an authority holder plans to make significant changes to its operations (for example, use a method of mining or extraction that attracts greater risk) it is appropriate that the regulator is made aware of the risk, and according, is able to manage such risks in the public interest.

The requirement to notify the Department Head about matters relevant to the risks being managed under the general duty and risk tier determination framework is a fundamental and essential feature of the general duty regulatory model. It ensures there is accountability for compliance with the law, and the regulator is in a position to put in place new regulatory controls when the risk profile of activities change.

Given the essential nature of the notification requirement, and that the information sought is necessary and relevant to assessing a change in the risk profile of operations, not arbitrary, the notification requirement is reasonable and proportionate and does not limit the right to privacy.

Right to protection against self-incrimination

Section 25(2)(k) of the Charter provides that a person charged with a criminal offence is entitled not to be compelled to testify against themselves or to confess guilt. This right is at least as broad as the common law privilege against self-incrimination. It applies to protect a charged person against the admission in subsequent criminal proceedings of incriminatory material obtained under compulsion, regardless of whether the information was obtained prior to or subsequent to the charge being laid.

Notification obligations

The right in section 25(2)(k) of the Charter is relevant to the Bill's proposed notification obligation for authority holders.

The Bill requires holders and former holders of licences (proposed section 43AB) and holders and former holders of extractive industry work authorities (proposed section 77KAA) to notify the Department Head of any material change, or proposed change, in work, and any change, or foreseeable change, in circumstances that is likely to materially change increase the risk posed by the work.

A person is not excused from notifying the Department Head on the grounds that the information provided might tend to incriminate a person or make the person liable to a penalty. However, any information given by a person as part of a notification is not admissible in evidence against the person in a proceeding for an offence or for the imposition of a penalty, other than a proceeding relating to false or misleading information provided by the person in a notification.

The notification requirements are a key component of ensuring high risk activities, which have the potential to cause great harm, are subject to appropriate regulatory controls, including that person subject to the notification provides truthful and accurate information. As the general duty framework requires authority holders to identify and manage risks, notification obligations accord the regulator with the necessary information to impose other regulatory controls (such moving the work into a higher risk tier, or imposing conditions) if necessary.

In my view, to the extent the new notification requirements impose a limitation on the right against self-incrimination, that limitation is reasonable and justified under section 7(2) of the Charter.

Right not to be punished more than once

Section 26 of the Charter provides that a person has the right not to be tried or punished more than once for an offence in respect of which they have already been finally convicted or acquitted in accordance with law.

Overlapping duties

The shift away from site-specific work plan authorisation towards a broad general duty that focuses on risks within an authority holder's control (created by the proposed new Part 1A) means the general duty in the Bill could overlap with other, similarly broad duties. Such other duties include: the General Environmental Duty in the *Environment Protection Act 2017*; the "Chain of Responsibility" in the Heavy Vehicle National Law; and the general duties relating to health and safety in the *Occupational Health and Safety Act 2004*.

By way of example, if extractive industry work authority holder fails to take reasonable steps to ensure that a load of gravel on a truck is properly secured, and that results in a harm to health, safety and environment, then that failure could feasibly expose the extractive industry work authority holder to liability for breach of the duties across multiple, overlapping regulatory regimes.

While these duties technically overlap in law, in practice the relevant duties are enforced by different regulators with separate regulatory objectives and priorities.

The general duty established by the Bill will be enforced by a specialist regulator for mining and extractive industries, which is best placed to regulate particularly high-risk operations of those activities and manage risks under the duty. Further, the creation of the general duty simply replaces the previous regulatory approach of the work plan approval process – essentially converting the risk management framework from the work plan into a regulatory approach that is more efficient and less burdensome for those subject to the legislative framework.

In my view, to the extent the overlapping of duties imposes on the right not to be punished more than once, that limitation is reasonable under section 7(2) of the Charter.

For these reasons, in my opinion, the Bill is compatible with human rights as set out in the Charter.

The Hon. Lily D'Ambrosio MP, Minister for Energy and Resources

Second reading

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (10:53): I move:

That this bill be now read a second time.

I ask that my second-reading speech be incorporated into *Hansard*.

Incorporated speech as follows:

The purpose of this Bill is to amend the *Mineral Resources (Sustainable Development) Act 1990* to modernise the regulatory approval processes for exploration, mining and quarrying industries in Victoria.

The Bill will improve the management of risks associated with minerals and quarry operations by a primary duty to eliminate or, if not possible, to minimise the risks of harm so far as is reasonably practicable. This will replace the existing obligations on operators to submit and comply with a 'work plan' specific to each operation. It will deliver a simpler and more flexible regulatory framework by streamlining processes for the submission, assessment and determination of regulatory approvals for operating mines and quarries.

Social licence for the resources sector is critical. With this Bill, community confidence in minerals and quarry operations will be strengthened with the establishment of a risk-based framework to provide consistency and transparency in the way that decisions are made and regulatory activities are undertaken.

We know that earth resource exploration and development come with inherent risks that must be properly managed. This Bill will ensure risks are understood and effectively mitigated in a proportionate manner:

- A statutory 'primary duty' will form the basis for a new outcome focussed, risk-based regulatory framework to drive high standards of performance and best practice.
- Updated reporting requirements for new and changing work will ensure emerging and dynamic risks are identified and properly managed over the life of mining and quarry operations.
- Existing requirements for rehabilitation plans and bonds will be preserved to maintain a level of prescription that is appropriate to rehabilitation obligations.
- Penalty units will be strengthened to reflect the fact that failures to comply with obligations carry serious risks of harm to the environment, members of the public, land, property and infrastructure.
- There will be a greater ability and flexibility to prescribe criteria and standards on public safety, environmental matters and other matters, such as cultural heritage, that keep up with community expectations.

Victoria is a relatively small, densely populated state with a diverse economy. Mixed high-value land uses are often in close proximity to each other, such as residential areas, agriculture, tourism and recreation, environmental protection and earth resources activities. This means that community confidence and social licence is particularly important for Victorian resources operations.

This Bill will promote greater consistency and transparency in decision-making and earlier opportunities for the public to provide input into mining and quarrying proposals:

- The first step in the approvals process will require an operator to seek planning permission instead of statutory endorsement, which will no longer be required. This removes an opaque step and provides the community with a much earlier opportunity to understand and provide input on resources proposals.
- Penalty units will be strengthened to ensure that industry operates at the highest standard – consistent with community expectations.

Mineral and extractive resource exploration and development brings potential for significant investment and jobs, mostly based in the regions.

Victoria has critical minerals potential on a global scale. This Bill brings an increased capacity for Victoria to produce the critical minerals needed for the manufacture of renewable technologies that will support the global transition to net zero. The amendments will secure increased supply – at an affordable price – of the quarry materials required to deliver the Government’s infrastructure program, and build new homes.

These amendments will streamline entry into the industry, encourage competition and remove unnecessary regulatory burdens, while safeguarding the community and the environment, through:

- A new outcomes-based focus in the regulatory framework to drive innovation, do away with unnecessary prescription and provide industry with significantly more flexibility to determine how to most effectively manage its risks.
- Removing the requirement for operators to prepare and update work plans that must be individually approved by the regulator will remove a significant source of unnecessary red tape for industry.
- Rehabilitation plans will still require approval and will need to be regularly updated to ensure they are responsive to changing circumstances and the land is returned to a safe and stable state.
- No longer requiring operators to seek statutory endorsement of those work plans before seeking planning approval, removing a significant source of unnecessary cost and delay from the approvals process.

These reforms will significantly change the way that earth resources are regulated in Victoria. The Government acknowledges stakeholders’ and partners’ considerable interest in understanding the new regulatory framework. There will be a comprehensive implementation process, with early, ongoing and meaningful engagement with industry and other stakeholders on the regulations and guidance material that sits below these amendments. This will deliver effective support to those with regulatory oversight and to industry, from the companies operating Victoria’s mines to the hundreds of small and medium businesses running our quarries. Commencement of the new framework will be scheduled to allow for the time needed to transition to the new regime.

Respect for Aboriginal cultural heritage is an important part of any approvals process for minerals and quarry operations. Accordingly, this Bill preserves requirements for Cultural Heritage Management Plans be prepared for certain mining and quarrying activities under the the *Aboriginal Heritage Act 2006*.

The removal of the statutory endorsement stage in the regulatory process ensures decision-making about appropriate land development and use under the planning regime takes place prior to the authorisation and commencement of operational activity. As a result of this change, planning scheme amendments will need to be made to the Victoria Planning Provisions (VPPs) and individual planning schemes. The Department of Energy, Environment, and Climate Action will work closely with the Department of Transport and Planning and consulting local councils on the Planning Scheme amendments to ensure consistency across regulatory systems, including the effective operation of referral processes.

As with any large-scale change it is critical that we keep track of our progress along the way. An independent review of the reforms will be undertaken, after they have been in operation for two years, to ensure they are delivering the intended benefits for all Victorians.

I commend the Bill to the house.

James NEWBURY (Brighton) (10:53): I move:

That debate be adjourned.

Motion agreed to and debate adjourned.

Ordered that debate be adjourned for two weeks. Debate adjourned until Wednesday 5 July.

Statute Law Amendment (References to the Sovereign) Bill 2023

Statement of compatibility

Danny PEARSON (Essendon – Minister for Government Services, Assistant Treasurer, Minister for WorkSafe and the TAC, Minister for Consumer Affairs) (10:54): In accordance with the Charter of Human Rights and Responsibilities Act 2006 I table a statement of compatibility in relation to the Statute Law Amendment (References to the Sovereign) Bill 2023.

Opening paragraphs

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006*, (the Charter), I make this Statement of Compatibility with respect to the **Statute Law Amendment (References to the Sovereign) Bill 2023** (Bill).

In my opinion, the Bill as introduced to the Legislative Assembly, is compatible with human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

Overview

The Bill will update Victorian laws to reflect the demise of Her Majesty Queen Elizabeth II and the accession of His Majesty King Charles III.

While the *Interpretation of Legislation Act 1984* (ILA) contains provisions requiring Victorian laws be interpreted by reference to the successor upon demise of the Sovereign, the actual wording of each statute is incorrect unless specifically updated.

The Bill will also amend the ILA to clarify the operation of certain provisions and further future-proof legislation for demises or successions of the Sovereign.

Human Rights Issues

In my opinion there are no human rights protected by the Charter that are relevant to the Bill.

As such, there are no Charter rights limited by the Bill.

The Hon. Danny Pearson MP
Minister for Government Services
Assistant Treasurer
Minister for WorkSafe and the TAC
Minister for Consumer Affairs

Second reading

Danny PEARSON (Essendon – Minister for Government Services, Assistant Treasurer, Minister for WorkSafe and the TAC, Minister for Consumer Affairs) (10:54): I move:

That this bill be now read a second time.

I ask that my second-reading speech be incorporated into *Hansard*.

Incorporated speech as follows:

During the more than 70-year historic reign of Her Majesty Queen Elizabeth II much of Victoria’s statute book was amended to reference “Her Majesty” or similar terms. With the accession of His Majesty King Charles III as Head of State, these references now require amendment.

While the *Interpretation of Legislation Act 1984* (ILA) does provide that references in legislation to the Sovereign are to the Sovereign for the time being, the actual wording of each statute on its face is still incorrect. These amendments will ensure that the State’s laws remain relevant and accurate.

The Bill will update Victorian laws to replace “Her Majesty” with “His Majesty” and similar terms, such as “her” to “his” and “Queen” to “King”, as relevant. There is no intention to change the effect of those laws.

The Bill does not update a number of references in provisions of the *Constitution Act 1975* (Constitution) to “Her Majesty” due to the need for compliance with important manner and form passage requirements in the Constitution. These include the need for a referendum to amend some provisions, and absolute majority and special majority passage requirements to amend other provisions. These provisions should be updated at the next available opportunity when there is a future change to similar provisions in the Constitution. In the meantime, the principles in the ILA will continue to apply to those provisions to ensure they are applied and read as being references to “His Majesty”.

To better future proof the demise or succession of the Sovereign, the ILA will also be amended to provide that unless a contrary intention appears, any reference to the Sovereign for the time being if it is a Queen or King is taken to be reference to “His Majesty” or “Her Majesty”, or “King” or “Queen”, as relevant.

As mentioned at the time of the Queen Elizabeth II’s passing by the government, her presence spanned countries, cultures, language and continents. That presence is also felt across Victoria’s statute book. While statute law amendment bills are required as a matter of good legislative housekeeping, this Bill, in a small way, acknowledges the Queen’s legacy.

I commend the Bill to the house.

James NEWBURY (Brighton) (10:55): I move:

That debate be adjourned.

Motion agreed to and debate adjourned.

Ordered that debate be adjourned for two weeks. Debate adjourned until Wednesday 5 July.

Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023

Second reading

Debate resumed on motion of Mary-Anne Thomas:

That this bill be now read a second time.

Emma KEALY (Lowan) (10:55): I rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This bill intends to amend the Drugs, Poisons and Controlled Substances Act 1981 to allow pharmacists to be legally authorised to supply, dispense and administer certain prescription medicines without a prescription as part of a 12-month community pharmacists pilot due to start in October 2023 and to provide access to treatment from a participating pharmacist for selected health conditions, which include treatment of minor skin infections, treatment of uncomplicated urinary tract infections and reissue of oral contraceptives for women. It will also expand the scope of pharmacist immunisers to administer travel and other public health vaccines.

The pharmacy pilot is designed to help ease pressure on GPs and hospital emergency departments by improving access to primary care for the specified conditions. Of course we know that any action that is taken by any level of government to take pressure off our health crisis that we are seeing in Victoria is something that should be evaluated and looked at. In my electorate of Lowan we are facing significant shortages of doctors. It is always a challenge to recruit pharmacists to our fabulous local pharmacies and also nursing staff, allied health professionals and particularly those who work in the mental health sector.

At times we have certainly seen changes at both a state and a federal level in regard to incentives offered to attract people to work in rural and regional Victoria, but we are also looking at some of the levers that are in place which provide that level of additional interest and ease for people who have trained overseas to come and work in rural and regional Victoria and to choose that as their home – for example, for a doctor to receive their fellowship in a shorter period of time. This is something that is very, very important for seeing the rural and regional sector thrive and to ensure that we are competitive with recruiting pharmacists or other medical professionals against some of the bigger centres like Ballarat, Bendigo and Geelong or in particular Melbourne, which is where generally most people who were trained overseas gravitate to.

This legislation will of course provide that opportunity for pharmacists to supply certain drugs in accordance with these selected health conditions. I would like at this point in time, in the early part of my contribution, to make mention of the former Minister for Mental Health and former Shadow Minister for Health Ms Mary Wooldridge from the other place. Mary was a fierce advocate for opening up accessibility of pharmaceutical goods that would otherwise be deemed relatively safe to dispense by a pharmacist and for really looking at supporting the good work and the intensive knowledge that pharmacists do have and really elevating them as an opportunity to not just utilise their skills and experience in a way that they were able to take pressure off the state's health system but also look at areas where patients were able to get a more prompt response to receive the medications that they knew they needed and had the experience of taking, where they simply wanted to shortcut that system of having to go to a general practitioner. Rather than doing that, they wanted to be able to go straight to a pharmacist.

A policy that we took to the election back in 2018 was particularly focused around oral contraceptives for women. I am sure that any woman who has been prescribed an oral contraceptive has at one point in time been in a position where they have been caught short. And really for women who have a prescription for an oral contraceptive, when they have gone travelling somewhere, when they are moving between different places – or it could just be that they simply cannot get in to see a general practitioner by the time their current script is finalised – it would enable them to continue the management of their own bodies and their own contraception in a way that is extraordinarily low risk. I strongly support that. It was one of the policies – we had a lot of policies at that election – that I certainly did promote quite strongly, and I think it is a good thing that we will give women in Victoria that opportunity to have continuity around supply of oral contraceptives in particular.

One of the reasons that the Liberals and Nationals were so strong at looking at these opportunities for pharmacists to step into the void where there are massive gaps in the health services that are able to be provided is that we simply have these massive work shortages across the regions. It may not be ideal, and I know certainly the AMA are strong advocates against this. They believe that most work should always come through a GP first, and I understand their reasoning behind that, but we are simply at a point, particularly in rural and regional Victoria, where we do not have the workforce to enable that. So in my personal view, to look at other ways that we can utilise a very skilled and experienced workforce that is in our local communities which would ensure that Victorians can access the medication they need in a shorter time frame so that there is less risk of, particularly perhaps, a urinary tract infection that may become a renal infection or progress to a stage that that individual would then perhaps have to go into a hospital to take up more resources in the health system, is a good measure in terms of supporting people to keep as well as possible and providing a much quicker health response to provide that care when people need it, where they need it, and that is where we need to see much, much greater flexibility within the health system.

I might stray for a moment because of course the other fabulous group of people we have got in our local communities who are very skilled and experienced and have a lot of knowledge but in many instances are under-utilised in rural and regional areas in particular across the state is our paramedics. Our paramedics do an absolutely fabulous job, and I think that the member for Melton may have actually been in his previous role with Ambulance Victoria at Edenhope hospital when I was CEO there and we signed off the first memorandum of understanding between a health service and Ambulance Victoria so that should we come to a position –

Cindy McLeish interjected.

Emma KEALY: Well, it was bipartisan support, member for Eildon, in our past lives. We were able to utilise the services and see paramedics and value them for the skills they had. And if we were short-staffed at the Edenhope hospital when doctors perhaps were not available or did not have the skills available, we would be able to call in paramedics to actually practise their amazing skills within the hospital grounds as a backup to ensure that we had additional support for the patients and for the residents in the hospital. I think that that was a really good opportunity – looking at the necessary

flexibility that we required, particularly in rural areas. But as the workforce shortages grow in Ambulance Victoria, with nursing staff, with GPs, with pharmacists and with allied health professionals, for all of those specific skills we really need to look at what levers we can have to use all the skills that everybody has – all of the expertise – and work in a flexible system with the intention that we always put the patients' needs first.

I would like to go through some of the aspects of the legislation, and there are varying positions from different groups – feedback that the Liberals and Nationals have received from key stakeholders in the community – around the way that this legislation has been drafted. In regard to, I guess, the position that we have received, it is really around particularly the AMA being concerned around an additional responsibility given to pharmacists. As I have gone through, I understand that position, and it is not an ideal position. However, with the workforce shortages we have at the moment I believe we need to have greater flexibility and an ability to, in low-risk instances, utilise the other skilled health practitioners we have in the local community.

We also have feedback from the Royal Australian College of General Practitioners. The RACGP also oppose the changes that enable pharmacists to supply, dispense, administer, use or sell schedule 4 poisons or classes of schedule 4 poisons without a prescription or other instructional authorisation from a registered medical practitioner or other formally recognised prescriber. There is a number of reasons behind that that they have put forward, and they have obviously gone through this in great detail. Whether it is the AMA, the RACGP, the Pharmaceutical Society of Australia or the Pharmacy Guild, they have all considered the implications of this legislation in a way that is quite fulsome and with their hearts in the right place in terms of ensuring that this is a safe system for all Victorians to be able to access and that this program would work in a way that is most effective, most efficient and at lowest risk to the patients that are involved.

I would like to go into further detail now around the other professional group that are involved in the legislation before us today and share the feedback from pharmacists and their position around this. The Pharmaceutical Society of Australia noted that the word 'prescribed' is not used and would prefer a prescribing model whereby participating pharmacists have prescribing rights consistent with regulation that provides for prescribing by dentists, nurse practitioners, authorised midwives, authorised podiatrists and authorised optometrists.

I think this is a fair and reasonable point, and it has been a theme of my contribution today, which is looking at how we can best utilise the skills and experience of every single health practitioner in our local community. We have just gone through all the different professions that have prescribing rights. Pharmacists, through their studies, have an unbelievable knowledge when it comes to drug interactions and the relevance of using a certain drug in certain conditions, and of course have got experience also in even just talking with people. They have a lot more time when they are in a pharmacy to talk through what issues people are presenting with. They understand that people want to get a resolution quickly, and they will often – in my experience – go back, talk to the GP and question whether a dosage has been accurately prescribed or not. They really have an enormous amount of knowledge, which in many ways is under-utilised. Given that we do give limited scope of practice to dentists, nurse practitioners, authorised midwives, authorised podiatrists and authorised optometrists, I think it is fair and reasonable what the Pharmaceutical Society of Australia are asking for, which is that they would also like to have the opportunity to have limited prescribing rights for certain conditions. This would make for a more efficient health system and a lower-cost health system but, most importantly, would provide the care for Victorians that they need when they need it and where they need it.

Another point that stakeholders raised was that it is not consistent to create a separate pathway for the supply of schedule 4 medicines when existing regulations that apply to those other professions could be used to allow prescribing by pharmacists, including safeguards of the requirements for training, record keeping and penalties for non-compliance. We know that pharmacists have significant obligations already when it comes to record keeping and also around prescribing. A number of years ago the government brought into place SafeScript. SafeScript is a computer program which monitors

the prescribing patterns of GPs to individuals to ensure that drugs of dependence, when they are being prescribed, are not at too high a quantity, and also that people are not doctor shopping or utilising these drugs in a way that would indicate that an addiction is at play. While we have had this system in play there have been an enormous number of red flags raised – hundreds of thousands of red flags raised – for overprescribing, generally of benzodiazepines, for individuals in Victoria. There has been no support from the government to ensure that pharmacists have somewhere to refer these people. There has been no education and support for GPs to understand what to do around that aspect of people who do red-flag. For me it is something that has really been a key omission in the implementation of SafeScript. I think there is an enormous amount of work to be done and there is a huge opportunity to reduce the number of Victorians who are dying due to overdose of prescription medication, simply by better support around the SafeScript computer program.

This is something the alcohol and drug sector are calling for and certainly something pharmacists flagged when the program was initially rolled out. They have provided continued calls in the community that they want to see more done around that back end of what happens when there actually is a red flag, because with a system that only red-flags when there is nothing to actually provide additional support – a pathway into rehabilitation, a pathway into different pain management modules or supports – until those things are in place it is not achieving the goals, and we will continue to see, sadly, the number of people who are overdosing on prescription medications continue to rise in Victoria.

There is a lot of pressure on our pharmacists at this point in time. As we know, there are a lot of changes coming through from the federal government, which particularly the Pharmacy Guild have flagged will have a massive impact on the people who work within their businesses. They have had an independent report done, the Pharmacy Guild, which indicates as many as 20,000 jobs will be lost, 665 pharmacies will close and Australia's most vulnerable patients will suffer under the Albanese government's 60-day dispensing policy. This is a significant report, and again I would like to really drill down into the impact on pharmacists, because we simply cannot afford it, particularly in rural areas where there might only be one pharmacy in a community. There may only be one pharmacy within a 100-kilometre radius. We need to ensure that we have got those continuing supports, particularly around the incentives for doctors to provide certain drugs. We need to make sure that pharmacies who are in rural areas are provided additional incentives, because they simply do not have the volume of patients coming through the doors to support an income, and of course that means that we end up losing a vital service for the people who live in that area.

We also need to ensure that we have sufficient incentives for doctors to prescribe opioid replacements such as methadone and also that we are providing sufficient supports for pharmacists to dispense methadone. There has been a massive shortage of both doctors prescribing and also pharmacies who are dispensing methadone, and that is because it is a really challenging area and challenging group of people to engage with. It is not necessarily the individuals themselves, but there is a concern that having people in your waiting room who are under the influence of drugs or having people at your pharmacy or winding up out the front of the pharmacy in the morning has an impact on perception by the wider community. They are concerned that there is a greater risk there will be a negative impact on their business. They see that as a large risk. As a result we are seeing more and more Victorian doctors and Victorian pharmacists pulling out of the methadone program.

I understand that as a result of the Albanese government's proposed changes to the PBS there will be a huge number of pharmacists who pull out of dispensing methadone, and I understand the community of Morwell will be left without a pharmacy. This is information that has been passed on to me; I have not spoken to those pharmacies directly. Certainly we have a community where currently there are three other pharmacies, I believe, who are dispensing methadone; there is already a shortage of methadone prescribers and dispensers in that community. To see a massive loss of this kind of service, which provides an essential pathway to reduce harm for people who are facing a heroin addiction and trying to battle that heroin addiction, to take that support away inadvertently would have catastrophic implications not just for the individuals who can no longer receive their methadone and participate in

the methadone program but also for the wider community and the families that support those individuals. There is of course a much higher risk that they will go back to using heroin because they will be able to access it more easily than methadone or they will relocate to another area, such as Melbourne, and then people will lose contact with their family members. It can be very, very worrying for people, and we see horrific outcomes as a result of that far too many times. I believe there are a lot of issues that have been raised by the Pharmacy Guild around the Albanese government's proposed changes to the PBS, and while I understand this is really about cutting a budget spend, I think that the government need to understand the really important role that our pharmacies play in our community, which we can see reflected in the legislation before us today: we are actually finally seeing pharmacists as valued stakeholders and part of our health service delivery sector.

I would like now to go to an element which is of key concern to the Liberals and Nationals, and that is the framing of the commitment around there being a pilot as opposed to a clinical trial. There is a key difference in this, and that is something that is keenly understood and known within the medical sector. A pilot is something you usually see for a different program, where it is not really evaluating the outcomes of it, it is just testing whether it works or not and getting some feedback around the procedural systems of that new service, whereas a clinical trial involves a clinical overlay to evaluate the clinical outcomes of participating in it. There are key measures for the individuals involved before the clinical trial, and they are measured throughout and measured at the end of it. There is also a requirement for an ethics overview and an ethics approval to be undertaken as part of a clinical trial.

There have been two different protocols established across the nation. Queensland had a two-year pilot which started in June 2020, where pharmacists supplied antibiotics for uncomplicated urinary tract infections for women. They have now made this permanent. We also have New South Wales, which started a 12-month clinical trial on 15 May 2023 for participating pharmacists to provide treatment for uncomplicated UTIs, and they are going to expand that to allow the resupply of oral contraceptives for eligible women in the near future. In north Queensland they have set up another clinical trial to begin later in 2023 with plans to include treatment by pharmacists for a wider range of conditions, including shingles, acute nausea and rhinitis – and as a sufferer of chronic rhinitis, that sounds like a fabulous idea to me. But you will note that over time, while it started off as a pilot process in Queensland, it has now moved on to a clinical trial, being the best and most effective way to evaluate whether these drugs should be able to be supplied, whether it is by prescription or otherwise, by a pharmacist.

The Victorian pilot will use the model of a structured prescribing arrangement where pharmacists are authorised by legislation to supply a limited range of prescription medicines without a prescription, including specific vaccines, antibiotics and oral contraceptives, which is the same approach as the Queensland pilot and the New South Wales clinical trial, of course without that clinical trial overlay that New South Wales, importantly, has. This is a different standard to autonomous prescribing, which allows the prescribing of a wider range of medications for many more conditions and expanding the pharmacist's scope of practice. This requires more training and more accreditation, similar to prescribing rights for other health professionals such as nurse practitioners, optometrists, podiatrists and others. It is important to note that the Queensland clinical trial actually has included autonomous prescribing, so rather than the Victorian model of just having the right to provide a medicine without a script, what Queensland are doing as part of the clinical trial is actually providing those prescribing rights to pharmacists in their own right. It is a much more progressed position than the legislation we are debating in the Parliament today, and the Victorian Labor government's position is around this.

At this point in time we have seen \$19 million allocated to the program. It is expected to deliver around 232,000 repeat oral contraceptives, 130,000 treatments for UTIs, 66,000 treatments for minor skin conditions and 41,000 travel vaccines. This is based on the assumption that around 50 per cent of people will seek treatment for their eligible conditions from a pharmacist rather than a GP during the 12-month period. This will vary in different areas of course depending on the ability to access a general practitioner. In so many areas of my electorate you simply cannot get in to see a GP – not in the same week and sometimes not in the same month. For my GP there is a six-week wait to see them, if not

longer. It is extraordinarily difficult to get in to see a GP, and when you have got these conditions and you have got a pill prescription which is looking to run out within that period – when you know you have got a UTI, you have got all the symptoms of a UTI, you have had UTIs before – it is simply too long to wait and has a massive impact.

As we know, the government have a policy and have opened up a couple of GP clinics in Melbourne and in the larger centres, but it has really missed the mark when it has come to closing the gap and filling those gaps where there are critical GP shortages. In Casterton and Coleraine, for example, we have had critical shortages of general practitioners over the last couple of years. We had the closure of a significant and respected GP clinic in Coleraine. Dr Brian Coulson did an enormous amount of work not just supporting the community and the hospitals in that Coleraine and Casterton region but also supervising and training a lot of postgraduate year 1 and 2 students in particular to provide that support and help them understand what the pathway is to be a general practitioner in rural and regional Victoria. I certainly do thank and acknowledge Dr Brian Coulson for his longstanding work of decades for that region.

On approaching the Minister for Health there really has not been any support when it comes to looking at ways we can incentivise and bring doctors into those areas. It has been disappointing that the only initiatives we have seen around that are to set up more GP clinics in Melbourne in areas where there is already a great supply of general practitioners. I would urge the government to reconsider their positioning on that and actually to target the GP clinics that they are opening in the state to really focus them on areas where there are no GPs or a critical shortage of general practitioners, because that is where we need to get the base level for making sure everybody in Victoria, no matter they live, has access to the health care that they need and deserve in their local area.

There was also a change by the federal government, where they changed the rule allocation for general practitioners and where they would be located, in that they would spend less time in more remote areas and therefore shorten their period of time before they would get their fellowship of general practice. That has now been expanded. I think Edenhope, for example, a town of a thousand people, 400-odd kilometres from Melbourne, is in exactly the same remoteness area as Frankston. Now, it is a big difference for an area where you have not got connections to public transport, where you are a very, very long way from Melbourne and where you might have the only doctor working in that entire area to compete with somewhere like Frankston, where you are basically an outer suburb of Melbourne these days and have all the luxuries that you get in larger capital cities.

Today I will be putting forward a reasoned amendment. I move:

That all the words after ‘that’ be omitted and replaced with the words ‘this bill be withdrawn and redrafted to take into account feedback on the value of a two-year trial period’.

I ask that to be circulated, please. The reason we are doing this is for matters that I raised earlier in my contribution. It is to ensure that we are taking into account the valued feedback of our key stakeholders, who have expertise in pharmacy or in general practice, and ensure that this would be a clinical trial as opposed to a pilot and be something that is taken into consideration by the government. Should this reasoned amendment not pass on Thursday, then I would urge the government to consider reframing those elements of this legislation before it goes to the upper house, to ensure that we can see this program rolled out in the time frame that we would expect. It will not be debated until the first week after the winter break. It would not be until August, but there is an opportunity to provide that refinement. If it should not occur before this legislation does go to the upper house, then I urge all members of the Legislative Council to consider this small amendment, which would make a significant difference in ensuring that this is viewed as a clinical trial, that we are evaluating the patient outcomes and the changes, ensuring that it is safe and that we are considering also going to the model that Queensland are looking at at the moment, which is around prescribing rights for pharmacists, rather than simply dispensing certain medications, and setting up a proper framework that would help to support and elevate pharmacists to utilise the skills and expertise that they have in their communities. In many instances the relationships they have with those patients and their families and the conversations that they are able to have are much more flexible. They have longer time frames and

I think are much more personable in many instances in a pharmacy and really support the great work that they do in our local communities.

I would like to finally, as I am wrapping up, just again thank all of the pharmacists in my local electorate and our general practitioners and all of the health workers in our system, who do a fabulous job of providing the care and support that our local people need when they need it. I urge the government to take those further considerations into account, ensure there is flexibility in the system so rural and regional people do not miss out and of course amend this pilot to a clinical trial.

Kat THEOPHANOUS (Northcote) (11:25): I rise to speak in support of the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023, a bill that gives effect to our commitment to delivering a community pharmacy statewide pilot and a bill that will make health care more accessible and affordable for Victorians when they need it most and close to home. Back on 23 November, when this commitment was announced, I was on my second week of pre-poll, standing out at Northcote Central shopping centre talking to hundreds of local residents coming in to vote, doing their shopping or grabbing a coffee with their friends. Let me tell you, this announcement struck a chord with my community.

Over recent years it has become harder and harder to get to get in to see a GP. You can sometimes wait weeks for an appointment, and if you do not have a regular doctor, finding a clinic that can take on new patients can be incredibly challenging. And when you are unwell, finding a GP or waiting a week or more to see them can make a difficult situation even more stressful. On top of that, even if you can get in to see a GP, there are less and less clinics providing bulk-billing. This situation is the direct result of almost a decade of neglect of primary care by the former federal Liberal–National government, but thankfully we now have a partner in Canberra who is committed to fixing Medicare and supporting our GP workforce, and we are working alongside them to deliver tangible reforms to the health system for Victorians. That is why we are stepping in to take action, just as we have with GP respiratory clinics and our urgent care centres, to help Victorians access the affordable care they need.

The community pharmacy statewide pilot is a practical step to ease pressure on families and make health care more accessible in our communities, and this bill is the first step in establishing the legal and regulatory framework to make this pilot a reality. What does it mean for Victorians? Well, the Andrews Labor government is investing \$20 million to deliver a 12-month pilot expanding the role of community pharmacists from October this year. I do note the proposed amendments by those opposite, and I will just say that I think that a 12-month trial is appropriate, given that we do want to evaluate this pilot and not delay the implementation of the pilot on a more permanent footing if it is evaluated to be effective.

What will it enable community pharmacists to do? Well, treat mild skin conditions, provide antibiotics for uncomplicated urinary tract infections, reissue oral contraceptives and administer more travel and public health vaccinations, including hepatitis A, hepatitis B, typhoid and polio from the age of five. This will help ensure that Victorians, particularly women, can access care for some of the most common conditions impacting our community. UTIs are the third most common human infection after respiratory and gastrointestinal infections. Women are more likely to be impacted, with 12 to 15 per cent of women experiencing these infections annually. Nearly one in three women will require treatment before the age of 24, and this increases to around one in two women by the age of 32, so half of all women. If left untreated, UTIs can become extremely painful. The infection can travel up to the kidneys and become a kidney infection, which is very dangerous. If you have ever experienced a kidney infection, you will know how excruciating that is. I was in my early 20s when I was hospitalised for a kidney infection; let me tell you, it was a rough, rough time.

Women will also have better access to contraceptives, with the inclusion of the pill under this pilot. Oral contraceptives are the most common method of birth control in Australia, with 30 per cent of women who require birth control relying on this form of contraception. Safe, affordable and timely access to contraception is a priority for this government as a fundamental part of health care. We know

that when you run out of your script, waiting to access a GP appointment just for a refill is not just inconvenient, it is critical. The pill takes about seven days to actually kick in and take effect, so disruption to your regular pill schedule is not a straightforward matter and can mean scrambling around to find other forms of contraception in that intervening time where you cannot find the pills to continue.

Last year we did publish the *Victorian Women's Sexual and Reproductive Health Plan 2022–30* to provide a framework to ensure Victorian women, girls and gender-diverse people have access to the sexual and reproductive health services they need. We know there are still significant gaps in this, particularly across regional and rural Victoria, so alongside our work to improve access to things like long-acting contraceptives and medical abortions, this pilot is a critical piece of the puzzle in ensuring women and girls do have access to the sexual and reproductive health care they need. For anyone who needs some advice around that, we have a wonderful service called 1800 My Options, which provides independent and confidential advice on contraception, pregnancy options and sexual and reproductive health services that you can find in your area. So I will just put that on record.

Finally, the inclusion of skin conditions, primarily mild ones, will ensure care for very common conditions that affect all parts of our community. For example, one in three people will develop shingles during their lifetime.

By expanding the role of community pharmacists to provide care for these conditions, we will deliver a significant benefit for Victorians. That includes improving access to primary care in a trusted and welcoming setting. It will also help save Victorians money, as the government will subsidise the cost of medications for pharmacists and consumers, so there is no more cost than if the service had been accessed through a bulk-billing GP. The pilot will also help ease pressure on our GPs and hospital system by ensuring access to affordable care in the community and freeing up GP appointments that otherwise would have been used. This is particularly important for regional and rural areas, where there are fewer GPs available. All community pharmacists will be eligible to participate in the pilot, and participation for both pharmacists and patients will be on an opt-in basis. When it comes to our health and the healthcare system, patient safety is paramount. That is exactly why the pilot model will be designed to protect patient safety and maintain professional practice. Community pharmacists are trusted health professionals who already help Victorians manage a range of health conditions. This was never more apparent than during the pandemic, when many Victorians turned to their local pharmacists for advice, support and clinical services.

My mother was a pharmacist, and actually I myself worked in community pharmacy for a great many years when I was at university. What I learned during that time was that pharmacists have an immense amount of respect within our community. They are trusted sources of advice. They have built up relationships with their communities. They are there for our community in a very accessible way when they need them. These are highly skilled and qualified medicines experts, and the depth of their knowledge is quite extraordinary. I will attest to that, because whenever I have any condition or my girls have any condition, the first place I will go to is asking my mum, who is a pharmacist, and she will always have the best advice for me, as she did for all of her patients who came into her community pharmacy.

Pharmacists prescribing is already an established practice in a number of countries including New Zealand, Canada and the United Kingdom. There are pilots already underway in New South Wales and Queensland. This is not a new thing, but it is certainly something that is going to make a big difference to the availability of these treatments for so many Victorians. Our pilot will be guided by a clinical reference group made up of expert clinicians. The reference group will play a critical role in determining the exact conditions, medication and eligibility for accessing services under the pilot. The bill also enables structured prescribing, which is where prescribing is tied to conditions like the completion of special training or following specific clinical protocols. This means that before pharmacists participate in our pilot, they will need to meet certain conditions and complete mandatory training.

The model will be informed by an advisory group representing stakeholders, including pharmacists, GPs and consumers. A safety and escalation framework will also be developed to support the pilot, and the pilot will be evaluated to assess how well it is working. So any future considerations of the pilot will also be informed by work undertaken at a federal level on Medicare and the PBS. The pilot will be safe, it will be effective and it will protect patient safety. It is something that we need to do to create a more accessible healthcare system for Victorians, and I absolutely commend this bill and this pilot to the house.

Tim McCURDY (Ovens Valley) (11:35): I rise to make some comments on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023 and follow on from the enthusiastic contribution from the member for Lowan, who made a wonderful contribution and also flagged our intention to look at undertaking a two-year clinical trial, in an amendment, rather than the pilot program.

This bill amends the Drugs, Poisons and Controlled Substances Act 1981 to allow pharmacists to be legally authorised to supply, dispense and administer certain medications without a prescription as part of a 12-month community pilot, which is due to start in October 2023. As you have heard from our lead speaker the member for Lowan, we do believe a two-year trial, instead of a pilot, would be more fitting, and I do hope the government take that into account. Just to clarify, this legislation if passed is not for all prescriptions, it is for specific prescriptions: for the treatment of minor infections, for the treatment of uncomplicated urinary tract infections, or UTIs, and for the reissue of oral contraceptives for women. It is important that we keep the list to a minimum, because sadly we have seen some very greedy pharmacists over time. We certainly had one case in our local community, the Tozers, and I am glad that the community is purged of them as pharmacists in our community, because we take pharmacists as being very honest. When I met with Jane a couple of years ago, we were talking about businesses. I was in the dairy industry and she was obviously a pharmacist, and we were talking about revenue streams. I was saying that as dairy farmers we are price takers and we are vulnerable to the Australian dollar and the international commodity prices. Then she said I should be in their industry, the pharmacy industry, because they get compensated by the government for every prescription, or most prescriptions, and then they charge Cobram's most vulnerable as much as they can, which covers the wage base. I thought that was quite disgraceful, and I was shocked to hear that arrogant attitude. That I why I say, in terms of how far we go with this bill, we have got to be careful that we do not open this up too wide. It is about certain prescriptions. I am not suggesting for a moment that all pharmacists have that attitude – quite the contrary. But we must always be mindful that some are greedy, and the Pharmacy Guild of Australia needs to work harder to keep people like this out of the industry.

This bill will also expand the scope of pharmacist immunisers to administer travel and other public health vaccines. The pilot is designed to help ease pressure on GPs and hospitals. I think that is a good thing, because I know our communities in the Ovens Valley – Wangaratta, Yarrowonga, Cobram – are all battling to find GPs. In fact I had somebody call me only maybe six months ago who had moved from Melbourne to Wangaratta and could not get in to see a GP. They just needed a script for their two young sons, and they could not even get in to see a GP. They actually had to go back to Melbourne to see their old GP before they could get that script. That is the pressure that is on GPs, and I suggest that is all over regional Victoria and probably metropolitan Melbourne as well. So this bill will help take the pressure off GPs as well.

We know that other jurisdictions are doing trials and pilots. Queensland, for example, conducted a two-year pilot, and that started in June 2020, where pharmacists were supplied antibiotics for uncomplicated UTIs for women, and this has now been made permanent. This pilot obviously worked well in Queensland, and I see no reason why it could not work well here in Victoria as well. New South Wales started a 12-month clinical trial in May 2023 for similar uncomplicated UTIs and a plan to allow resupply of oral contraceptives for women. North Queensland is set to begin another trial later this year for a broader range of conditions – for example, shingles, nausea and a few others.

In this day and age, as I say, bulk-billing is becoming more and more difficult, and with the cost-of-living pressures that people are under these days I think there is a lot of logic in this bill to make sure that people can get these resupplied or reissued prescriptions through a pharmacist rather than having to get a doctor that they cannot get in to see – and obviously the cost that is associated with that.

The details in this bill are based on the broad estimates of the election commitments of \$19 million by the government. That should deliver 230,000 repeat oral contraceptive scripts, 130,000 treatments for UTIs, 66,000 treatments for skin conditions and 41,000 travel vaccinations. That is based on the fact that 50 per cent of the people will go and see their pharmacist to get the script rather than going to their doctor. As I say, those numbers are fairly broad; it is a guesstimate. Because of the cost-of-living pressures that Victorians are under I think that figure, the 50 per cent, may climb a little higher. So we will see how that goes. I certainly know that pensioners and others in my community are really suffering through those cost-of-living pressures at the moment.

The way the system works is that the pharmacist would be paid \$20 to do that, and the patients would only pay for the medicines that were dispensed. In Queensland it was quite similar. The pharmacist was paid \$19.95 – again, no cost to the patient – and New South Wales pharmacists were paid \$20 by the government. So it is very similar to what has been put in this bill. As expected, the AMA opposes the bill. That does not surprise me. But as I say, I think on the whole there are some very good steps forward here that we can look at. I want to reiterate that the member for Lowan has looked to do an amendment for a two-year clinical trial instead of a pilot, and I do hope that the government considers that in full. I will leave my comments there.

Steve McGHIE (Melton) (11:43): Today I rise to contribute to the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. Of course with this amendment to the current legislation the government are proposing to establish a 12-month pilot of pharmacists dispensing repeat scripts for oral contraception, medication for uncomplicated urinary tract infections, travel medication and minor skin conditions.

I stand here again before you telling you about yet another election commitment by the Andrews Labor government, and we are delivering on just another one of our election commitments. Obviously mild skin conditions take many, many shapes, but on average scripts cost around \$25. That \$25 can add up when you add the cost of seeing a GP. I know recently I went to the GP and it cost me \$150 for a consultation, which is quite expensive, but fortunately I can afford it. I get \$70 back from Medicare, but not everyone could afford to see a GP and pay \$150 on the day and only receive \$70 back from Medicare. So the increased cost is an issue for a number of the members of our communities.

The next bit of the contribution that I will make is about women and their reproductive cycles and of course how they manage them. It is difficult to imagine, I know, but I had a bit of help with this part. Using the figures Treasury have provided, of the total number of women between 16 and 55, 30 per cent would choose to take the pill, and of that 30 per cent, 50 per cent would rather see a pharmacist for repeat scripts. I think that is an important matter in regard to access and availability for women in regard to obtaining the pill.

Of course we have all seen the demands on our health system, our health professionals and in particular our GPs. I know that it can be exhausting to get an appointment with a GP in some places, and I know in Melton it has been very difficult for a number of my constituents to get in to see a GP. Even then, as we know with the Medicare situation, many GPs are no longer bulk-billing, which is causing additional pressures on our public health system. The simple act of getting another prescription can take up unnecessary time not only for the patient but also for the consulting GP. This bill and this pilot will ease some of the burdens on those primary health carers.

In going to the GP, women have expressed that going cap in hand asking for a repeat script for the pill feels invasive, unnecessary and intimidating, and it can be exclusionary. In fact they often put it off because it is too expensive in some cases, and as I say, if you add the cost of it to the cost of the

consultation, it can be quite expensive, in particular with the cohort of my constituents. Treasury used the estimate of \$15 per PBS script, and that is clearly on an average. That is not so prescriptive, but it is on an average of \$15.

I do have a staff member in my office who when she was at university would spend around about \$80 a month on purchasing the pill. After many years of trying to find a good hormonal balance of the chemicals, the only one that did not come along with business-stopping side effects had a hefty price tag. So again, it depends on the individual's circumstances and physical circumstances also. Of course with the erosion of bulk-billing, as I have already referred to, the cost per year could be upwards of \$1200 for a 12-month supply. With a small Medicare rebate, it really makes it quite expensive for this medication.

There was a time not so far back in distant history when the pill was only prescribed to married women, and thank God we have progressed from those dark days. A UK Labor MP Edwin Brooks in 1967, over 50 years ago, through a private members bill enabled local health authority funded family health clinics to give contraceptive advice to unmarried women on both medical and social grounds. Edwin Brooks actually moved to Australia and now lives in Australia, and his daughter Victoria was the Labor candidate for the seat of Riverina in 2004.

I would like to share with the house some information that comes from the authority of the long-running peer-reviewed medical journal the *Lancet*. It twice recommended the non-prescription availability of the contraceptive pill, once because of its protective effect against cancer and another time because it would help women realise how safe it is. Pharmacists around the world have indeed proven they can manage these supplies without a doctor. Oral contraceptives still require a prescription in most developed countries, but in 2017 New Zealand announced that selected combined oral contraceptives and progestogen-only pills were to become available from specially trained pharmacists. So it is since 2017 that New Zealand has had this medication available to women in New Zealand.

Throughout the pandemic and since, we have heard stories from Victorians about the guilt that they have felt in taking up a valuable spot in the doctor's waiting room and also, in some cases, waiting outside in their car to be called into the doctor's waiting room. They feel guilty because they know that there are sicker people that have been trying to get in to see the doctor, but these people have been waiting outside in the car or waiting in the doctor's waiting room only to go in there to receive a prescription to be able to go to the pharmacist and pick up some of this medication. Obviously that has caused many concerns.

Since 1974 the UK's National Health Service has made the contraceptive pill free and confidential. In fact the house may be surprised to learn that the pill has been free in many, many countries, including Russia, since the 1990s. While our pilot does not go that far, it does show us how antiquated it is that we make young women wait to see a GP to get access to a life-prolonging, cancer risk reducing drug, one of the safest and most studied drugs in all of the medical world. In the States we have seen the rapid decline of human rights because of the erosion of women's rights recently. I would like to thank EMILY's List Australia, who have made incredible progress in this area. I know there are many women in this chamber and the other place who are EMILY's List members.

I did want to make reference to comments made by the member for Lowan in her contribution. She referred to an MOU for the Edenhope hospital and Ambulance Victoria for using paramedics at the hospital where they were required to assist with patients. This did happen some years ago. It probably does not happen as much today and that is probably because of the demand on paramedic workloads nowadays, but of course that arrangement was done in all good faith by all the parties involved and taking into account the primary issue of the patients' health and welfare. I think that is really important – that that is what this is about – rather than clogging up the health system and putting exceptional demands on GPs. Pharmacists can assist with, obviously, the dispensing of the medication that has been referred to in this bill.

In regard to the amendment that the member for Lowan moved, I do not see the need for that amendment, because of the fact that I think the 12-month pilot program is sufficient. I do not think that we need to extend it out to two years. There is enough research from around the country and around the world in regard to access to this medication and allowing pharmacists to do it.

Finally, my personal opinion is that we need to look at the scopes of practice of all health professions rather than ring fencing them as we have for so many decades. If we do not do that, the demand on our health system will just increase and delays will worsen, and access for patients to get better patient care and health care I think is important. That is only my personal view that we need to look further. I commend the bill to the house.

Roma BRITNELL (South-West Coast) (11:53): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This is a bill that has the purpose of amending the Drugs, Poisons and Controlled Substances Act 1981 to allow pharmacists to be legally authorised to supply, dispense and administer certain prescription medications without a prescription as part of a 12-month community pharmacist pilot. It will start in October 2023. The reason behind it is to provide treatment to people with certain skin conditions or uncomplicated urinary tract infections – I will refer to them as UTIs from here on – and also to reissue oral contraceptives to women. It will also allow pharmacists to extend the scope of the immunisations they are able to administer for travel and other public health vaccines.

I completely understand why this bill is here. It was designed to take pressure off the health system, which particularly in rural regions like mine are under enormous strain. The doctors are no doubt overwhelmed, and in my office I consistently have people calling saying they cannot get a doctor. If you have moved into the town of Warrnambool or Portland, you actually cannot get a doctor. It is not about even being able to get an appointment, you actually cannot get a doctor. So people are bed blocking. In my own case of my mum in hospital needing to go into aged care, I could not get her in because her doctor had gone on maternity leave and I could not get another doctor. So she was sitting in an acute facility, and I literally had to ring every clinic and beg for a doctor for my 91-year-old mother. So that is how desperate it is. It really is extraordinary. So I get the whole pretext of this, but I am very concerned about the bill.

I obviously understand quite well UTIs from a nursing perspective; they are one of the most common things you treat. But the reason I have reservations about this and why I support the actions of my colleague in putting the reasoned amendment forward to make the bill be withdrawn and redrafted to take into account the feedback and the value of a two-year trial period and I am so concerned is that there is so little detail. There is no plan as to how it is going to be rolled out yet.

Today it is 21 June. We are going on a five-week break from the Parliament, so this bill will go up to the upper house in August. Yet it is supposed to start in October. I have spoken to a lot of pharmacists whom I have a deep regard for and respect of. I know their pharmacological knowledge is extraordinary, and they are the first people I always go to to talk with about a drug or an interaction or effect for something that I need to discuss. They are unbelievable. So I know they have the capability, but there is just no detail around how this will be rolled out. There is no information about the training that will be received.

There is no information on what incentive there will be, if any. When I spoke at the bill briefing, I asked, 'Will they be incentivised?' No, the word was 'We will be encouraging people to partake in this.' So I could not even get clarification on that. I also said at the bill briefing, 'Can you help me understand the driver? Has there been an analysis of what conditions people are going to the doctor with a lot that could be put on this program so that we take the pressure off where the pressure is being created with things that could be treated without prescription?' That is another issue, treatment being prescribed by the pharmacist – or supplied, as is currently the case with this bill. But I could not even get an answer to that. They told us at the bill briefing the committee, the reference group, the expert panel, had only been set up that week, which was last week or the week before – I think it was last week.

I have spoken to many pharmacists in my electorate. I contacted them and said, 'Can you give me your feedback?' No wonder the pharmacists are coming back and saying, 'Look, we can do this, but we need some clarity and we need to have strong processes so we can be equipped to do it well and we do not have risks for the patient.' They certainly have the capability, but they need some certainty. There is none there, and I do not see how that can possibly happen in the short time frame. There are trials that are taking place in other states, but we have not even got the time to look at the learnings from those trials.

So it makes complete sense, as the member for Lowan put forward, that this be redrafted to take into account proper feedback and that an evaluation be done so that actual clinical trials can take place to see where the risks are and this can be evaluated, patient outcomes can be looked at and proper paperwork can be sorted. There is no reason to do this wrong. Patient health is something we should not be putting at risk, and I just think there is way too much risk here.

I do see that the government have tried to address in Warrnambool the problem we have with doctor availability. They have set up a new priority primary care centre, but what the doctors in the town are telling me is that that is just shifting the deckchairs, because there are not any doctors. If they are paying doctors to go from clinics into that, they are the same doctors in the same area. There are not new doctors that are coming in and doing this, from what they tell me. It is just shifting the deckchairs. It is not really addressing the problem, and that is what this bill is to me as well. It was a promise that sounded good prior to the election, and they have done nothing – typical of this government, being lazy and not doing the work and actually putting together what needs to happen because bringing the legislation in before the details have been worked out is one thing and one thing only: it is lazy. It is lazy because you do the work first and then you put forward the idea, not the other way around.

Members interjecting.

The DEPUTY SPEAKER: Order! The member for Eureka!

Roma BRITNELL: It is very cart before the horse, but we see a lot of that. We see it with lots of other bills which I can bring to the Parliament's attention, but I will not take up the last 3 minutes I have available by talking about all the things they do to look good but which actually do not deliver outcomes as a result. These conditions, like the urinary tract infections, are things that could be treated by pharmacists, but pharmacists should be respected and given the structure so that they can prescribe, and that is what is happening in the Queensland trial. I do not understand why, if they really are genuinely wanting to take the pressure off doctors, they are not looking at it to the extent that they are in the Queensland trial.

The other thing I did want to talk about is what the pharmacists told me – that at the moment, with the Labor federal government bringing in the dispensing –

Juliana Addison: Irrelevant.

Roma BRITNELL: It is actually not irrelevant, thank you. It is very relevant, because the pharmacists told me why it is relevant, and I will try and explain that.

The DEPUTY SPEAKER: Through the Chair.

Roma BRITNELL: If I come into the chemist and I need to get one drug a month, I am going to be lucky enough to have to only come in every two months. That is great for me, but the chemist will only get paid from me once rather than twice, so they actually will have a reduction in income. And those that need it most, the most vulnerable who are on four or five – anti-hypertensive, anti-diabetic medication et cetera – they have already reached the threshold, the pharmacists told me, so they already get the assistance. So the income that will be lost will be from the more wealthy people who are only on one or two drugs. They will get the convenience of not having to go in every month, but the cost goes back to the pharmacists who miss out on the income. They will have less profit to be able to employ more pharmacists, so there will be less people to be able to look at the UTIs and to look at

the person who has come into the pharmacy and needs to have a proper consultation, needs to have a consulting room and needs the attention to get the process right, which the pharmacists very capably will do – but how can they do that if they are on a reduced amount of people because of what the federal government are doing with their dispensing laws?

They have not consulted the pharmacists. They have forgotten to talk to the people that will actually deliver this to take the pressure off the government. That is why, whilst I understand this is a good idea, there is no detail that gives anyone confidence, particularly those people who have the capability, the pharmacists, to look after our community, as they do extremely well, and I might say who were the only people in the health profession that every single day opened their shops and faced the community and all the risk when we were quite worried at the time. They opened their pharmacies every day and said, ‘We will serve our community.’ I feel like this is the thanks they get from the Andrews Labor government. They are not even consulted, they are given more work, they do not understand what the training looks like or what the parameters are that will help protect them from risk and they are not even told whether they are going to be incentivised in a financial way. We can talk about \$20, but in the bill briefing that certainly was not confirmed, and I specifically asked that.

I want to see the pressure taken off our health system. I want more doctors in the regions. I want to see a way of incentivising that, like we do with our wonderful Dr Brendan Condon and Dr Barry Morphett, who are running training out at Deakin University. There are good things we can do; this is probably not one of them.

Luba GRIGOROVITCH (Kororoit) (12:03): The Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023 is what I rise to speak about. However, before I do, I would like to refer to the amendment put forward by the member for Lowan. The proposed amendment is completely irrelevant, and I say that with some authority having actually taken the time to read through the papers and the bill itself. This proposed bill does not dictate the detail or operation of the community pharmacist statewide pilot. We should also note that the key stakeholders referred to by the member for Lowan were intimately involved in the design and delivery of this pilot through its advisory group. It seems that this is the opposition trying to keep both sides happy while sidelining women. That is something that my party does not do, and I am very proud of that with the Andrews government.

I will now go on to actually speak about the bill, one that I think is very important and one that I believe will make a difference to women’s lives. It will make it easier for Victorians to access the most basic pharmaceutical drugs and receive health care when they need it. It will help –

A member: Eyes up. You cannot read while speaking.

Luba GRIGOROVITCH: Do you like picking on women, do you? It is normally your line. Oh, we have got some silence, thank you. Where was I?

The DEPUTY SPEAKER: Through the Chair.

Luba GRIGOROVITCH: It will help free up our GPs to provide care to patients who need it more by authorising pharmacists –

Emma Kealy: On a point of order, Deputy Speaker, I note that the member appears to be reading a speech. I ask her to table her papers so that it is made available to the entire house.

The DEPUTY SPEAKER: Is the member reading a speech or referring to notes?

Luba GRIGOROVITCH: Deputy Speaker, I am referring to my notes.

The DEPUTY SPEAKER: There is no point of order.

Luba GRIGOROVITCH: Thank you very much. As I was saying – the pharmaceutical drugs and receive health care when they need it most. This will help free up our GPs, which is something

that is very crucial, as we all know. Our GPs will then be able to provide care to patients who need it by authorising pharmacists to directly prescribe these drugs to people without the need of a GP's prescription. I am pleased that this will especially benefit women who can fall pregnant by allowing them easier access to select oral contraceptives. It is a simple thing, but to the Andrews government and to me it makes sense. The framework in which the scheme will operate will be completely safe and well regulated.

Emma Kealy: On a point of order, Deputy Speaker, again, I note that the member appears to be reading a speech consistently. I ask her to make that available to the house.

Ben Carroll: On the point of order, Deputy Speaker, the member for Lowan full well knows that whenever someone – it could be the Premier, it could be a minister – is referring to notes, often we hold up a document to look at it and then put it back down. I have been watching the member for Kororoit. She has been holding a document up and then putting it back down. Clearly she is referring to notes.

The DEPUTY SPEAKER: The member has already explained she is referring to notes. There is no point of order.

Luba GRIGOROVITCH: Thank you, Deputy Speaker. I will continue referring to my notes. The framework in which the scheme will operate will be completely safe and well regulated within the community. The background to this bill is the community pharmacist statewide pilot – a \$20 million 12-month pilot being delivered by the Andrews government starting from October. The community pharmacist statewide pilot will expand the role of the community pharmacist to deliver more accessible and affordable primary health care to people who need it. Community pharmacists are accessible and trusted health professionals who of course already manage a range of health conditions and refer customers to a doctor where required. The pilot will enable community pharmacists to treat mild skin conditions and uncomplicated urinary tract infections, reissue supply of oral contraceptives and administer more travel and public health vaccines. It goes without saying how this will help enormously to ease pressure on our healthcare system, including general practices of our hospitals.

By creating new regulation-making powers in this act, the bill is the first step in establishing the legal and regulatory framework for community pharmacists to supply medications within the scope of the pilot. Through regulations enabled by this bill pharmacists will be authorised to operate under a structured –

Emma Kealy: On a point of order, Deputy Speaker, I have been watching the member very carefully and, word for word, she is reading a set speech. This is a time to debate legislation. I realise when people are new it takes some time to familiarise themselves with the processes of the house, but it has always been the tradition and custom of this chamber that if you are reading a document, you make that document available to the house. I understand she is completely reading it. I have been watching her; I have been hearing what she is saying. She is not deviating from a written speech. I ask you to direct the member to make that document available to the house.

The DEPUTY SPEAKER: Thank you. The member has explained that she is referring to her notes. Is the member referring to her notes or is the member reading?

Luba GRIGOROVITCH: I am, Deputy Speaker.

The DEPUTY SPEAKER: Subsequent points of order are not necessary unless the member has some other point of order she wishes to raise in regard to this. I have ruled on the point of order. Members may refer to their notes, you are correct, if they are –

A member interjected.

The DEPUTY SPEAKER: The member has explained. There is no point of order.

Luba GRIGOROVITCH: Thank you, Deputy Speaker. As I was saying, participating community pharmacists will be able to supply certain medications according to established protocols for the identified health condition groups, including – as I said just earlier – the continued supply of selected oral contraceptive pills for women, treatment for some mild conditions and antibiotics for uncomplicated urinary tract infections. Participating pharmacists will also be able to administer additional travel and other public health vaccines and immunisations to people from five years of age in the community pharmacy setting, including for hepatitis A, hepatitis B, typhoid and polio.

I can emphatically say that this scheme will be a godsend for the constituents of Kororoit. Kororoit and Melbourne's west more generally continue to have the most limited GP resources in metropolitan Victoria. In local government areas, like Melton especially, our GPs and health clinics are stretched beyond the limit. To take a snapshot, there are just 0.5 GPs for every 1000 people in the Melton LGA. Meanwhile Sunshine Hospital's emergency department has had a 34.5 per cent increase in patients presenting with GP-like cases since 2018. Add this to the snapshot that GPs in Kororoit are mainly non-bulk-billing and the picture becomes not just worse but even more unexplainable. This is to say that the collapse of bulk-billing and the GP-workforce-to-hospital ratio in Kororoit has made emergency departments the only place where many people with non-life-threatening or non-serious health issues can present to be treated at all, while people who need more urgent treatment are being squeezed further down the queue. Almost three years since the COVID-19 emergency began, the end result is a health system in Kororoit and the west which is perpetually stretched to near breaking point, and with Kororoit's population only set to grow in years ahead it is something which we need to address.

I want to make very special mention of the member for Melton for his tireless advocacy for a new hospital to be built in Melton, with his background in health care, knowing this was a need for our community. I proudly stand side by side with the member for Melton, as I know that this is a hospital that we not only need but deserve as a community. This is why the statewide pilot is so important not only to my constituents in Kororoit but also Victoria as a whole. This will help free up our GPs by allowing community pharmacists to prescribe some of the most common medicines and treatments daily. There is no financial barrier for Victorians to access many services under the pilot. Consumers receiving an approved service from a community pharmacist will pay no more than what they would if they had visited a bulk-billing GP. This represents a huge saving for most working families. This will make it easier and cheaper for Victorians to get the health care that they need. Women will particularly benefit, with improved and timely access to low-risk primary health care, including oral contraception. I hope that the barriers to accessing contraception that this scheme pulls down for women will stay down and will be replicated more widely.

The safety and regulatory standards for this scheme will be rigorous and will put the people who use it first, at all times. To ensure safety and efficacy, the design of the pilot, including training requirements and guidelines, will be informed by guidance from the pilot's clinical reference group of expert clinicians, which will include educators from accredited pharmacy programs and clinical experts in the included health conditions and travel medicines. It looks like I am running out of time; however, I do want to say that I think this bill is absolutely fantastic. It is going to do a lot for my constituency in Kororoit, and it is one that will help all Victorians. I commend the bill to the floor.

Jess WILSON (Kew) (12:13): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023, which of course amends the act to allow pharmacists to legally administer, to supply, to dispense a range of over-the-counter medications that will be available to Victorians – and particularly women in this circumstance, when we look at the contraceptive pill. The legislation looks at implementing a pilot and particularly looks at expanding the role of community pharmacies across Victoria. We know the dedicated work that community pharmacies do in all of our electorates. I think we all can say that we have very positive relationships – and particularly can I say that over the period of COVID we saw a situation where community pharmacists actually did much of the dispensing, the prescribing, of certain medications to free up the health system and free up the GP network and were able to do what this legislation looks to implement today. Under this amendment

community pharmacists would be able to treat minor skin infections, uncomplicated UTIs – urinary tract infections – and very importantly, as many of us have spoken about today, reissue the oral contraceptive for women. This will mean that we are expanding health care and allied health for Victorians and taking pressure off our stressed health system here in Victoria.

I know that the member for Lowan and previous members on this side who represent regional Victoria have particularly spoken about the fact that in regional Victoria it is very, very difficult to get a GP appointment. It is very difficult to get one quickly when you need it, and this legislation will allow Victorians to use their local pharmacies, work with the local pharmacies, to dispense medication for common issues. It will take that pressure off not only bulk-billing GPs but also hospital emergency departments, which are stressed beyond capacity as a flow-on consequence of the pressure on GPs.

We have looked today at the benefits of this legislation, and the member for Lowan has put forward a reasoned amendment that takes into account the opportunity to put some more clinical rigour into this pilot. We are not saying in any way today that we do not support the objectives of this legislation; in fact expanding access to the oral contraceptive for women was a policy we took to the 2018 election, one that we are very supportive of and one that we have wanted to see in place for some time. But this is putting some clinical rigour into the pilot, as we have seen has occurred in Queensland and New South Wales, where initial pilots have expanded and evolved into clinical trials, and making sure that we are looking at the impact, looking at what the outcomes are and what some of the risks are that are associated with this new approach. Putting that sort of stronger standard, that greater structure, around this initial pilot will ensure that we put patients' health first. Then we will also make sure that this is working for our community pharmacists.

As I said earlier, we have seen this approach taken throughout COVID. As the Pharmaceutical Society of Australia pointed out at the time, it was a huge opportunity to test the capacity of our community pharmacists. When that was removed following the crisis point of the pandemic, there was recognition that our pharmacists stepped up; they stepped up in terms of providing vaccinations, but they also stepped up in dispensing medications.

We have seen similar pilots take off in Queensland. They have conducted a two-year pilot and are now looking at making it permanent, particularly around the issuing of medication for UTIs. New South Wales have initiated a clinical trial, and they are looking at UTIs and to also resupply the oral contraceptive for eligible women. Further, in North Queensland they are looking at how this can be expanded even further into prescribing medication in what would be called 'autonomous prescribing', with wider ranges of medications for conditions such as nausea, and looking at expanding that in a similar way, I suppose, to other health professionals, whether that is nurse practitioners, optometrists or podiatrists. This is something that the pharmaceutical society has pointed out in the drafting of this legislation is in line with how other health practitioners are able to prescribe medications, that these regulations are consistent with that, particularly around, as I said, dentists, medical practitioners, authorised midwives, optometrists and podiatrists and their ability to prescribe medication. So it is looking at how the regulation can align with that so we are not creating a separate structure for community pharmacists.

This is an opt-in system for pharmacists, and we understand from the legislation that pharmacists will be provided \$20 per consultation and that patients will only pay for the medicines dispensed. Looking at the costings, \$19 million has been allocated, and it is expected that probably 50 per cent of Victorians will seek treatment under these new changes; they will go to their pharmacist rather than a GP during the 12-month trial. Looking at that, it is expected to deliver over 230,000 oral contraceptive repeats, 130,000 treatments for UTIs, 66,000 treatments for minor skin conditions and 41,000 travel vaccinations, taking immense pressure off our GP system for these everyday needs for Victorians.

We have heard from stakeholders, the AMA and others, that they do have some concerns around the changes to this legislation. I think what we are proposing on this side, putting in place that clinical trial, goes to helping resolve some of those initial concerns in looking at how we can evaluate the

impact and the benefits and the risks of this approach. As I said earlier, the New South Wales and the Queensland pilots and trials have evolved into clinical trials to put that greater structure and clinical rigour around the initial design of this to make sure that both patients and pharmacists are taking it out.

Community pharmacists are under immense pressure at the moment, largely as a result of the Albanese government's proposal to change the dispensing model from a 30-day dispensing model to a 60-day dispensing model. We have heard from an independent report this week commissioned by the Pharmacy Guild of Australia that this is putting at risk 20,000 jobs within the community pharmacy industry and increasing the chance of over 600 pharmacies across Australia closing. Those would be the pharmacies that are in regional Victoria, putting Australia and Victoria's most vulnerable at risk. We need to be conscious when we are putting in place this legislation that it does not impose an additional burden on community pharmacists and their ability to dispense medications, particularly in rural areas, at a time when they are under immense pressure when it comes to these new 60-day dispensing rules and are staring down the barrel of global supply shortages and not being able to meet the prescriptions that they are already trying to service under the 30-day model while shifting to that 60-day model.

So it is going to be paramount that there is support for community pharmacists and that they are able to deliver this model. The opt-in design of the trial will hopefully provide them with that support. If I turn to a local pharmacy in Kew and Freda the local pharmacist, she is so passionate about serving her local community and throughout COVID she made sure that she was able to deliver medications to those in need, the vulnerable in the community that were not able to leave home, and she has continued that approach in a way that does not charge her patients for that. This model, for her, will give her greater opportunity to demonstrate her skills and her ability to serve the local community when it comes to dispensing oral contraceptives or when it comes to making sure that UTIs can be treated quickly. I think everyone would agree that not being able to get into a GP when it comes to a UTI – often many will appreciate, when it comes to the oral contraceptives, not being prepared for the next script and going to the local pharmacist will just ease the pressure not only in our health system but on Victorians that need to access this medication quickly. So I support absolutely the objective of this legislation. It is an important change and one that we want to see implemented, but putting greater clinical rigour around this trial will be paramount for patient safety.

Paul HAMER (Box Hill) (12:23): I too rise to contribute to the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023, which is, as has been stated previously, seeking to amend the legislation in relation to the supply, dispensing, administration, use and sale of certain drugs which are currently prescription-only. I do want to start by acknowledging that this does introduce a commitment that the Andrews government made at the election to introduce this 12-month trial, and it was part of a broad suite of health-related commitments to improve our health care and improve access to health care for all Victorians, and in particular in our local area that also includes the priority primary care centre – there is one which is established in Whitehorse – and of course the \$1 billion commitment to completely upgrade and rebuild the current Maroondah Hospital.

In terms of this particular bill, I also want to highlight the role of community pharmacies and the magnificent work that they do and the patient care that they provide. As has been said by a number of speakers, that was no better evidenced than during the pandemic when they did remain open, often probably longer hours than they were previously, and did change their work patterns to ensure that all their customers were provided for. I know that in my own situation there were a number of times when my local pharmacy would make sure that they would home-deliver the prescription medication that I required. I remember the first time that I caught COVID. Having a suppressed immune system I did require or was recommended to take the drug treatment that was recommended at the time. It was only available through the hospital pharmacies then, but they were able to communicate with the local community pharmacy and deliver it to us. It was a bit of an exercise, almost like a safety drop, getting it into the house and then trying to move it from the house into my isolation room – it was quite the

logistical exercise, but I do thank our local pharmacy for going out of their way and making sure that I could get that medication as soon as possible. That is what they do for many people in our community.

This particular legislation does look to particularly change the dispensing model, if you will, in three main areas: in relation to access to oral contraception or the pill, mild skin conditions and uncomplicated urinary tract infections as well as the administration of vaccines. I might talk about some of those in more detail a little later, but I also want to just reflect on yet another one of my health conditions, and that is asthma, and how the access to asthma medication that can be over the counter is so life-changing for those with asthma. I was doing some research; I thought it had happened more recently, but the purchase of salbutamol, which is the medical name for what many people would know as the ventolin inhaler, actually became over the counter across Australia about 40 years ago. Like I said, I thought it was much more recent than that. But there were a number of times that I might have been stuck. Asthma attacks occur often without warning, and they often seem to occur in the evening. You are not always going to have the opportunity to go to the GP or have their availability. Even if you do have the money to go to a GP that is not bulk-billing, just making sure that you have the availability of the GP at the time that you need them and are able to go into the pharmacy and access that medication is really critical.

I know that is an important part of my life, and I think that the medications that have been identified in this pilot program are going to have an equally important benefit to those who require the medication. As has been pointed out by other speakers, particularly for women's health in relation to the pill and uncomplicated urinary tract infections, which I understand have a much higher prevalence among women, just being able to have access to those medications over the counter without having to rely on going through to the GP, with the difficulty that that might entail, is a really positive step forward. A lot of these lessons will be learned through the trial, and I will talk about the trial in a minute.

I also want to just touch on the vaccinations component. Going back a few years, when I got the flu vaccine or when I travelled overseas and got travel vaccines, it was always at the GP. You would always try and find a time that you could book in with the GP, and to be honest, sometimes I felt a little bit silly going to the GP and thought that that was really a pretty minor reason to take up a GP appointment. It is fantastic that we now have access to vaccinations like the flu shot, which I got a few weeks ago from my local pharmacy, and of course the COVID shot. They gave me a two-for-one offer – I was able to get COVID in one arm and the flu shot in the other arm, so I was all souped up. Just the availability that pharmacists and skilled health professionals provide I think is going to be really important.

I want to review what the pilot program will entail. It is, as has been said, going to be commencing in October this year, and the pilot is consistent with the trials that have already been established and are progressing in Queensland and in New South Wales. It aligns also with the Commonwealth initiatives to increase timely access to safe primary care and common medications. As has been mentioned, other jurisdictions like New Zealand and the United Kingdom have, with similar drugs, had success with these programs for a number of years.

I do want to just reflect for a few moments on, I guess I would say, the questioning that the member for Kew had about the clinical reference group. The clinical reference group is a group of expert clinicians that will look at this program, and the design of the pilot will be informed by their expertise and their guidance to ensure safety and efficacy of the program. I think to suggest anything other than that would really be a disservice to those who will give their time to be on this clinical reference group. The design will also be informed by an advisory group which will be represented by key stakeholders, including pharmacists, doctors and the community. I commend the bill to the house.

Wayne FARNHAM (Narracan) (12:33): I am pleased to rise today to talk about the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. I do support the member for Lowan's comments, and I am glad the member for Lowan was in here to educate me on the rules

of the house, because I can see the minister watching me with eagle eyes regarding my notes and my speech ability. Trust me, they are notes.

Juliana Addison: No pressure.

Wayne FARNHAM: And the member for Wendouree will be right on to me as well. Trust me, they are notes. We do support this bill. We are supportive of the bill, and we in –

Juliana Addison: Really?

Wayne FARNHAM: Really. We in regional Victoria know more than anyone how hard it is to get health professionals in our area. The problem – and I am sure the member for Gippsland East will back me up – for regional Victoria is we are always in competition with Melbourne metro to get more GPs and more doctors into those regional areas. When you live in an area like mine, in Narracan, we have extreme growth. We are the fifth fastest growing LGA in Victoria, so it does put so much pressure on the doctors. It is always a problem when you have got a condition and you need to get to your GP and there is a three-week wait for an appointment. So I do see the advantages in what the government is putting forward on this.

It is important to note that our pharmacists work extremely hard. They are, in my opinion, a frontline health service, and they do help a lot in our community. I know myself that you walk in there, you are feeling a bit crook or you have something wrong and you explain that to the pharmacist and he says, 'Here, you can take this' or 'Here's an alternative to what you're taking' and that is important – that really is important. We in regional Victoria have suffered with the health system. The health system at the moment is broken, especially in regional Victoria, so I see this as a good alternative.

As far as our reasoned amendment to this goes, which is for a two-year trial, I do not think that is a bad thing either. Going into a two-year trial would give you time to evaluate what is going on and reconsider options into the future, to come back maybe and amend the act at a later date. I do not see that as a major issue. I think it is a good way to go.

For pharmacists too, I can see this helping them now with the new federal government rules and the changes that they have proposed – 'this' being that pharmacists get that \$20 per consultation. I can see that now actually helping the pharmacists. If pharmacies do fail in Victoria – I think around Australia with the new rules it is about 600 pharmacies they are talking about – that is going to put more pressure on health care. There is no doubt about that. So I see this as a way that pharmacists now will be able to supplement their income in one way or another, which I do not think is a bad thing.

Now, I could tell you about my own experiences going into pharmacies, and even one of my electorate officers tried to get an appointment with a doctor the other day. He was pretty crook, but it was a three-week wait. I actually said, 'Just go to the pharmacy and see what they say.' Thankfully he listened to me and got some appropriate medication to fix him up. I do see the advantage of it, especially with urinary tract infections. In no way am I going to pretend to know how a UTI feels – I do not feel I am qualified enough to know that – but I do have five sisters. I can imagine they are not great. I know when my sisters had UTIs they were quite irritable. That is the best way I can describe that. It will be good for women to be able to walk in and address that issue. I think that is a good thing.

The treatment for minor skin conditions will be a fantastic thing too; I have probably got a few of those myself. Obviously with oral contraception for women, you do not have to go to the doctor. If you know what you have been prescribed, you can go to the pharmacist and they can give you whatever the specific contraception is.

Juliana Addison interjected.

Wayne FARNHAM: So I do not think this is a bad – sorry, the member for Wendouree has got my attention over there.

It is good that the government has allocated \$19 million for this. I am going to change tack very quickly. I have dug myself a hole. According to the election commitment costings, it is expected to deliver around 232,000 repeat oral contraceptives, 130,000 treatments for UTIs – that is a lot of irritability – 66,000 treatments for minor skin conditions and 41,000 travel vaccinations. The travel vaccinations are a good thing. We all want to go on holiday, and if we are not quite sure where we are going, then we can go down to the pharmacy and get vaccinated there.

I actually do think it is important that we have the opt-in system. I think it is important for those pharmacists to have that choice, whether they want to do this or not, so I think that is a good part of the bill that has been put forward. These are notes, so bear with me. I had to throw my speech to the side.

A member interjected.

Wayne FARNHAM: I do not think I am going to need the full 10 minutes, to be honest. Look, the bill is not a bad bill. We like what is in it, the base of it. We do want to have the amendment to a two-year clinical trial instead of a pilot program. I think the government should consider that. I am done, because I am going to get myself out of this hole I dug earlier.

John MULLAHY (Glen Waverley) (12:39): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This bill will make a minor amendment to the Drugs, Poisons and Controlled Substances Act 1981. Can I thank the Minister for Health for bringing this important legislation to the house. I would also like to acknowledge the member for Narracan's contribution previously and his complete backing of the bill, except for his wanting the one change. It was good to hear that he thought there was some sensible legislation before this body, and so eloquently done as well. I would also like to acknowledge the member for Northcote and the experience she had of working in her family's community pharmacy. It was great to hear the experience that her mother had of providing highly skilled and trusted advice to the community. No doubt, Deputy Speaker, if you were to provide a contribution on this bill, I am sure that you would be mentioning John Fregon, your father, who provided a pharmacy to the people of Ferntree Gully for many years. I am looking forward to that contribution, if you make it.

The health and wellbeing of every Victorian is of utmost importance, and it is this government that has always invested in and strengthened our healthcare system. Since coming to office in 2014, we have invested \$54 billion in our healthcare system as well as the workers we need to run it. The recent budget provided a further \$4.9 billion to build and upgrade hospitals, boost healthcare services and give our healthcare workers the support they deserve and need.

That is why in November of 2022 the Andrews Labor government committed to backing our pharmacists and boosting our healthcare system, and I am proud that we are honouring that election commitment by investing \$20 million to deliver this 12-month pilot. This bill provides a mechanism which allows for pharmacists to supply certain prescription-only medicines and is necessary for the delivery of the community pharmacy statewide pilot. By establishing such regulatory powers in the act, we are taking the first steps towards establishing a framework for pharmacists to supply medicines within the scope of this pilot. Through the implementation of these changes, pharmacists will be able to undertake structured prescribing on defined health conditions and medicines. This is similar to the approach in Queensland, which is currently running a pilot program for urinary tract infections (UTIs). There is also another trial being undertaken in New South Wales.

I would also like to acknowledge the consultation that has occurred in the process of drafting this bill. Key stakeholders have had meetings with the Minister for Health since the announcement of the pilot, and the department has liaised with the Pharmacy Board of Australia and the Australian Pharmacy Council on the intended approach for this pilot. Furthermore, the design of the pilot will be informed by an advisory group consisting of key stakeholders, including doctors, pharmacists, the community and consumers. This process is important to the success of this program. The pilot will make it easier and cheaper for Victorians to get the health care they need when they need it. Through this pilot the

community will be able to access quicker treatments for mild skin conditions as well as oral contraception. Participating pharmacist immunisers will also be able to administer additional travel and other public health vaccines. Just a couple of weeks ago I popped into the pharmacy that is next door to my electorate office and was able to get the flu vaccine there. It was easy to book in straightaway, and they were very helpful. I was able to get the COVID vaccine there as well. Our community pharmacies are very important to us.

It also builds on our record of delivering for women's health. UTIs are something that affects nearly one in three women before the age of 24, and this reform will mean that Victorians can access the care that they need quickly. Compared with men, women have higher rates of mental, sexual and reproductive ill health, and that is why we have committed to invest in sexual and reproductive health hubs, maternity services, the Victorian women's health program, family and reproductive rights education programs and statewide women's health services, amongst numerous measures to ensure equality of access to health services. We are giving women's health the focus and attention that it deserves by meeting our obligations and commitments to the people of Victoria. Women's health has always been and always will be a priority of our government.

The pilot also alleviates financial stress for Victorian families, which is very important right now. It ensures that there are no financial barriers for Victorians to access the multitude of services offered under this pilot. No Victorian will pay more for an approved service than if they had visited a bulk-billing GP. The government will subsidise the cost of eligible medicines from community pharmacies so that the costs will be the same as under the pharmaceutical benefits scheme. In order to ensure patient safety and quality care, strong clinical governance will be in place.

Participating community pharmacists will be required to undergo additional training and will need to follow specific guidelines for medicine prescriptions. They will also be provided with further guidance and protocols as to which patients must be referred to a doctor and which patients can receive treatment immediately. These requirements will be guided by the pilot's clinical reference group, consisting of educators and experts, and through such oversight pharmacists can provide competent clinical care and will be familiar with the latest evidence and recommendations. By expanding the role of community pharmacies, pressure is eased on our GPs and hospitals and our primary health care workers.

Primary health care services, including priority primary care centres, play an integral role in the community. I am proud that the Victorian government is investing \$29 million to help operate priority primary care centres and GP respiratory clinics for urgent but non-emergency patient care and for preventative and community health programs. I can personally attest to the efficiency and excellence of the priority primary care centres. Some time ago I was playing futsal with the crew of the Monash Labor club, and it so happened to be that one of the players got a painful injury, where his finger was completely sideways –

Juliana Addison: Not a UTI?

John MULLAHY: No UTI, no. We are talking about a bent finger.

The DEPUTY SPEAKER: Through the Chair.

John MULLAHY: It was completely twisted sideways, and thankfully he was able to go down to the Glen Waverley Primary Priority Care Centre on Blackburn Road on a Sunday at 7 pm, and he got the treatment that he required. He was bandaged up and he was able to return home in less than an hour. If he had gone to the emergency department, it would have taken longer and been a much more complicated process. This example clearly elucidates the effectiveness of priority primary care centres for patients and as a measure for easing pressure on our emergency departments. That is why community pharmacies will be the next step in easing some pressure off our GPs and hospitals.

As part of the \$154 million boost for primary care in Victoria there is \$43 million allocated to expand primary health services through public providers in women's prisons, increasing access to medical

officers and integrated care. The Andrews Labor government is delivering on its promise to support community pharmacies and to strengthen our healthcare system. In Victoria there are some 1453 community pharmacies and 8324 pharmacists with general registration. Importantly, they are trusted and accessible health professionals who provide excellent service to all Victorians.

In a time when it is harder to see a GP and harder to get the treatment required on time, it is the next logical step to expand the role of respected and experienced community pharmacists. These changes positively impact Victorians and the people of Glen Waverley that I represent. Every Victorian has the right to acquire the medicines they need when they need them for a fair price. The health and safety of Victorians is the number one priority of the Andrews Labor government. This bill and the community pharmacists statewide pilot demonstrates the priority of the Andrews Labor government, because at the heart of every policy is a focus on the wellbeing of every Victorian, no matter their background. We have a responsibility to look after those in need and especially those who are at their most vulnerable. Through this bill and the pilot we continue to build on our progress to improve accessible and quality primary care for all.

We are delivering on yet another election commitment and doing what matters by investing in our healthcare system, our healthcare workers and the wellbeing of Victorians. Supporting women's health, improving access to primary health services, saving families money, strengthening our primary care system and backing regional health care – these are the benefits of this incredibly important reform. This is what we promised and this is what we are delivering. I commend the bill to the house.

Tim READ (Brunswick) (12:49): It has been quite an interesting debate today – something of an organ recital really, as we have gone around the room and heard the litany of complaints. I was having flashbacks. The Greens support the concept of the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. We will not oppose the bill in the Legislative Assembly, because the government is proposing this bill for good reasons. When GPs are booked out, why should people wait so long for something that a pharmacist can provide, especially if it is urgent, whether is itchy eczema, needing a repeat of a contraceptive pill, treating a urinary tract infection or a hepatitis A vaccine? I also want to say that I am grateful to the government and the Department of Health for the briefing about the bill.

Nevertheless, the Greens do share the concerns of some stakeholders about risks and uncertainties, and I will just list those briefly: first of all, the non-disclosure agreements signed by experts and members of the various panels; what seem to be inadequate plans for evaluation of this pilot; from the information we have been given, the apparent lack of planning for communication with relevant GPs and hospitals; the risk of overprescribing and particularly the risk of antibiotic resistance; the risk of inadequate advice going to patients, particularly regarding, say, the need for antimalarials and the need in some cases for long-acting reversible contraceptives; and the risk of misdiagnosis and potential serious consequences.

I will just start by briefly mentioning the non-disclosure agreements. Several stakeholders who are members of either the advisory or the clinical reference group have told us that they have had to sign non-disclosure agreements, which in my opinion limits their ability to participate in public debate about a matter of public health. I think it is quite appropriate that the government has created a clinical reference group and an advisory group to sort out the protocols and the limitations around this program, but why should we swear experts to secrecy over this? If they want to speak publicly, let them. If the government does not agree, say so. We are talking about public health information, not military secrets, and silencing public figures with expertise does not reassure the rest of us.

The thing I want to talk about mostly, though, is evaluation. Given the risks that are inherent in dispensing medication, it is important that we find out if the benefits of this scheme outweigh the harms. I think they will, but we will not know unless we design a comparative trial. Similar schemes are being evaluated as part of a clinical trial in New South Wales. South Australia has decided to go down the route of a parliamentary inquiry. I can understand the government not wanting a time-

consuming randomised control trial. That is where people who want to use the service are randomly assigned and either get to use the service or have to go to the doctor. It would be awkward and difficult to recruit enough participants over time. But there are many study designs that use existing populations as a comparison group. Why not look at rates of prescribing and rates of complications in people attending medical services or people attending non-participating pharmacies? People that do not have access to the new service because their pharmacy is not participating could form part of the comparison group. And you can find these populations in datasets: you can talk about people who went to the doctor or the pharmacy last year or 10 years ago in Victoria or in Sweden. So you can build a control group out of a reference population that already exists.

It is not as good as a randomised control trial, but getting some sort of comparison data is far better than just a single-arm response rate, a single-arm questionnaire – ‘Were you satisfied with the service? Did you collect the medication you expected to, yes or no? Thanks for your time’ – and then a few percentages presented as a pie chart. That sort of evaluation does not tell you much compared to an evaluation that says, ‘People using this service got more or less antibiotic or took more or less antimalarial when they went overseas to a malarious area than people who used the normal care situation.’ Comparison is critical in the sort of trial that needs to be done to tell us whether the benefits outweigh the harms. As I said, I think the benefits will outweigh the harms, but we need a proper comparison.

The selling point of this pilot that the government proposes should surely be time to treatment, because time to treatment will be shortened. If you have got a urinary tract infection, do you have to put up with symptoms for a week or a day? It should be very easy to measure time from onset of symptoms to treatment in a simple questionnaire administered to people who use the service and measured from either existing datasets or people not using the service, because time to treatment is what this is all about. So let us measure it.

Between now and the upper house voting on this legislation it might not be possible to develop and release protocols to reassure everyone concerned about the various risks that I have talked about, but at the very least a properly designed study that will measure those potential harms and benefits will provide the information by the time the pilot is over. And if the study is done well, it will silence the critics and also point to anything that needs to be fixed. I note that the opposition has circulated a reasoned amendment urging that this be done in the context of a clinical trial. The Greens have also drafted amendments for the Legislative Council. The wording is a little different but they point to the same thing. These amendments have not yet been circulated but will be shortly. These amendments require supply of medication to be undertaken in a clinical trial that is approved by a human research ethics committee and includes a control group. The final form of this can be negotiated by the MPs in the other place, but our particular amendments are drafted in the name of Sarah Mansfield, so I will not be circulating them today.

The DEPUTY SPEAKER: Order! Can I just remind the member not to pre-empt debate in the other place.

Tim READ: Thank you, Deputy Speaker – a very timely warning. Let me move on then and say that hoping that the government does pick up advice from all quarters concerning a clinical trial, it will need data. A convenient way to record data without inconveniencing patients, clients or customers when they go to a pharmacy would be to have them answer a few questions online while they are waiting. The pharmacist can just text them a link to a survey website, which could be put together very quickly. I should remind the government that they have actually done this before; they have actually developed survey websites like this that go to people’s symptoms, and I can talk more about that later. It certainly should be possible to get this done in the three months prior to the planned launch date in October. If it is not, maybe do not let this sink or swim depending on its launch date in October. In other words, why not put the launch date back a bit, design it properly, do it right and start it a few months later if necessary?

I want to turn to another risk that has been raised by many, and that is that many Victorians can identify a general practice and some cannot, but there needs to be a record for their general practice if they have got one of what medication they have received. It is not very helpful if the medication dispensing record sits only in the pharmacy where it is dispensed. The practice they identify as their own should be notified about what S4 medication, antibiotic or vaccine they receive, or it should be uploaded to My Health Record. Communication of this information to a health record of one sort or another, either a GP or My Health Record, ought to be a prerequisite for participation. Again, completing an online questionnaire would create such a record which could be sent to the appropriate destination.

There is also a risk of overprescribing and of antibiotic resistance. Not everyone with urinary discomfort has a urinary tract infection. Australia is in the top 10 per cent for consumption of antibiotics per person globally. Australia's doctors are not the most restrained prescribers of antibiotics. Will the pharmacists who are selling it be any better at wise restraint, or what is known as antibiotic stewardship? We will not know unless we measure it. So will those with milder or atypical symptoms be just given antibiotic, or will they get a plan of action and a pathway to follow if their symptoms worsen? The rates of antibiotic use should be compared for those attending a pharmacist and those in the comparison group or population. I also note the time and stand ready to be interrupted.

Sitting suspended 1:00 pm until 2:01 pm.

Business interrupted under sessional orders.

The SPEAKER: I acknowledge a former member for Carrum Donna Hope in the gallery today.

Members

Minister for Mental Health

Absence

Daniel ANDREWS (Mulgrave – Premier) (14:01): I rise to inform the house that the Minister for Mental Health is absent from question time today and that the Minister for Health will answer questions in her place.

Questions without notice and ministers statements

Parole eligibility

Brad BATTIN (Berwick) (14:01): My question is to the Premier. The families of Paul Denyer's victims are in the house today. Can the Premier tell them why the government will not support the private members bill to keep Paul Denyer behind bars for the rest of his life?

Daniel ANDREWS (Mulgrave – Premier) (14:02): I thank the member for Berwick for his question. Earlier on today the Attorney-General Ms Symes in the other place wrote to the honourable member for Berwick in his capacity as the relevant shadow minister and offered, to him and to all members of the opposition, an opportunity to work with the government in a bipartisan way to develop proposals and plans that would be far less likely – and in fact it is our intention to draft changes to the law in relation to parole for offenders like the offender that the member for Berwick mentioned. It is the government's intention to develop changes to the law that would avoid potential, and on some reckoning likely, challenges to the High Court. We do not think that any family, least of all the families in question here, benefits from a potentially long and very, very challenging process in the High Court. We think there is a way forward to limit access to parole for those who have been convicted of these sorts of offences who have already had at least one go before the adult parole board, putting in a time limit and, secondly, for those who have not meaningfully participated in rehabilitation programs, who have effectively shown no interest at all in being rehabilitated whatsoever, making it impossible for them to petition to appear, let alone appear, before the adult parole board.

As is his right, the member for Berwick and the opposition decided to proceed with their matter in the other place. They are perfectly entitled to do that. They essentially indicated that they did not want to take the government up on the invitation that we have extended to them. I again reiterate the government is –

Members interjecting.

Daniel ANDREWS: Well, for the benefit of *Hansard* it was this morning, and for the further benefit of *Hansard* I extend again a further invitation to those opposite and indeed to all members of Parliament to work with the government in the development and the drafting of those changes, for the benefit of the families that the member for Berwick mentions and all families, because these changes will be enduring. They will not relate to any one person; they will relate to all such persons if they were to qualify. I will again make the point, as I did yesterday, that the way in which the system has engaged with the families in this matter is not only regrettable but unacceptable, and we will do more and do better to ensure that that does not happen again.

Brad BATTIN (Berwick) (14:05): Given the Premier's support for the same legislative approach that has kept Julian Knight and Craig Minogue behind bars for life, why is Paul Denyer any different?

Daniel ANDREWS (Mulgrave – Premier) (14:05): It is the considered view of the government that each and every one of these individual specific provisions make it more likely that these matters will not only appear before the High Court but could be subject to an adverse judgement. It is for us to develop a way forward that supports families who are affected and carry the great burden of these evil crimes every day and that does not involve the likelihood – some would argue, the certainty – of a High Court challenge that is long, difficult, painful, distressing. That is our intention, and I again urge the member for Berwick and his colleagues to join with the government in developing these enduring changes – changes that we think will be High Court proof, as it were, and would not give rise to a very painful and long and protracted appeal process. That is my offer: work with us, and we will find a way through.

Ministers statements: school breakfast clubs

Daniel ANDREWS (Mulgrave – Premier) (14:06): I am delighted to rise to update the house on the government's considerable efforts in relation to supporting some of the most vulnerable students in our state schools and indeed beyond. In the lead-up to the 2014 election we made a commitment that we would introduce school breakfast clubs as part of a package of measures to support families doing it tough, and that has been an outstanding success over these last 8½ years. Something like 500 Victorian government primary schools since 2016 have become part of this program. There are now 1000 primary, secondary, P-12 and specialist schools that are involved in this important program. They deliver breakfast, as the name suggests, but also lunch programs and school holiday food programs. With school holidays fast approaching, we know that there will be some families for whom this will be a very, very difficult time. We are supporting our smallest Victorians and young Victorians to be focused on their studies. Learning on an empty stomach is incredibly challenging for them, for their classmates, for behaviour, for mood. For all of those important reasons it is very important that we have not only introduced this program but grown it and expanded it. I was out in Footscray with the honourable member for Footscray very recently to celebrate the fine work of the Footscray Primary School, which is doing a great job extending these services. The budget – passed last night, I am very pleased to say, in the other place – delivers some \$69.5 million over four years, which means that students at 1000 schools will continue to get those healthy breakfasts, 1000 schools where families who might be feeling increased cost-of-living pressure will know that they have that support. This of course sits in stark contrast to the education maintenance allowance, which was cut by a previous government. We will continue to support vulnerable Victorians as only a Labor government can.

Economic policy

Cindy McLEISH (Eildon) (14:08): My question is for the Premier. The South Australian Treasurer has launched a campaign to attract Victorian business by highlighting their lower taxes and charges on businesses. Does the Premier still stand by his comment: ‘Why would you want to go to South Australia?’

Daniel ANDREWS (Mulgrave – Premier) (14:09): I do thank the honourable member for her question; I genuinely thank her for the question. I might just say this: if you wanted to be reacquainted with about, well, \$670 million of Victorian GST paid by Victorians, you would need to go to South Australia, because that is where that money that hardworking Victorian consumers pay every time they buy goods and services finishes up.

John Pesutto: That is where businesses and jobs will go, Daniel. You know that.

Daniel ANDREWS: Well, John, you might finish up in South Australia once this lot have had enough of you.

James Newbury: On a point of order, Speaker, under standing order 58 the Premier knows not to debate the question. I would ask you to bring him back to the question, which relates to the increased taxes and charges on Victorian businesses.

The SPEAKER: I would ask the Premier to come back to the question.

Daniel ANDREWS: Thank you, Speaker. If I can put it to you that the question asked me why I had used a certain phrase some time ago about why you would want to go there, that is exactly what I am going through. If you wanted to be reacquainted with nearly \$700 million of Victorian taxpayers money, then you would need to go to South Australia, because that is where the GST is so devised –

John Pesutto: Higher taxes, higher power bills, higher WorkCover premiums – you are giving them a whole lot of reasons to go to South Australia.

The SPEAKER: The Leader of the Opposition will cease interjecting.

Daniel ANDREWS: Well, if only you were this loud to stand up for Victorians. At the end of the day I did see my good friend the Premier of South Australia and his colleagues. They have been out there saying a whole lot of different things, and it seems to me that in their heart of hearts, they want to be Victorians.

John Pesutto: They want the highest debt in the country. They want the highest taxes per person.

Daniel ANDREWS: And of course we wish –

The SPEAKER: Leader of the Opposition!

Daniel ANDREWS: Well, Mali’s doing a bit better than you, mate. He is on the government benches.

The SPEAKER: Order! Premier, through the Chair.

John Pesutto: How will they go on?

Daniel ANDREWS: That is the question your colleagues are asking: how will I go on? That is what they are asking.

John Pesutto: The highest taxes per person in the country – more debt than New South Wales, Queensland and Tasmania combined.

Daniel ANDREWS: Winter cannot come soon enough.

The SPEAKER: Order! I would ask the Leader of the Opposition to be respectful of the Chair's rulings. I ask the Premier to speak through the Chair.

James Newbury: On a point of order, Speaker, again on relevance, the Premier is now defying your ruling.

The SPEAKER: The Premier to continue, through the Chair.

Daniel ANDREWS: As I was saying, I think in their heart of hearts so many South Australians actually want to be Victorian. They spend so much time talking about Victoria and so much time obsessing about Victoria that I think they might want to actually be Victorian. There are many South Australians who have chosen to make a new life in our great state, and those of them who are teachers and nurses and police officers and footballers – we welcome all of them. We do of course have a fundamental problem with so much of our GST going to support their budget and their services, but such is the way that that tax was devised, and we would not want to be petty by going on any more about that.

But I was asked: why would you want to go there? Well, again, people are free to make their own choices, but if you want to come to big major events, you come to Victoria. If you want to see and understand one of the great cities of the world for medical research, you come to Victoria. If you want the best health care, you come to Victoria.

Members interjecting.

Daniel ANDREWS: Well, you are looking a bit sick yourself.

The SPEAKER: Order! Through the Chair! The member for Malvern is warned. The Leader of the Opposition will come to order.

Cindy McLEISH (Eildon) (14:13): The Premier's regard for small businesses, or any business, is pretty clear, isn't it? Has the Premier received any advice about how many Victorian companies may relocate to South Australia on the back of their lower taxes and charges?

Daniel ANDREWS (Mulgrave – Premier) (14:13): I thank the honourable member for her intro comment about small businesses. I grew up in a small business household, so let me be really clear about this –

Members interjecting.

Daniel ANDREWS: Well, I did, and you do not like it, do you? You do not like it, because the party of business over here could not run a bath. We will not be lectured on the more than 600,000 jobs that have been created in this state.

James Newbury: On a point of order, Speaker, again on relevance, the Premier's behaviour is unfitting to him. I would ask you to bring him back to the question.

The SPEAKER: The Premier was being relevant to the question, but I do ask the Premier to direct his comments through the Chair.

Daniel ANDREWS: Indeed I was, Speaker. There is no such advice. In fact all the advice, as outlined in the budget papers, is a growing Victorian economy, more jobs, more investment, more skills, better services and a surplus in the final year of the forward estimates – and that is the real point of this question. They are so desperately upset that we are creating jobs, improving services –

John Pesutto: Have you read your own budget papers? Joblessness goes up, GSP comes down.

Daniel ANDREWS: Well, I would not lecture anyone on job security, John. You are not qualified – you are just not qualified.

The SPEAKER: Order! I ask the Premier and other members to refer to other members by their correct titles.

Ministers statements: school camps

Natalie HUTCHINS (Sydenham – Minister for Education, Minister for Women) (14:15): I rise to update the house around the importance of school camps and also the wonderful teachers that support our students while they are on school camps.

Members interjecting.

The SPEAKER: The member for Eildon is warned.

Natalie HUTCHINS: We know that school camps provide educational opportunities to students to get social connection, independence, emotional learning and outdoor education – some things that usual days at schools cannot offer. This government takes our investment in supporting all students to access camps seriously. That is why out of this budget we have invested \$299 million for school camps. The Camps, Sports and Excursion Fund has received this really important uplift. What this will allow is for 200,000 students to gain financial support to be able to participate in these sorts of activities and camps so that they are not penalised if they cannot afford them. They get a boost, and it is a \$170 million boost to make sure kids across this state, no matter their background, can reap the benefits of education outside the classroom. Families accessing the fund will be provided with an additional \$25 per year to go towards these activities, for both primary and secondary school students. We are also ensuring students in specialist schools get access to this fund. We are also ensuring that teachers are better supported to deliver the camps by making sure they are fairly compensated for their work. An investment of \$130 million will help schools to meet their time in lieu requirements. Teachers and support staff will receive back pay from the start of this year, with an additional payment of around \$200 per night whilst on call at camp. This is about ensuring teachers' work and dedication is recognised in a way that it has never been recognised before. School camps support students, and the important skills that they learn through them they carry for the rest of their lives.

Schools payroll tax

Jess WILSON (Kew) (14:17): My question is to the Minister for Education. Whitefriars College, Donvale Christian College, Melbourne Rudolf Steiner School, Oxley Christian College and Yarra Valley Grammar, all in the electorate of Warrandyte, will be subject to the government's new schools tax. Will the minister guarantee that the government will not include these schools on their schools tax hit list?

Natalie HUTCHINS (Sydenham – Minister for Education, Minister for Women) (14:18): Can I thank the member for her interest in the non-government school payroll exemption process. It would have been better to have had this question from the member for Warrandyte, who probably knows these schools more intimately. I am really pleased to say that this government will continue to work with the independent schools sector, the non-government schools sector, to implement the –

Members interjecting.

The SPEAKER: The member for South Barwon is warned.

Natalie HUTCHINS: legislation that just passed the Parliament last night. My department is working with the sector to map out the data provided to us by ACARA, the Australian Curriculum, Assessment and Reporting Authority, to make sure that the formula is transparent when the formula is formed. I know those opposite want to run a scare campaign, but the reality is –

James Newbury: On a point of order, Speaker, on relevance, the minister was asked about a number of schools directly in the Warrandyte electorate and whether those schools would be hit by the government's new school tax hit list. The minister has not at all referred to those schools or whether the tax will apply to those schools.

The SPEAKER: Order! The minister is being relevant to the question that was asked.

Natalie HUTCHINS: The vast majority of non-government schools, around 85 per cent, will not be affected by this change. This change is very much focused in on making sure that there is an equality across the system – that some non-government schools in that highest fee paying category have to pay the required payroll tax that is currently paid by our government schools. The process will be worked through with the sector. We are talking with the sector. We will continue to talk with the sector to make sure that we get this formula right.

Members interjecting.

The SPEAKER: Order! The member for South Barwon can leave the chamber for 1 hour.

Member for South Barwon withdrew from chamber.

Jess WILSON (Kew) (14:20): The result of Labor’s schools tax will be that many families will not be able to afford the inevitable fee increases. Has the minister received any advice on the ability of the two government secondary schools in Warrandyte to cope with the additional students?

Natalie HUTCHINS (Sydenham – Minister for Education, Minister for Women) (14:21): I thank the member for the supplementary question. I remind the member that this government has invested more than \$30 billion –

Daniel Andrews: How much?

Natalie HUTCHINS: \$30 billion –

Daniel Andrews: Billion?

Natalie HUTCHINS: yes – since we have come to government into our school system in Victoria. That is exactly why we are the Education State. We are top of the class when it comes to our NAPLAN outcomes, we are delivering new schools, we are upgrading schools and we are working to back up the demand.

James Newbury: On a point of order, Speaker, on relevance, the question related to schools in the Warrandyte electorate, and we know that 93 per cent of school funding goes into Labor electorates.

The SPEAKER: Order! There is no point of order.

Natalie HUTCHINS: Thank you, Speaker. I will not apologise for the great results we got at the last state election in the growing suburbs, and we will continue to deliver in the growing suburbs, in the city, in the regions and in rural areas. Where schools are experiencing growth, we will meet that demand, we will give that support and we will back our teachers and students in to thrive.

Ministers statements: public transport fares

Ben CARROLL (Niddrie – Minister for Industry and Innovation, Minister for Manufacturing Sovereignty, Minister for Employment, Minister for Public Transport) (14:22): I rise to provide an update to the house on how the Andrews Labor government is helping Victorians with their cost of living through our regional fare discounts that we have implemented. Under this government fairness is in the heart of our DNA. What you pay for a public transport fare should not be about where you live. That is why at the election we promised – and Victorians agreed – to introduce regional fares to make them fair, like metropolitan Melbourne. Just last week Strathbogie mayor Laura Binks wrote to me:

Change of regional V/Line fares benefitting the North-East and Shepparton lines

She caught the V/Line to meet with Minister Horne. She wrote about it here, which is very good. Engaging with the government of the day – that is what you do. She said:

During my train trip, I met multiple constituents who were all so thrilled with the reduced prices ...

She thanked us for this initiative. But I have got more. We know they are in love with each other over there, but Cupid arrived –

Members interjecting.

The SPEAKER: Order! I ask the Leader of the Opposition to cease calling the minister by his first name in the chamber. He has a title if you wish to speak to him.

Ben CARROLL: Thank you, Speaker. The member for Ripon knows, and she got this. Someone said:

This is going to make dating much easier ... Got a busted wing, so can't drive atm, but took a V/Line down to Ballarat lat weekend ...

...

Date didn't work out, but that's cool!

These fares are making a real difference.

Members interjecting.

The SPEAKER: Order! The Leader of the Nationals is warned.

Ben CARROLL: The only reason we are in a position to make this investment is that since 2014 we have not wasted a minute. Whether it be rolling stock or whether it be the Regional Rail Revival, we have not wasted a minute. While they have been on a four-year public holiday, we have been on and getting on with the job day in, day out.

East Gippsland recovery funding

Tim BULL (Gippsland East) (14:24): My question is to the Premier. Premier, after the horrific 2019–20 bushfires you stood with me at a media conference in Bairnsdale and said you would walk with East Gippsland in every step of the fire recovery. You probably recall that conference. Will you now intervene and ensure the Thurra River bridge construction, which is so critical to our tourism industry in East Gippsland, is fast-tracked and not left to languish until six years after the fires, which is the current time frame?

Daniel ANDREWS (Mulgrave – Premier) (14:25): I thank the honourable member for Gippsland East for his question. I do remember that media engagement, and I do –

A member interjected.

Daniel ANDREWS: Well, we will leave the politics to others while we answer a serious question from the member for Gippsland East, shall we? Shall we do that? That would be a good thing. We will let others interject while we deal with someone who is actually standing up for his local community.

I do remember the media engagement. It is not often that I do press conferences with members of the opposition, but the thing about it was – and I make this point in all sincerity – the member for Gippsland East in that time, the most difficult of times, was not so much a member of the opposition as he was a champion for his local community. I think that there has been correspondence, more than one text message over the journey, where I have communicated with him, he has communicated with me – my staff as well – and, whenever we have been able to find that common ground and put the public interest ahead of any political interest, we have done well. We would not always agree on things – some notable policy changes of recent times – and I do not begrudge the member for Gippsland East a very different point of view than mine.

On the issue of the bridge that he cites, I am not briefed on the matter. However, as I have done in the past, I will give to the member an undertaking that after question time I will ask the relevant question, and I will come back to him personally in relation to that project. We pride ourselves as a Parliament, not just one political party or another; I think all of us pride ourselves, certainly members of the National Party and myself. Members of the National Party and members of government pride ourselves on putting aside our differences when things are really difficult. Those Black Summer bushfires and other fire events and flood events have been the most challenging of times, and all of us

have been better servants of the community we serve, we have been better at these roles, these privileged and special positions that we hold, because of that.

I cannot give you the answer you want right now, because it would not mean much until I go and ask the question, get the briefing – and I will be happy to come back to you personally and give you an idea of what the government’s intentions are. This is not remarkable. I am not seeking credit for the fact that we put politics aside in times of disaster. That is exactly what you should do. It is exactly what you should do, and I would like to think that if we are called upon in the most difficult of times in the future to do similar work, from our point of view and for my part, that is the approach we will always take.

Tim BULL (Gippsland East) (14:28): Premier, 3½ years after the fires, in addition to the Thurra River bridge, no works have begun to rebuild the Cape Conran cabins, which are important for our tourism. The Cape Conran boardwalk, which is very popular with all visitors to our area – that is at a standstill. Jetties burned around Mallacoota Inlet and many other areas remain closed. The time frames around these are disgraceful in relation to their completion. Will you cut through this bureaucratic red tape and please assist with getting on and rebuilding this important East Gippsland tourism infrastructure before this summer holiday period arrives?

Daniel ANDREWS (Mulgrave – Premier) (14:28): Whilst I am not in a position to commit to summer, which is not that far away, the answer to the first part of your question, will I do whatever I can to go through that red tape, is yes. But let me get further advice on that. When it comes to those important projects, we want to see them completed, we want to see as many local jobs secured because of those works and we want to see that local economy, that beautiful pristine part of our state, open for business and for everyone who wants to go there to go there, whether they be from our state or from interstate. I will particularly single out anyone from South Australia who wants to go and visit there; you would be most welcome.

The other point I would make, though – let me get the briefing, let me get the information for you, member for Gippsland East, but we have had an event in the intervening period, a global pandemic, which may well have influenced whether things could yet be built and tendered and all of that. Let me get to the bottom of what has happened and I will come back to you personally.

Ministers statements: vehicle registration fees

Melissa HORNE (Williamstown – Minister for Casino, Gaming and Liquor Regulation, Minister for Local Government, Minister for Ports and Freight, Minister for Roads and Road Safety) (14:30): I rise to update the house on the Andrews Labor government’s commitment to making rego free for Victorian apprentices and providing cost-of-living relief to Victorian drivers. I recently visited the Kangan Institute with the Premier and the member for Broadmeadows to announce rego will be free from 1 July for eligible apprentices, delivering on our election commitment. This will put up to \$876 back in the pockets of Victorian apprentices each year so they can focus on getting the skills they need for the jobs they want. Funded in this year’s budget, this will provide cost-of-living relief to thousands of new tradies at a time when they need it most. We know they need their vehicles to get to and from each job, so we are relieving this cost burden for them. We have already halved rego costs for over 12,000 Victorian apprentices, but now we will go further. The member for Ashwood will know how important this is for apprentices at Holmesglen, and the member for Box Hill will see the benefits for students at the Box Hill Institute too. I am sure you, Speaker, along with the Deputy Premier will know just how much of a relief this is for apprentices at Bendigo TAFE.

But this is not all that we are doing. We are softening the blow for the family budget and making it more affordable to keep the car on the road. We have introduced short-term rego payments, so the cost does not come in one hit. We have given safer drivers 25 per cent off rego renewal fees, saving them over \$7 million last year. We have made learners and probationary licences and online tests free, and we have made learning to drive available to more people with the L2P program, which supports almost 2500 disadvantaged new drivers every year with free supervised driving. This program has empowered

over 15,000 learners to clock up almost 800,000 hours getting their Ps. Just like Pat Cummins smashed it for Australia, the Andrews Labor government is smashing the cost of living for Victorians.

Members interjecting.

The SPEAKER: Order! I know there are a lot of tired people who sat up and watched the Ashes last night.

Economic policy

Brad ROWSWELL (Sandringham) (14:32): Lovely and fresh, Speaker. My question is to the Treasurer. I refer the Treasurer to a statement by the Premier to this house, and I quote:

AAA credit ratings are not handed out lightly; they are not handed out to states gripped by economic mismanagement.

Can the Treasurer outline Victoria's current credit ratings from Moody's and Standard & Poor's?

Danny Pearson interjected.

The SPEAKER: Order! Assistant Treasurer, the call was not to you.

Tim PALLAS (Werribee – Treasurer, Minister for Industrial Relations, Minister for Trade and Investment) (14:32): I thank the member for his question, and can I say that the Victorian government at the time that the Premier made the comment of course was one of only about three or four sovereign jurisdictions on the planet that had a AAA credit rating.

Members interjecting.

Tim PALLAS: And of course I am asked: what happened? I understand it is lonely in opposition, but perhaps the Leader of the Opposition is aware of the fact that there was a worldwide pandemic. But whilst the Leader of the Opposition was busy collecting lint from his own navel, we were looking after the wellbeing of Victorians.

Members interjecting.

The SPEAKER: Order! I ask the Leader of the Opposition once again to stop referring to members across the table by their first names.

James Newbury: On a point of order, Speaker, on relevance, the Treasurer was asked for the current credit rating, and he is yet to go anywhere near responding.

John Pesutto interjected.

The SPEAKER: Order! Leader of the Opposition, I would ask you to show some respect to the Chair. The Treasurer was being relevant.

Tim PALLAS: To answer the question quite directly and technically, our rating is much higher than the Leader of the Opposition's.

James Newbury: On a point of order, Speaker, the Treasurer knows not to debate the question. I would ask you again to ask the Treasurer to deal with the question.

The SPEAKER: I do ask the Treasurer to come back to the question.

Tim PALLAS: Well, the question comes at a rather opportune time, because I had a wonderful discussion today with the head of Moody's ratings agency. So I do actually happen to know the rating, and I also know what they think of the way that the government is managing the budgetary position and the challenges that every jurisdiction across the planet is dealing with. And might I say, next week I will have another discussion with Standard & Poor's, and those discussions basically recognise that the state with a AA credit rating – not the AAA that we had previously, but certainly –

Brad Rowswell: On a point of order, Speaker, on relevance, all we want to know is the rating.

The SPEAKER: I cannot instruct the Treasurer how to answer your question. The minister was being relevant to the question that was asked.

Tim PALLAS: A AA credit rating is pretty good by international standards. Might I say, I picked up the paper only the other day to see the new Treasurer of New South Wales bemoaning the fact of the disaster of a budget that he has inherited from the Liberal Party, basically prognosticating that they are almost certain to lose their AAA credit rating. So of the states we will be, effectively, on the same rated number – AA – as every other state. I think there might be an issue with the ACT, who I think at the moment –

Daniel Andrews: They are not a state.

Tim PALLAS: They are not a state. And of course we are too busy funnelling our GST funds to the ACT. \$2.8 billion of Victorian taxpayers money every year is being shifted to other states like Queensland, God bless them – \$12 billion in surplus and getting subsidised by Victorian taxpayers. Let me say, if we had that \$2.8 billion on our balance sheet, I am pretty confident that I could say we would have a much better credit rating going forward. But, as is always the case, it falls to the state of Victoria to protect the nation. *(Time expired)*

The SPEAKER: I would hope, for this last question, that members will listen to the answer rather than interjecting across the table constantly.

Brad ROWSWELL (Sandringham) (14:37): I refer the Treasurer to Moody's assessment of Victoria's budget, which says:

... we do not expect Victoria's debt burden to stabilise before the end of fiscal 2028, maintaining negative pressure on the state's rating.

Can the Treasurer explain how a budget of higher taxes and higher debt will in fact improve Victoria's credit rating?

Tim PALLAS (Werribee – Treasurer, Minister for Industrial Relations, Minister for Trade and Investment) (14:38): It is good to see that the member actually has spent a bit of time reading our budget, as clearly Moody's have, because it is not late-breaking news that we have not stabilised debt at the moment, but we are pretty, pretty close to it – 0.1 of 1 per cent of gross state product, as a matter of fact, in the final years of the forward estimates. So all that the member has done is read the budget paper or quote Moody's, who have probably read the budget paper perhaps more forensically than the member himself has. What we do know as a state is that we are consistently making progress against the only jurisdiction in the nation's pathway to demonstrate how our fiscal repair plan works. We have created over 460,000 jobs. Our economy is running 25 per cent faster than the rest of the nation. We are producing operating cash and operating surpluses in our forward estimates – *(Time expired)*

Ministers statements: energy policy

Lily D'AMBROSIO (Mill Park – Minister for Climate Action, Minister for Energy and Resources, Minister for the State Electricity Commission) (14:39): I am very pleased to update the house on how our \$250 power saving bonus is actually helping Victorians with their cost of living. We have now reached 1.5 million applications for our fourth round of the bonus. 55,000 of those applications have come through the very important community outreach program. Partnerships with community organisations are making sure that regardless of where people live and their circumstances they are able to get that money in their pockets and give themselves bill relief.

I do note that we had the Brotherhood of St Laurence – one of those great partners – out here in Queen's Hall doing fantastic work helping those in need right across the state. Since July 2021 we have delivered three rounds of the bonus. More than 850,000 concession card holders have received power saving bonus number 2, and 1.85 million Victorians have received it under round 3. With the

current round now reaching 1.5 million applications, we have provided more than \$900 million in bill relief to Victorians in just these two years.

Daniel Andrews: And better deals.

Lily D'AMBROSIO: Better deals too, absolutely. The upcoming bonus of course is there, and with our agreement with the Commonwealth there is an extra \$250 in their pocket, which means concession card holders in the last two years are getting \$1000 of relief in their pockets.

Daniel Andrews: Hear, hear!

Lily D'AMBROSIO: Absolutely.

It is about leadership and it is about doing what matters. It is about real dollars in the pockets of Victorians through the power saving bonus and through of course our Solar Homes program, and it is also why we are bringing back the SEC – because we know that when we accelerate more renewable energy supply into the market, we put downward pressure on wholesale prices and people's bills. It is about doing that, making sure that Victorians have control over their own costs, and our government backing them every step of the way. It is about doing what matters.

Rulings from the Chair

Constituency questions

The SPEAKER (14:41): Yesterday the member for Ringwood raised a point of order about the admissibility of a constituency question from the member for Kew. As is usual practice when such a point of order is raised, I have reviewed all constituency questions asked yesterday. It was disappointing to see that at least half the constituency questions were either not admissible or questionable at best. I will take this opportunity to remind members about the requirements for constituency questions. Sessional order 8(1) provides that:

At the conclusion of oral questions without notice and ministers' statements, five government members and five non-government members may ask one oral question each to ministers relating to constituency matters.

Previous rulings from the Chair have clarified that this means constituency questions must be a single question and must not seek an action. By their nature questions are interrogative and seek information. Whilst there may be sometimes a more fine distinction between a question and seeking an action, I encourage members to phrase their questions by beginning with 'how', 'why', 'what' or 'when' and this will generally avoid confusion about admissibility. If members are ever in doubt about whether their questions meet these requirements, please run them by me or the clerks. The matters raised yesterday by members are no doubt very important matters, which gives me hesitation to rule them out. Therefore I will allow them to stand and leave it with ministers to respond as best they are able. However, I warn members that in future I will rule out constituency questions that are clearly in breach of these requirements.

Sam Groth: On a point of order, Speaker, I have some unanswered questions I would like you to follow up, please: question 89 for the Minister for Health, question 118 for the Minister for Emergency Services and question 168 for the Minister for Housing.

The SPEAKER: They will be followed up.

Tim Bull: On a point of order, Speaker, I have 25 overdue questions. I will just run through the numbers quickly: 67, 73, 76, 138, 139, 140, 141, 142, 232, 236, 237, 384, 385, 386, 387, 388, 389, 420, 421, 422, 423, 424, 425, 434 and 435. They are to the ministers for housing, agriculture, government services, environment, energy and resources, disability, ageing and carers, and police. They are all very important matters to my electorate, and I would appreciate those being pursued so that I can get some answers.

The SPEAKER: The matters will be followed up.

CONSTITUENCY QUESTIONS

Wednesday 21 June 2023

Legislative Assembly

2347

Bill Tilley: On a point of order, Speaker, I have two questions to the Minister for Environment from 8 February, 132 days ago: questions on notice 94 and 96. They relate to the limits on trapping wild dogs in parks in the Benambra district and the integrity of the wild dog exclusion fence in the Tallangatta Valley. I would appreciate an answer before some of these dogs have another litter of pups.

The SPEAKER: An interesting point of order.

Sam Hibbins: On a point of order, I actually have an unanswered adjournment, number 27. That was for the Minister for Housing in regard to the Ombudsman's report on public housing complaints. It was made on 8 February 2023, and I ask that the minister follow up and an answer be provided.

Constituency questions

South-West Coast electorate

Roma BRITNELL (South-West Coast) (14:45): (210) My constituency question is to the Minister for Environment, and I ask: what are the details of the contracting and tender process used for the upgrades to the rock wall in Dutton Way? I am told from locals that a Melbourne-based road-building company has been awarded the contract rather than one of the many experienced South-West Coast civil earthworks companies. Indeed it appears these local companies were not even given the opportunity to bid for the contract. I am informed by locals that it would have been cheaper to source local contractors, saving your heavily indebted state Labor government money whilst also using those with experience, appropriate knowledge and equipment. The public are rightly asking how it can be cost effective, not to mention environmentally friendly, for large civil earthworks machinery and workers to be trucked across the West Gate when all exists there in Portland. The public demand to know if this is yet another example of jobs for their Labor mates. Minister, please release the details and share transparency of the appointment of the contractor, including the process your government went through to ensure fairness in the procurement process.

The SPEAKER: I will check that constituency question. There were multiple questions.

Thomastown electorate

Bronwyn HALFPENNY (Thomastown) (14:46): (211) My constituency question is for the Minister for Climate Action, Minister for the State Electricity Commission and Minister for Energy and Resources. Minister, how many residents have received the \$250 power saving bonus in the most recent round? The Andrews Labor government recognises that pensioners and families are doing it tough as the cost of living rises. This initiative is one of many to support Victorians in these difficult times, and I urge residents to contact my office for assistance to talk about these supports.

Mildura electorate

Jade BENHAM (Mildura) (14:47): (212) My question is for the Minister for Education. The Clontarf Foundation ask when the state government investment into this outstanding program will match enrolment numbers. When we talk about Closing the Gap we must include Clontarf because they are doing it. In Robinvale the local police credit the zero youth crime rate with the work of the Clontarf Foundation over the last 10 years. The incarceration rates for 10- to 17-year-old Koori boys in Victoria is 23.2 in 10,000. Over the last two years the incarceration rate for Clontarf boys has been zero. The education and employment outcomes are also outstanding. Jett Charles from Mildura has been accepted to Swinburne, a bachelor of business, whilst Mekhi Pappin is currently studying a bachelor of medical sciences at Flinders. Clontarf has had a flat-rate funding of \$540,000 from the Victorian government since its inception in 2010, when enrolment was 128. Enrolment is now 320 and increasing, so when will the Clontarf Foundation get investment on a per student basis?

Hastings electorate

Paul MERCURIO (Hastings) (14:48): (213) There is constant talk in the news, on the radio, on social media, in my community and indeed in this chamber about the lack of social and affordable housing in our communities. With rental fees going up and with rates having gone up, there is a real and intense financial stress not just within my community but right across Victoria. So my constituency question is to the Minister for Housing. Could the minister update my community of the electorate of Hastings on what social and affordable housing is being planned in my area and, additionally, what is currently being built or has been built in my area? As mentioned in my inaugural speech, there are jobs available in my community. However, due to the lack of affordable and social housing for people to live in, many jobs remain unfulfilled. This leads to a lack of economic stability in the community, greater stress to employers and the unfortunate result of businesses closing. I look forward to hearing from the minister regarding the great work the Andrews Labor government is doing to provide social and affordable housing in my electorate.

The SPEAKER: I will review that constituency question. There was more than one question.

Nepean electorate

Sam GROTH (Nepean) (14:49): (214) I think it is debatable whether he is doing great work in housing. My question is for the Minister for Housing. Residents in Nepean are becoming increasingly concerned about the rising homelessness in our community, which has been an ongoing issue across the peninsula for some time. In fact over the past five years homelessness has increased 58 per cent in Nepean, and the number of rough sleepers has doubled since 2016. With cost-of-living pressures rising and Victorians struggling to make ends meet, my community wants action to address the issue and support the most vulnerable in my community. Local community groups do an enormous amount of great work in supporting the homeless and those experiencing housing instability every day, but they need more assistance. Rents are rising, inflation continues and this issue is not going away. It is time for the government to step up and do more to address this important issue and find ways to further support those on the ground providing for vulnerable Victorians. What support is the government specifically providing in the electorate of Nepean to address the homelessness crisis?

Broadmeadows electorate

Kathleen MATTHEWS-WARD (Broadmeadows) (14:50): (215) My constituency question is for the Minister for Small Business, and I ask the minister: how will the Andrews Labor government's election commitment to multicultural precincts benefit my community in Broadmeadows? The Broadmeadows electorate is a tapestry of rich culture. It is home to the greatest number of Lebanese people in the state. Broadmeadows is also home to a great many small businesses, from cafes to fresh food grocers, bakeries and clothing shops, and they might be small, but these businesses make a big impact on our communities, boosting our local economies and driving local jobs. Traders groups like the Australian Lebanese Chamber of Commerce and Industry are integral to our multicultural business communities. The Australian Lebanese Chamber of Commerce and Industry fosters strong economic ties between Lebanon and Australia, creating opportunities for members to grow and thrive, including in the electorate of Broadmeadows. This government continues to put our local small businesses front and centre, and the \$17 million package for businesses and cultural hubs across our state will ensure multicultural precincts can continue to come together and celebrate and share in culture and tradition.

Prahran electorate

Sam HIBBINS (Prahran) (14:51): (216) My constituency question is to the Minister for Housing, and I ask: what measures are being put in place to increase safety at the Horace Petty public housing estate in South Yarra? I regularly meet with residents who have been raising issues with safety and security at the estate for a number of years. Residents have expressed that these ongoing issues are extremely intimidating and anxiety-provoking, and many report feeling scared to leave their apartments. Many residents on the estate are vulnerable. They do not speak English and are too

frightened to complain. When residents do raise these issues, they feel that the security response is lacking, and they do not feel like adequate support is provided to them. I urge the government to increase security and improve safety at the estate, including through consideration of the implementation of a concierge system like that in place in Park Towers in South Melbourne, to better monitor who enters the buildings and grounds. I am significantly concerned about the safety at this estate and the mental and physical wellbeing of my constituents who reside there. Everyone should feel safe in their own home, and the current conditions are simply – *(Time expired)*

Ripon electorate

Martha HAYLETT (Ripon) (14:52): (217) My constituency question is for the Minister for Multicultural Affairs. Minister, with the recent state budget delivering on our promise of \$900,000 for a brand new Hindu temple and cultural centre in Ross Creek, could you please provide an update on the project's next steps? The Ballarat Indian community has grown to around 6000 residents, including in Lucas and Cardigan in the electorate of Ripon. These amazing individuals and families contribute so much to our region as healthcare workers, aged care workers, doctors, teachers and so much more. They deserve a place of worship they can be truly proud of. Last November the Deputy Premier, the member for Wendouree and I stood with the Ballarat Hindu Temple and Cultural Centre committee and other locals to promise them a brand new facility. We have kept our promise and now are getting on with it. So many locals are excited to see this project get underway, and I look forward to providing them with the minister's update.

Rowville electorate

Kim WELLS (Rowville) (14:53): (218) My question is to the Minister for Roads and Road Safety. When will the minister commit to a firm date for when the Henderson and Kelletts roads upgrade in Rowville will be completed and, more importantly, the traffic lights switched on? This intersection was designed to make drivers turning onto Henderson Road and pedestrians seeking to cross safer, yet the constant delays have created a dangerous environment for road and footpath users. This project is a classic Labor project, plagued by setbacks and missed deadlines. Can the minister please just finally provide a safe traffic environment for the residents of Rowville?

The SPEAKER: I will have to review that question. There were two questions in there.

Monbulk electorate

Daniela DE MARTINO (Monbulk) (14:53): (219) My constituency question is for the Minister for Health. Minister, what impact will the comprehensive women's health clinics at both Casey Hospital and Maroondah Hospital have on women's health in my electorate of Monbulk? The Victorian budget 2023–24 invested more than \$153 million to completely change the way women's health issues are treated in our state. Across Victoria women's health facilities are already changing the way conditions like endometriosis, pelvic pain, polycystic ovarian syndrome, perimenopause and menopause are treated, and not a moment too soon. I would like to understand the positive impacts which the women of Monbulk might expect to enjoy once these facilities are open, and I look forward to the minister's response, as I am keen to communicate this with my constituents, because making the women of Monbulk aware of these facilities and the benefits they will provide is crucial in ensuring they engage with the services in the first place so they receive the help which they both need and deserve.

*Bills***Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023***Second reading***Debate resumed.**

Tim READ (Brunswick) (14:55): I will just recap briefly to bring people up to date on the story so far, which is that the Greens support the concept of this bill, because with GPs booked out forever and a day and people wanting to get their urgent needs met, a pilot of this sort seems a very appropriate approach, particularly since it is being done in a number of other countries and states. However, we do have some concerns about this that are shared by stakeholders, in particular – and I have mentioned already – the non-disclosure agreement signed by the various experts on the clinical reference group and the advisory group; the risk of a lack of communication of what is prescribed to the patient’s GP or to My Health Record; and, of particular concern to me, the risk of overprescribing of antibiotics and greater emergence of antibiotic resistance. Having said that, it is not as if the medical profession has an unblemished record in this department, with Australia in the top 10 per cent of antibiotic prescribers around the world. However, our greatest concern is what seem to be the inadequate plans for evaluation of the pilot, which is why we have drafted the amendments that I have outlined, to be further discussed in the other place.

I will now resume where I left off, with a couple of other concerns. The first one is whether the patient customers who attend the pharmacies for some of these schedule 4 medications will also get the right advice that should go along with the medicine. For example, if someone is showing up at the pharmacy for, say, travel vaccinations, will they be appropriately advised about antimalarial medication? It is not a vaccine, it is a pill. For example, if you are planning a trip to India or Africa, you need to take antimalarial medication for much of those areas, but that would require a medical consultation. So it is fine to get your hep A and your typhoid vaccine done – and it is quite appropriate to get it done at the pharmacy – but you need the other advice.

Similarly, quite a lot of younger women in particular who are getting the oral contraceptive pill really would be better served by going onto long-acting reversible contraception. I am talking about implants like Implanon or the new small hormone-eluting IUDs like Mirena. They have much lower rates of unplanned pregnancy, and they are underused in Australia, with rates of around 11 per cent in Australia compared to 46 per cent in the UK. Long-acting reversible contraceptives would save those women money and prevent unwanted pregnancy. So will women picking up the pill get all the right advice that they need and in the right environment, not just standing at the counter? Some will need cervical HPV screening or other STI tests. The oral contraceptive pill is just one example of the importance of advice. How to prevent recurrent urinary tract infections (UTIs) is another important area that needs to be discussed.

None of these are reasons to abandon this well-intentioned pilot, but they are reasons to do a bit better than just a quick survey of a percentage of users. What it really needs is a comparison, as I described previously when I was talking about evaluation. The advice, the care and the consequences for the users of this system need to be compared with the experiences of those having usual care. That does not need to be obtained with a simultaneously recruited control group, but it does need to be compared with the experiences of other people.

Finally, I want to just raise, briefly, the risk of misdiagnosis. What if that urinary discomfort is actually a sexually transmitted infection or perhaps a more serious kidney infection requiring urgent intravenous antibiotic? What if that eczema, which is about to be treated with a low-potency corticosteroid, is actually a superficial spreading basal cell carcinoma? I have made that mistake before. The important point here is, again, it is not as if doctors are 100 per cent perfect, and it is possible that the protocols could be devised such that the misdiagnosis and complication rate is no

higher in the pharmacy pilot than in normal care, but unless we evaluate it properly with some kind of comparison population, we will not know.

This sort of risk that I have just outlined is actually the easiest to communicate and probably the easiest to overstate, so I do not want to hysterically claim that this is a terribly dangerous undertaking. I think that the clinical reference group will devise clear protocols to minimise these risks, but it would be nice to see some evidence of these protocols before the upper house has to vote on the legislation. Doctors make mistakes and we should expect pharmacists will too, but we should carefully measure the rate in the evaluation. We should measure the rate of hospitalisations in participants and the comparator group or reference population. So we do not need to overplay the safety risks, but we do need to take them seriously. We do not know if the limits and protocols for this scheme will ensure that it is as safe as or safer than general practice. A brief online questionnaire completed by customers and patients while they are waiting to see a pharmacist could answer a few key diagnostic questions, and by doing so that would simultaneously reduce the risk of misdiagnosis, it would create a record to send to their GP and it would provide data for evaluation.

If the Department of Health is worried about the complexity of developing such a process, they should look at their very own website, and I will spell it out: ispysti.org. That was developed by the Melbourne Sexual Health Centre, which is part of Alfred Health, and it calculates a likely diagnosis from genital symptoms that are entered by a patient. In this case the patients show the printed output to their doctor. The Melbourne Sexual Health Centre has developed a number of online resources to assist patients to get the appropriate patient treatment.

There are further uncertainties about this pilot, but none of them are deal-breakers. For example, once a pharmacist is trained, will they get continuing education? How will pharmacists be indemnified for harm to patients resulting from misdiagnosis or failure to provide appropriate advice? How much money will Medicare save from this, and should a grateful Commonwealth actually be giving some money to Victoria for this? But this pilot will take pressure off GP waiting lists, and if it means women get their contraceptive pill or their UTI treated faster, then it is worthwhile, provided we properly measure those impacts and compare them against something. A properly designed and resourced independently conducted comparative study will do that, and I commend that approach to the government.

Paul MERCURIO (Hastings) (15:03): I am happy to rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. The purpose of this bill is to amend the Drugs, Poisons and Controlled Substances Act 1981 to introduce new regulation powers to enable pharmacists to supply, dispense, administer, use or sell schedule 4 poisons without a prescription in certain circumstances.

In November 2022, government committed to establishing a pilot to increase access to timely treatment for common health conditions, and these health conditions are uncomplicated urinary tract infections, the resupply of some oral contraceptives, some mild skin conditions such as shingles – although I would not call shingles mild – and the additional travel and public health vaccines such as flu shots and COVID shots and other vaccines required for overseas travel protection. This pilot is consistent with the pilot which is being run in Queensland and another trial being established in New South Wales and is aligned with Commonwealth initiatives to increase timely access to safe primary care and common medications.

So what does this actually mean? Well, it means that people can go to their pharmacist and get their ongoing normal prescription filled for the pill or get some antibiotics for uncomplicated urinary tract infections and get their flu and COVID vaccines without a prescription, and it is the same with mild skin conditions – and all without going to a doctor, which I think makes a lot of sense.

I do not really understand the tension between the doctors and the pharmacists. I would have thought that it is in all of our best interests for everyone to work together for the health and wellbeing of all our

community, not to work against each other. It reminds me of 50 years ago when my father was a chiropractor – and my uncle – practising in Australia. In those days doctors really considered chiropractors to be witchdoctors – seriously – and the same with physiotherapists and osteos. It has taken 40 years for doctors and chiropractors to come together, so I hope there is hope for doctors and pharmacists to come together.

This bill will help with the cost of living. People who are struggling at the moment to put fuel in their car or food on the table can save the cost of jumping in that car and going to see their doctor and also save the cost of an additional fee to see their doctor. Then they can get a script and save the cost of the petrol driving home again. Instead they can just go straight to the chemist and get their script filled. Of course if you live in my electorate, with timetables for a bus every 2 hours and a train every 2 hours, trying to catch a public service to go to the doctor's and then get your script filled and catch a public transport service home is a pretty arduous task, especially if you have young kids and especially if you are sick or in pain with a urinary tract infection or shingles or whatever.

Doctors will argue the policy undermines the holistic care they offer to their patients when they visit. Especially in the case of the pill, a woman would still need to visit a doctor in order to obtain their first prescription but then would be able to get repeat scripts of the drug over the counter from pharmacists. The member for Brunswick spoke a lot about risk, and I think he made a lot of sense, but we have got to remember that this is a trial. Part of the 12-month trial is to look at all of the circumstances and, through that period, mitigate those risks and work towards – especially after a year – putting it together so that it actually works in the way that it is intended, and I fully expect that will happen with this trial. He also spoke about the risks of pharmacists overprescribing and whether they are going to notice shingles or whether it might be cancer. Well, I can just say from my experience with my pharmacist that I watched him the other day talk to a client. He listened very carefully to what they were asking, and at the end of the day he recommended that they go back to their doctor, because he knew that was the best advice. I have got to say I certainly trust my pharmacist. Pharmacists are highly trained, intelligent and caring people. Certainly during COVID they stepped up massively to look after their communities, and where it was very difficult to go to your doctor because of COVID, you could still go and see your pharmacist. They were open and ready to give you the best care that they could. They have trained for a minimum of five years and additionally – I look at the lived experience of my pharmacist and the other pharmacists I have been to – they have years and years of lived experience and certainly know how to look after their community. They also undertook new training so that they could administer a variety of different vaccine shots, thus alleviating a lot of pressure on doctors and doctors surgeries, so they, in turn, could look after more people.

The member for Box Hill spoke about the difficulties of getting his travel vaccines. I know when I was dancing with Sydney Dance Company and we would go overseas, it would take me half a day to find a specialist who could give me the vaccines I needed before I could get back to work. I think going straight to your pharmacist for these sort of vaccines, again, makes a lot of sense.

I have to say during COVID – and after COVID if there is such a thing – and certainly since COVID, I have seen my pharmacist more times than my doctor. Now, do not get me wrong; I love my doctor, and she is an integral part of my ongoing health and wellbeing, but so is my pharmacist. This is why I believe this bill and this trial are important to me and to our community. Every time I go to my pharmacist, whether to buy vitamins, get a script filled or show them the gruesome results of my latest and greatest slip-up with one of my cooking knives, from the treatment I get and the care, concern and considered advice I receive I can see without a doubt that this is feedback from someone with lived and living experience of being at the coalface throughout COVID. They did what was asked, and I am more than comfortable with this bill and giving them more responsibility. Of course we are only talking about four health conditions being part of this trial, so the need to still go to your doctor is pertinent and relevant.

This trial in my view will not and does not adversely affect the doctor–patient relationship of care. In fact I think it assists that relationship by freeing up doctors so they have more time to see patients on

other health issues that may be more critical. I have to say that one of the most common complaints about going to the doctor is the fact that wait times are incredibly long; I know with my doctor I need to book at least two months in advance. Quite frankly a woman with a urinary tract infection cannot wait that long to see their doctor and get treatment, and quite often a woman does not – and in fact I do not – want to go to a doctor they have never seen before. To be able to go to your pharmacist, who you most likely have already built up a relationship with, and get a fairly common antibiotic that will fix an uncomplicated urinary tract infection makes enormous sense. Community pharmacists are accessible and trusted health professionals in our community who already manage a range of health conditions and refer customers to doctors when required. The same can be said about treating common and mild skin conditions and vaccines and those things. So obviously I support this bill.

There is something else I would like to ask everyone to consider, and that is a little bit different, and that is around the pill. It is usually considered that the pill is prescribed only for birth control, but the fact is that is only one function of the pill for women. The pill is also often prescribed to help with issues of pain, anxiety and depression caused by hormonal conditions. Hormonal birth control can help alleviate the depression symptoms associated with conditions such as premenstrual syndrome and premenstrual dysphoric disorder. For many women birth control helps to manage and even improve their mood and overall mental health. Some studies have found that the pill can reduce the symptoms of depression in some women. I have three daughters. I have lived experience of this.

The other thing the pill is prescribed for is to help manage symptoms of endometriosis. It is thought the pill could slow down or inhibit the growth of endometriosis, which I have to say is an absolutely insidious, incredibly painful and debilitating disease. That said, with the growing awareness of endometriosis, the community and many health professionals still lack a genuine understanding of this life-destroying disease, which affects one in nine women – around 11.4 per cent of the female population. It costs a woman with endo on average \$30,000 a year and costs the economy \$9.7 million per year. My daughter Emily has this disease, has suffered immeasurably because of it and suffers still to this day. No doctor could work out what was wrong with Emily, and they would often diagnose her with something that did not make sense. Many doctors did not know or believe endometriosis was a thing, and sadly the diagnostic time for endo was around 10 to 12 years, but it has now dropped.

This government is doing stuff: we have put \$283 million towards women's health, \$65 million of that towards treatment for debilitating endometriosis. If a woman is suffering from a hormonal or mental health issue or endo pain from an attack and her script has run out, she should not have to wait to see a doctor. She should be able to go to a pharmacist. I commend this bill to the house.

Tim BULL (Gippsland East) (15:13): I rise to make a contribution on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. Following on from the member for Hastings, I certainly acknowledge all the good things that he had to say about the local pharmacists in his community, and I can say the same about the pharmacists down my way. We have got a good group of people with the community's best interests at heart. Good luck with your daughter Emily too, member for Hastings. I hope she is going well now.

We acknowledge this is an interesting bill that we have here, because normally when you have a reasoned amendment to a bill what follows on from that is that the bill position is opposed. What we have done is we have moved a reasoned amendment here to have this treated as a clinical trial rather than supporting a pilot, but the concept of this bill is something that we support and is something that we think is a good move and a good idea. We just simply believe that it adds more rigour to have it as a clinical trial.

I acknowledge the member for Brunswick's contribution – he has just left the chamber – as a former GP. Whilst I do not agree with some of the Green philosophies all that often, he is certainly a person who, with his work history, should be acknowledged and should be listened to in his commentary on legislation like this. It was interesting to hear his views in support of a trial over a pilot. We support this bill and the intent to increase access to primary care at a time, as other speakers on both sides of

the chamber have said, when we have difficulty accessing GPs, and also when hospital emergency departments are often stretched well beyond their capacity and capability. Having said that, we also acknowledge the matters raised by the AMA, the Royal Australian College of General Practitioners, the pharmacy guild and the Pharmaceutical Society of Australia, who have expressed some concerns with this. I think all members in this chamber would agree that patient safety should always be paramount and we should always have appropriate safeguards in place, including the training and including oversights and evaluations of any trials or pilots that we have. Again, I refer to the member for Brunswick's comments around the fact that if we are going to have, I guess, an official pilot program, a two-year pilot program, we will get a much higher level of feedback on what perhaps needs to be improved as part of this structure, and also on the commentary that he made, the potential oversubscribing of some items needs to be very carefully monitored.

I note that this is going on in other states – other jurisdictions of Australia – but quite clearly a trial gives a far greater oversight level than a pilot. We acknowledge that there are matters of balance here in determining the best long-term outcome and what that will be. Pharmacists are indeed, as members on both sides of the chamber have said, highly trusted members of our community, and I do note that other health professionals apart from doctors, apart from GPs, already have the authority to diagnose, treat and prescribe in certain circumstances that suits their field of expertise. Some of those, for example, are podiatrists, optometrists and nurse practitioners. I also acknowledge that this is a significant step – to allow pharmacists to be legally authorised to supply, dispense and administer certain prescription medicines – but this will allow limited access to treatment for a participating pharmacist for very select conditions, those being minor skin infections, treatment of uncomplicated urinary tract infections (UTIs), and for the reissue of oral contraceptives for women. I will not go into the level of detail that the member for Narracan went into in his contribution, but there is no doubt that this will also expand the scope of pharmacist immunisers to administer travel and other public health vaccines. I just had a very recent situation because I am heading overseas next week to tackle the Kokoda Trail – I know the Minister for Police, at the table, has done that – but getting vaccinations in time at relatively short notice was quite problematic. I managed to get it done, but this is the legislation that will assist with those sorts of issues.

This pharmacy pilot is designed to help ease pressure on GPs and hospital EDs by improving access to primary health care. I also note that the government made a commitment to do this in the lead-up to the last election, so it is incumbent on the government to put this step in place, and I think, confined to those three particular areas as a first step, this is a good, measured first step. I represent an area of rural and regional Victoria that has a very significant lower socio-economic component to it, and access to GPs is often very, very difficult, particularly if you are living in a remote area – and particularly bulk-billing GPs, I might add. Not only will this avoid some of the wait times for what are deemed to be, without being disrespectful, relatively easily handled medical matters, it will also help in alleviating the pressure on emergency departments. In a country town after hours, if you get crook, you really have no option but to rock up to your emergency department at your hospital for what might end up being a relatively minor issue, but you are not to know that at the time.

I acknowledge that there are similar pilot schemes in Queensland and New South Wales. Queensland conducted a two-year pilot in June 2020, where pharmacists supplied antibiotics for UTIs for women, and they have now made this a permanent measure. New South Wales started a clinical trial this year, which is what we would indeed like to do, allowing participating pharmacists to provide treatment for uncomplicated UTIs, and this will expand to allow the resupply of oral contraceptives for eligible women. So it is quite similar to what is being proposed here.

In North Queensland another trial is set to begin in 2023, with plans to include treatment by pharmacists for a wider range of conditions, including shingles and nausea. So as we can see, this is a step that the vast majority of jurisdictions around the country are indeed taking. It will be an opt-in system for pharmacists to participate, so there will not be any pressure there. It will be a matter of

pharmacies taking up that opportunity if they deem themselves fit and appropriate to be able to handle what will be an additional workload.

While on pharmacies, I want to make a quick comment on the government's supercare pharmacy program, which I think is actually a reasonably good initiative. That supercare pharmacy program aims to increase accessibility of healthcare services for Victorians, particularly in rural areas where after-hours care options are limited. I have just described that in my electorate that is a very, very significant issue. The basis of this program is this government is offering subsidies for pharmacies to open extended hours and in most cases 24/7. I have a pharmacy in Maffra that is very, very keen to participate in this. I have written to the minister on this particular issue on behalf of the pharmacy in Maffra. They would love to be involved, but the nearest pharmacy that is being engaged in this program is in Traralgon. While that is great news for the member for Morwell, it is a long drive from Orbost, Lakes Entrance and Bairnsdale to get to the 24-hour pharmacy in Traralgon. So I would urge the minister to revisit the parameters of this program and allow pharmacies like the one at Maffra to participate where they are putting up their hand and they are keen to get involved. They can see what the benefit will be to their community, and they simply want to offer that service.

On this trial – and winding up – let us see how this trial goes. Let us see what it does to wait times to see a GP. Let us see what it does in relation to alleviating the burden on emergency departments at our hospitals. The best way to measure that is through a clinical trial. A specific clinical trial, as the member for Brunswick pointed out, will get much more detailed data and feedback on how this program is working and how it can be structured to work better in the future. Only then, after the detailed analysis that a clinical trial provides, can we fully assess the outcomes. We can fully assess whether this sort of program needs to be expanded and what fields it may be expanded to or indeed if it needs to be altered in any way, shape or form.

I will wind up by saying that whilst we have moved a reasoned amendment it is not the standard practice where we are opposing the bill, it is just that we think an alteration could be made. But we agree with the ethos and the background of this legislation, and I think it will provide vastly improved services in a lot of country areas.

Jackson TAYLOR (Bayswater) (15:23): Just briefly, with the indulgence of the house, I want to make a very brief comment in relation to my dad's partner, who is in hospital at the moment. She has got a really, really tough battle ahead. I only say this because I know that she will get a kick out of this. She has been a great supporter of mine. She is a lovely, lovely person. She has been a fantastic supporter of my father. She has got a very, very tough road ahead. We all love her. I love her, and I look forward to seeing her in the next couple of days. For the record I will say my dad's partner is Marie Avacone, a lovely, lovely woman.

It is a great pleasure to rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. Of course a great deal of work has gone into this bill. I thank the Minister for Health for her work and the team, the department, who no doubt have done a lot of work, clearly, from looking across the detail of the bill, as I know members of this place would have done. It is quite clear a lot of stakeholder work, consultation, has gone into this. We know that this bill is also about acquitting an election commitment of the Andrews Labor government. We met first in December last year, and already we have had an opportunity to acquit a significant amount of election commitments in this place via legislation that Victorians voted for, and this is indeed the acquittal of a very, very important election commitment that we made to the Victorian people. It is also great to hear in this place of the bipartisanship, the support from all sides of politics that is critically important when we are talking about these very important matters.

It would be remiss of me not to mention that I am very proud to be part of this Labor government, a government that is wholly and solely focused on making sure we provide the support to our healthcare system that it needs via this important legislation, which I hope has a speedy passage through this place and the other place. We know we have got a proud record when it comes to supporting our

healthcare workers and healthcare infrastructure, and we have provided billions and billions of dollars of investment, because that is what spending in health care is: it is an investment in this state and an investment in our healthcare workers to support them to do the work they do – our pharmacists and people right through the sector – and of course it is an investment in Victorian people.

I just want to briefly acknowledge some of the previous speakers. The member for Brunswick has, I will say, an incredible medical background – I do not think I could outdo him on any of those matters. It is always wonderful to hear some of his insights and his thoughtful and considered debate, which is usually the case in this place and certainly was on this occasion. The member for Hastings made a fantastic contribution. He has been up twice on his feet on bills this sitting week, doing a fantastic job for the people of Hastings. It was interesting to hear some of the different angles. We talk about ease of access, the important role this legislation will play in terms of accessing services, and some of the detail that the member for Hastings talked about in terms of public transport and accessibility, from that perspective, is perhaps not something that people immediately consider but is clearly an issue that the member for Hastings is very passionate about and something that this legislation will no doubt go a long way to supporting in his community. I am sure we have all got very similar issues in our own communities about public transport and access to critical services. So well done to the member for Hastings. And of course the member for Gippsland East – again I am referring back to the good-spirited support of this legislation and the debate in this place. It is sort of dovetailing with some of the comments of the Premier. It is quite clear that the member for Gippsland East has a strong love for his community. He is a fierce advocate, and I did appreciate his considered comments on this bill today as well.

Of course this is but one piece of the work of this government when it comes to reforming our healthcare system, making sure that Victorians can get the care they need when they need it. It has been great to hear from, again, all sides in terms of some of the other investments this government has made and some of the issues that are important to their local communities. In my local community this bill itself, if passed, will work in tandem with a range of other investments we are making. For example, the member for Ringwood will know all too well that one of 20 women's health clinics that we are rolling out over the next four years will be at Maroondah Hospital. That is a very critical investment, and we know the work we are doing to rebuild the Maroondah Hospital from the ground up – a significant investment, and the budget that we have just recently passed, obviously through here and the other place, acquits the planning to get that work started, and that is now underway. Women's health clinics and the major rebuild of Maroondah Hospital are both critical investments for our local community to make sure they get the care they need when they need it.

In terms of easing pressure, this legislation also works very well hand in hand with our government's work, now partnering with the federal government, with those priority primary care centres. My community is very grateful that we have got one right underneath my office essentially. Just down the escalator we have got the primary priority care centre, and that operates 16 hours a day, I believe. That is basically playing a huge role in making sure people do not always have to go to the emergency department for some of those mild cuts and sprains and burns –

Belinda Wilson interjected.

Jackson TAYLOR: and broken bones et cetera – yes, absolutely, member for Narre Warren North. So that has been a fantastic way to divert people from the emergency department. It has been great for people who may not be able to afford the care of going to a GP. Bulk-billing I will come to in a tick, but it has been a godsend, and now hundreds of people have used that service.

We have also got the Angliss Hospital. Early works have started on the expansion to the Angliss Hospital. It is a really, really critical upgrade that will see more beds, more elective surgery suites and more services, which means people can get the care they need without having to travel for it as well, with the Angliss supporting quite a peri-urban community.

We have got more healthcare workers coming online on top of the thousands we have delivered. We know there is always more to do in that space. We have just delivered the new aged care facility – \$82 million, 120 beds. It is aged care as it should be, with really, really bespoke facilities and individual en suites in all the rooms – a really incredible investment. The list goes on. All of this is again a part of our government’s commitment in terms of working in tandem with legislation that we have passed through this place, like the bill we have got before us today.

Members have spoken a bit about some of the issues with bulk-billing, and without getting too critical, we know that unfortunately in some of the preceding years other governments of different political persuasions at a federal level have probably not done as much, it is fair to say, on Medicare. I appreciate and acknowledge the work the federal Labor government has done. I think there is an acknowledgement that there is more to do, but this legislation, in terms of accessing health care and accessing some of those services that this legislation will allow through our community pharmacists, will go a long way to making sure that people do not look to perhaps not accessing those services because of the potential cost being prohibitive.

It comes down to saving families money. It comes down to being able to access the services and this legislation is a critically important part of that. As we know, this bill will support the community pharmacist statewide pilot by amending the Drugs, Poisons and Controlled Substances Act 1981 to establish a new regulation-making power under part 11 of the act to expressly provide for the Governor in Council to make regulations that allow for pharmacists to dispense, use, administer, supply and sell schedule 4 poisons without a prescription, written instructions or verbal authorisation from a medical practitioner or other prescriber. We know – and it is being debated at length – all of the benefits, all of the reasons why this is a good piece of legislation, but I will also use my last minute just to say a great thankyou to all the pharmacists out there. I am actually situated right next door to a pharmacy; it is like the healthcare hub near my office apparently. We have got the priority primary care centre, we have got a pharmacy – it is all happening.

Darren Cheeseman interjected.

Jackson TAYLOR: The member for South Barwon points out ‘And Jackson Taylor’. I am not sure everyone is entirely always pleased about that, but it is what it is. You can’t win ’em all.

Darren Cheeseman interjected.

Jackson TAYLOR: I know, I know. Yes. Despite the interjections, I will move forward with my thanks to the chemist next to me, Keith, who is a fantastic bloke. He has helped me with a number of vaccines; I have just walked across – made a booking of course through all the usual processes. But to Keith and to all the people like Keith, all the pharmacists out there that do a wonderful job of supporting our community, I am very happy to say I speak for all of us – I hope that is okay – in saying that we all support our pharmacists. They do a great job, and this legislation will support them in doing that work and supporting their communities and working in tandem across the healthcare system. I commend the bill to the house.

Annabelle CLEELAND (Euroa) (15:33): I rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This legislation authorises the dispensing of a limited range of treatments by pharmacists, from minor skin conditions to uncomplicated urinary tract infections (UTIs). It allows the reissuing of oral contraceptives for women and the administration of travel vaccines. We do see the merits of this bill, which is why we do not oppose it, and I would like to take the opportunity to express my heartfelt thanks to pharmacists throughout my electorate who have a close relationship with locals and act as powerful preventative care and alleviate pressures on our health system.

This bill promises to ease the pressure on our hospitals and GP clinics, which have been crumbling under the strain of Labor’s mismanagement of Victoria’s health system. It proposes alleviating the cost-of-living issues imposed by our mismanaged health sector by fostering facilities that bulk-bill.

Above all, it offers a swift and effective treatment route for urgent issues that in the past have been deferred for a time while awaiting a GP's attention.

Despite these benefits, I would like to raise some of the reservations that must be considered. Our primary demand is enforcing a rigorous two-year clinical study period crucial for addressing several key concerns. The study period should serve as a stringent regulatory mechanism, ensuring pharmacists uphold high healthcare standards despite broadening their roles. It should also act as a litmus test for the adequacy and funding of pharmacist training, considering the weight of their new responsibilities. This proposed study period should safeguard the continuity of care through efficient information sharing between pharmacists and family GPs.

As we delve deeper into the implications of the bill, we see that this legislation, while absolutely a positive step, is barely touching the surface of our health system's problems. The category 1 surgery waitlist, which covers critical cases, has surged by over 45 per cent in three months. This is coupled with a distressing 147 per cent increase at Bendigo Hospital. The overdue wait times for category 2 and 3 surgeries have also seen an alarming rise. The health professional shortage in regional Victoria contributes to the deteriorating conditions. This shortage extends across dentistry, mental health, Indigenous health and medical radiation. Without adequate staffing and adequate government support for country hospitals and healthcare providers, regional Victorians are bearing the brunt of this healthcare crisis.

With all of this in mind, the introduction of the bill is a step towards broadening healthcare access. We agree with the ethos and background to this bill and the benefits to our regional communities, but it hardly addresses the root of the problem. It is not merely about diversifying healthcare delivery channels but fundamentally about improving the standards, responsiveness and reach of our health service. We must remember that quality health care is a fundamental right and not a luxury. The bill stands as a reminder that we need comprehensive measures to address the systemic issues that plague our health services. It is time the government addressed the disparities in health care between regional and metropolitan areas, reinforced emergency services, reduced surgery waitlists and reinstated funding for preventative healthcare programs. Without these actions, the bill risks becoming just another bandaid on a wound that needs thorough care and attention.

In terms of the delivery of this program, the government made an election commitment last year to implement a pilot to expand the role of community pharmacists. \$19 million has been allocated, and it is expected to deliver around 232,000 repeat oral contraceptives, 130,000 treatments for UTIs, 66,000 treatments for minor skin conditions and 41,000 travel vaccinations. These figures assume that approximately 50 per cent of people will seek treatment for the eligible conditions from a pharmacist rather than a GP during the 12 months. This pilot is modelled on similar schemes found across the country, particularly in Queensland and New South Wales. In Queensland a two-year pilot program was conducted starting in June 2020, where pharmacists supplied antibiotics for uncomplicated UTIs for women. This program has now made this permanent. In New South Wales a 12-month clinical trial started on 15 May 2023, allowing for participating pharmacists to provide treatment for uncomplicated UTIs. This trial will expand to allow the resupply of oral contraceptives for eligible women. In north Queensland another trial is set to begin later in 2023, with plans to include treatment by pharmacists for a wider range of conditions, including shingles, acute nausea and rhinitis.

The Victorian pilot will follow the same approach as the Queensland pilot and the New South Wales trial as well, using the model of a structured prescribing arrangement. This is a different standard to autonomous prescribing, like in north Queensland, which allows for prescribing a wider range of medicines for more conditions, expanding pharmacists' scope of practice. This requires more training and accreditation, similar to prescribing rights for other health professionals, such as nurse practitioners, optometrists, podiatrists and more. This bill proposes an opt-in system for pharmacists to participate, and pharmacists will be paid \$20 per consultation by the government.

I have spoken with Avenel pharmacist Belinda, who is in my electorate, to hear how this bill would impact her in our local community, which she services. Avenel Pharmacy has been in operation for over 12 years now, providing an essential service to a community that had previously gone without. Starting from humble beginnings, this pharmacy, thanks to the fantastic work of Belinda and her team, has gone from strength to strength over the years. It offers a wide range of critical services, including blood pressure and glucose measuring and reliable advice about medications, and it even has a coffee shop that has become a vibrant part and heart of the Avenel community. Belinda tells me that in theory this bill should be helpful to both her and our local community. She says:

While I haven't had much advice from the guild on this matter, easier access to medications in rural and regional areas is always something that should be considered.

People are often not able to make it to doctors in time and need faster access due to pressing medical conditions.

In regional areas, our doctors are often busy, full or inaccessible – especially on weekends when our pharmacies will be open.

Of course, I am not sure about how the training will be facilitated.

We would require intense training to ensure that pharmacists are well prepared, and can effectively and safely deliver this program.

A major concern that Belinda raised is something that will likely be shared by many smaller pharmacies, something very common in regional areas:

This needs to be worthwhile to pharmacists in order to take them away from the dispensary.

Many pharmacies across my electorate will only have one pharmacist, meaning extra consultations will take away from other important services they already provide. Incentivising this and allowing further employment within these pharmacies was put forward as a positive step.

Other national and statewide stakeholders have been contacted for their thoughts, including the Australian Medical Association. The AMA raised concerns about potential misdiagnosis and inappropriate treatment, saying that pharmacists do not have the knowledge, training and experience of GPs, which may lead to worse outcomes. On the other hand, the Pharmaceutical Society of Australia has different concerns. They note the word 'prescribe' is not used and have said they would prefer a prescribing model whereby participating pharmacists have prescribing rights. This would be consistent with existing regulations that provide for prescribing by dentists, nurse practitioners, authorised midwives, podiatrists and optometrists.

Considering the bill's objective to alleviate some of the pressure on our healthcare system, we must critically examine the landscape of public health. At its core this is a noble pursuit, with government decisions supposed to serve, primarily informed by the welfare and needs of the people we serve. These pronounced deficiencies in our health system, which this bill does aim to address, to a degree come from more than just a near-decade's worth of policy mishaps, funding cuts and unintended oversight of a stressed bureaucracy. This government has a callous indifference to the residents of our state, an apathy that has resulted in a health system in disarray and the health of our community being impacted.

Juliana ADDISON (Wendouree) (15:42): I am very pleased to rise to contribute to the debate today in support of the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. I wish to thank the Minister for Health, her minister's office and the Department of Health public servants who worked so hard to bring this bill to the house. I welcome the proposed changes and believe that they will have a positive impact and provide positive outcomes for health consumers across Victoria, particularly in regional and rural Victoria. Once again the opposition have shown their true colours – that they are only interested in being a barrier to progress and better care for our communities – and it is a real shame. I welcome that the Greens are supporting this, understanding the benefits that it will provide to so many health consumers.

I am pleased to follow on from a number of contributions, particularly that of the member for Northcote. It was an outstanding contribution. Like me she is the daughter of a pharmacist, so we know firsthand the important roles that pharmacists play in our society and probably spent far too much of our childhoods at the pharmacy rather than at home. So I am a big fan of pharmacists, and that is why I am very, very keen to talk today. I really hope that Backroom Baz tuned in for Narracan's contribution today – truly quotable and worthy of mention in Sunday's edition. If you missed out on Narracan's contribution, as Molly Meldrum would say, 'Do yourself a favour' and have a read of that. It was magnificent.

Last year our government committed to setting up a pilot program to trial the provision of more accessible and timely treatments for common health conditions by pharmacists. I welcome the changes proposed in the bill, because this bill recognises the importance of integrated health care and respects the professionalism of pharmacists as important healthcare providers in our community. Today we are considering the legislative amendments that will allow the design and implementation of this program in a manner which is safe, thorough and beneficial for all Victorians. At the heart of this amendment is the community pharmacists statewide pilot. What that will deliver is really significant, because it is accessible and affordable care as well as high-quality care. Under the pilot community pharmacists will be able to treat uncomplicated urinary tract infections – UTIs – and mild skin conditions and to reissue oral contraceptives.

I am particularly pleased about the improvements this will provide to Victorian women, especially those living in the regions and in rural areas, as the proposed changes will mean increased access to timely care for the discomfort of painful UTIs and increased access to the contraception pill. Additionally, further training will be available to pharmacists within the pilot program to provide a wide array of vaccinations, including select travel immunisations. I know this will be welcomed by travellers and holiday-makers as a convenient alternative to accessing a doctor's appointment, which can take some time to get and are becoming increasingly expensive. The budget that was just handed down last month, the 2023–24 Victorian budget, has allocated almost \$20 million towards this pilot, which will make it more straightforward and more cost effective to get health care closer to home. We know that the closer you are to healthcare provision, the better outcomes you are going to get. As someone living in the regions, that is really, really important to me.

It will not only improve access to primary health care in our communities to benefit everyday Victorians – and as I have said, women in particular – but it will also ease the pressure on our hospitals and our GP clinics, especially in western Victoria, where I come from. A particular emphasis will be placed on ensuring rural and regional community pharmacies opt in to the pilot. The pilot's overall design will benefit from expert guidance on safety and efficiency from the clinical reference group of experienced clinicians, pharmacists, safety experts and educators as well as strategic operational advice from the pilot advisory group.

We are also looking to learn from other Australian jurisdictions trialling similar schemes, including what they have done in New South Wales. What they have done there is implement a year-long clinical trial with pharmacists dispensing medications for uncomplicated UTIs as well as resupplying oral contraceptives – so, very similar to what we are going to achieve through this pilot program. Following a successful pilot in Queensland, pharmacists are now permanently permitted to supply treatment for uncomplicated UTIs. Both programs, like the proposed Victorian pilot, revolve around structured prescribing, where pharmacists may dispense treatments for identified conditions following established protocols. Both of those models, however – in New South Wales and Queensland – involve greater costs to the consumer, whereas our model in Victoria, the Victorian pilot, provides funding towards the consultation as well as subsidies for applicable medications so that the medication cost to pharmacies and patients will be the same as under the Pharmaceutical Benefits Scheme, the PBS. We are focused on making treatments more accessible without making them any less affordable, so patients will not pay more than they would have if they had visited a bulk-billing GP, and that is great news for health consumers.

But we know – from my experience and the experience of my family and friends – that getting a bulk-billed GP appointment in a timely manner is getting harder and harder, if not impossible for some Victorians, once again particularly in rural and regional Victoria. A comprehensive evaluation following the 12-month pilot will include a cost-benefit analysis as well as assessing improvements to primary healthcare accessibility and benefits to broaden our health system. In doing so, we are ensuring that we get it right and that the service is meeting the expectations of community members and is workable for pharmacists and pharmacy workers, which is so important.

We know the role of a pharmacist is important, and as I said earlier, I particularly know, because pharmacists are experts in medicine who have completed a minimum five years of study to become a registered pharmacist in Australia. To be a qualified pharmacist you need to have a comprehensive understanding of how the human body works and ensure that the introduction of medicines does not have a detrimental impact on the overall health and wellbeing of a patient. The role of a pharmacist is not only to dispense medicines but, more importantly, to play a vital role in providing advice to the community and improving the health outcomes of communities. This has been the case for centuries. Within the healthcare system pharmacists are the medicine experts, and that is why this bill is so important, because at its heart this bill is about dispensing medicine and making sure that people have access to medicines. So why not let the experts do it?

Pharmacists and pharmacies play an important role, particularly in regional centres. I should know, as I said, because my dad ran a pharmacy in Ballarat that was open 9 until 9 every day of the year. Dad spent more waking hours at the pharmacy than he did at home. He often had to leave us on Christmas Day to go and work a shift at the pharmacy, because he never closed the doors on our community. Dad's pharmacy provided an essential healthcare service to the Ballarat community. Before supermarkets and petrol stations stayed open late, Dad's pharmacy was the only place in Ballarat where you could get a Panadol, a Lucozade, cough mixture, Dettol, baby formula, bandaids and bandages after hours. Pharmacists are highly respected health professionals who play a vital role in the provision of health care in the community, and this pilot will enable them to do more.

The bill before us today proposes amendments to the Drugs, Poisons and Controlled Substances Act 1981 that will allow for the establishment of the community pharmacist statewide pilot. I am running out of time. I have so much to talk about, but I just really want to say that this legislation provides grounds for regulating the supply, dispensing, administering, use and sale of schedule 4 poisons under specific circumstances without a prescription by a pharmacist, but there are a whole lot of different checks and balances.

In concluding I would really like to thank the pharmacists and the pharmacy staff who work in my electorate, including at UFS, Eureka pharmacy, Crawford's, Priceline, the pharmacists at Grampians Health and those at Amcal at Wendouree and Chemist Warehouse. Thank you for the work that you do in making my community healthier and the support you provide those living with disease, pain and injury. The work pharmacists do changes people's lives for the better, and the care they provide improves the quality of life and wellbeing of all consumers. I welcome the introduction of this bill, and I commend this bill to the house.

Jade BENHAM (Mildura) (15:52): I am more than happy to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. I am glad that this does recognise the work of pharmacists as healthcare professionals, especially in regional and rural areas like ours, Mildura, and the 37,500 square kilometres of it where there are community pharmacists who are the backbone of primary health care in our communities. It is a lot easier to go and see your pharmacist a lot of the time for primary health care advice and direction than it is to get a doctors appointment, so it is great to see that pharmacists are being acknowledged for their skill level, which is fantastic.

I have been working with some amazing pharmacists that we have in Mildura and in the wider community and talking about exactly that – that they want to be acknowledged as the healthcare

professionals that they are, obviously – but they do have some concerns around some of the wording in this amendment bill. So I am going to talk a little bit about that, particularly around the community pharmacists and the concerns that are held with pharmacists that practise in other locations – for example, GP pharmacists. GP pharmacy is perhaps not something that is as common as community pharmacy, but it is so critical, and it is becoming much more important, especially in rural and regional settings, to be able to close that gap and lift some of the workload with a more collaborative healthcare delivery model in both the GP clinics but also in residential aged care facilities.

I have seen recently, locally, where a GP pharmacist, who is incredibly valued in our community – and I will talk about her very shortly – working with the GP she works with, goes into residential aged care facilities with the GP to streamline that work. It gets rid of the administration, the reporting and the working in circles over the course of a week. Everything can be done onsite there – the vaccinations – because the trouble that she has had, being a GP pharmacist and not a community pharmacist, is that she cannot actually prescribe something like the flu vaccination because she is not in a community pharmacy where she can sell, administer and supply it. So it has become a little bit of an issue for her, but the collaborative model in delivery here is amazing.

The pharmacist that I am referring to is Brooke Shelly. She is the GP pharmacist at Ontario Family Practice in Mildura, and she, along with the rest of our pharmacists, the ones that are on the ground practising their profession, are the ones that we need to listen to. I am not an expert in all things, so when I do need advice and counsel on areas that I am not an expert in I turn to those who are experts. Brooke is an expert, and she is the one that I turn to for, particularly, advice on this bill. She has raised some concerns with me, and I am going to quote her now. Brooke said, ‘Prescribing is prescribing. The pharmacy profession have spent years preparing the profession to prescribe safely through the prescribing competency framework and putting it into our professional practice standards. By not calling it what it is and using the words “supply without prescription” creates the need for a whole new set of unnecessary guidelines that will not ensure we are held to the same standards as all other prescribers. Why are we reinventing the wheel here?’ Which absolutely makes sense – when you break it down and talk about these issues, it absolutely makes sense. Brooke working in this GP clinic as a GP pharmacist works very, very closely with those GPs, and as far as I am concerned Brooke along with Dr Trav, who is a rural generalist that works in the same clinic, are the face and future of health care in Mildura and they are the ones that we should be listening to.

She also said that perhaps the government needs to be more agile when presented with innovative models of care, like the collaborative model that I was talking about earlier. Just because there are not huge numbers of GP pharmacists should not mean that they should have to wait for years to have legislation changed because it was not done correctly the first time and they were not listened to the first time. It is great that they are being recognised for their skill set for independent vaccination, as an example, across location settings. I mentioned it before: for a GP pharmacist like Brooke, she cannot prescribe a flu vaccination or a COVID vaccination in a GP clinic without the direct direction of a GP, whereas you can walk into a community pharmacist and get the jab without seeing a doctor at all. These things are what Brooke and other pharmacists that I have talked to about this are most concerned about – just little words such as ‘location’, the dancing around the word ‘prescribing’ and saying ‘supply without a prescription’. Prescribing is prescribing, so shouldn’t the wording maybe be something around ‘pharmacist prescribing of S4 poisons at the discretion of the secretary’, because that is what it is – it is pharmacist prescribing. There are a whole list of things that can be prescribed by a pharmacist already: pharmacist-only medicines, it already exists. So it does seem like it is a little bit of reinventing the wheel.

Listening to those that have been through all of that university and have worked in different areas and worked in different settings like aged care, like community pharmacies, now will this also have an impact? If the federal government is talking about the 60-day prescribing, that runs a very real risk of actually closing down small pharmacies. The implications of that could be horrific. Is this going to have an impact on them? We need to be protecting our pharmacies and our pharmacists because if that

implication happens and we do start – and we will start – to see the closure of these small businesses because it is just unviable to supply medicines, then we run a real risk of putting the very health of small communities in very real danger. People like Brooke, like GP pharmacists, like our community pharmacists are the ones that should be listened to, and slightly changing – *(Time expired)*

The SPEAKER (16:00): Order! The time has come for me to interrupt business for the grievance debate. The member will have the call when their matter is next before the Chair.

Business interrupted under sessional orders.

Grievance debate

The SPEAKER: The question is:

That grievances be noted.

Cost of living

Bridget VALLENCE (Evelyn) (16:01): Today I grieve for all Victorians who are experiencing and suffering significant cost-of-living pressures. Cost-of-living pressures are being felt and felt hard by each and every Victorian, and life is getting harder. Life is getting harder under the Andrews Labor government, and I will just talk about a number of examples first. Particularly people that I know in my local community have come to me to express their concerns about how they can manage with these rising cost-of-living pressures in Victoria. A mother of three in Seville – in the township of Seville a mother of three growing boys is now having to make choices about taking them to their sporting and recreational pursuits because of the cost of petrol. An older couple in Lilydale – the cost of food and medication is so high that they have come and told me that they are now making the hard choices about quite literally putting the lights on and putting the heating on, right as we get into the cold depths of winter. And a Mount Evelyn small business, a local independent supermarket, have told me about the cost-of-living pressures, or the cost-of-business pressures, and that their energy, their electricity, bills have skyrocketed beyond 30 per cent with the refrigeration of food in the supermarket. And what that means for this small business in Mount Evelyn is that they have to make tough choices about putting on more staff and about giving a few extra hours to those casual workers and those part-time workers in their business.

So the cost-of-living pressures are really hitting Victorians hard, and life is getting harder. Life is getting harder under this Andrews Labor government. The costs of groceries is up, the cost of fuel is up and the cost of electricity is up, with the government's own Victorian default offer set to surge this year, meaning that Victorian power bills will skyrocket by at least another 25 per cent. Under Labor life is getting harder, and Victorians are faced with tough choices. I have given you just three examples, but this is right across Victoria. They are making tough choices. They are having to tighten their belts, tighten their belts to afford everyday basics.

But the government has not tightened its belt. Has the Andrews Labor government tightened its belt? No, they have not. All they are doing is spending more, wasting more and taxing Victorians more at the worst possible time. The Andrews–Allan Labor regime have proven just one thing: that they are economic vandals. They have sent Victoria broke, and Victorians are paying the price. State debt will skyrocket to a record whopping \$171 billion in just over three years time. They seem to have no care or no regard for this being left as a burden to our children and to our grandchildren to have to pay back. Just let that sink in: \$171 billion in debt. The interest repayments on that debt are set to double to more than \$22 million a day. That is a massive number; \$22 million a day is a massive number, and it is of pertinent importance. It is of pertinent importance to think about that \$22 million a day, because as we talk about the cost-of-living pressures for everyday Victorians, imagine what we could have done with that \$22 million. Imagine what we could do to help provide relief for Victorians with that kind of money that is just going to pay off debt. That is \$22 million a day that we cannot spend, that this government cannot spend on improving health care and ambulance services and fixing dangerous roads. So many dangerous roads in the Evelyn electorate, which I proudly represent, could be fixed. It

is \$22 million that we cannot spend on funding more nurses, more teachers, more police. That is \$22 million a day to pay down interest on government debt and that cannot be spent providing cost-of-living relief measures to Victorian households and Victorian small businesses, who are really, really doing it tough.

There are massive cost blowouts on Big Build projects. Projects that are poorly planned and poorly managed by Deputy Premier Allan are \$30 billion at least – \$30 billion that we know about – over budget and years behind schedule. There are massive cost blowouts in public service employee expenses, with the public sector wages bill rising from \$33.8 billion this year to a whopping \$38.3 billion in just three years time. This is a \$4.4 billion blowout in the public sector wages bill that comes at a time that the Labor government plans to also slash thousands of public sector jobs, with the result of cutting frontline services. Labor's own budget shows in black and white that it will slash \$216 million from its job creation program. That is a 55 per cent cut. This Labor government is cutting funding to jobs creation at the worst possible time. The Andrews government has admitted in its own budget, in its own paper, that we have a skills shortage and that unemployment will rise. But they also confirmed at the Public Accounts and Estimates Committee recently that they will be doing less to support disadvantaged jobseekers, slashing government services to these people, to these most vulnerable Victorians, at the worst possible time. This is in Labor's brutal state budget – a brutal state budget.

Victorians are being punished for Labor's incompetence. Not only does Victoria have higher debt than any other state in Australia, Victoria is also the highest taxed state in Australia. That is right, Victoria is the highest taxed state in the nation, and that has been confirmed. Do not listen to our side here; that has been confirmed by their Parliamentary Budget Office figures. As the state's independent budget watchdog, the Parliamentary Budget Office found Victorians are paying \$5074 per person in taxes – every man, woman and child. Over five grand in taxes for every Victorian – considerably higher than any other state in the nation. Taxes will rise in Victoria to \$5408 per person by 2025–26. This government is addicted to spending and addicted to taxing Victorians.

The Treasurer had the audacity to say in a recent speech – to a business audience, no less – that Victoria was the lowest taxed state in Australia, when in fact the opposite is exactly true. The Treasurer was speaking utter nonsense, and it would be funny if it was not quite so serious. Labor has now introduced nearly 50 new or increased taxes since they came to government in 2014. This is from the Premier who said down the camera to Victorians that he would not increase taxes, and we all know how untrue that was. We now know how untrue that is. There are 49 new or increased taxes. I have got them here. I will not bore the house by reading through them all, but there are 49 new or increased taxes, and they are in the government's papers. What is this long list of new and increased taxes by this Andrews Labor government? Not only is it a broken promise, it is hurting Victorians and increasing their cost of living. It is adding to their cost-of-living pressures.

Just last night the Labor government, this Labor government – proudly, I think, and sadly, I also think – passed the State Taxation Acts Amendment Bill 2023 in partnership with the Greens. They got into cahoots with the Greens and passed the State Taxation Acts Amendment Bill, and all that is going to do is increase taxes for Victorians at the worst possible time. When Victorians went to the election being told by this Labor government that Labor would be delivering for all Victorians, I just do not think that they thought that that would be delivering more and increased taxes to all Victorians. Labor is introducing a schools tax, a rent tax, a debt tax and a jobs tax, and lest there be any doubt, the Victorian Liberals and Nationals are opposed to Labor's schools tax, debt tax, jobs tax and rent tax.

Just on the schools tax, I will talk about the schools in my local electorate of Evelyn. This is set to impact a number of schools in the Evelyn electorate, which will translate into higher fees for families that choose to send their kids there. It is a tax on these kids' learning that could see some of these families needing to pull out their kids from these wonderful local schools: Billanook College, Edinburgh College, Mount Lilydale Mercy College and Mount Evelyn Christian School are all likely to be hit by Labor's unfair schools tax – a tax on schools, a tax on learning, a tax on education. In fact

the Minister for Education is sitting right here at the table. I welcome you to raise a point of order and let me know that you will rule out those taxes for those schools in –

The SPEAKER: Order! Member for Evelyn, through the Chair.

Bridget VALLENCE: The families of these kids who go to these schools in my electorate, who love learning, might be faced with this burdensome tax, and the minister sitting at the table has the opportunity right now to stand up and clarify for these schools in my electorate that they will not be burdened by this tax, that their parents may not have to pull their children out of their school, away from their friends, away from their teachers at the worst possible time. But silence – crickets – absolute silence from the minister, who is sitting just 1.5 metres away from me. To these school communities, the thousands of local schoolkids that attend these schools, we say: the Victorian Liberals and Nationals value your education, your learning, your families and your choice, and we will fight this tax and in government we will repeal Labor's unjust schools tax.

What is troubling still is that the Andrews–Allan Labor government have not ruled out further taxes. How many more taxes will the Andrews–Allan Labor government introduce and add to the cost-of-living pressures for everyday Victorians who are already finding it hard to get food onto the table? How many more taxes and how much more pain will Labor inflict on Victorians to subsidise their budget blowouts and their record levels of debt? Victorians are paying more tax than ever before, and they are getting less for it. For example, they are paying more on car rego, and yet our roads are in woeful condition. Potholes – massive potholes, particularly in my electorate – are absolutely unsafe. They are absolutely slashing the roads maintenance budget year on year on year, and it makes no sense.

New land taxes will lead to higher rents – further pressure on our already dire rental market. Again, that makes no sense. The tax regime of this government is to put on a tax that will tax renters, people who are already finding it hard to get into a rental property, and when they do they will be subject to higher rent as a direct result of this Labor government's tax on renters. We oppose it. We think it makes absolutely no sense and just makes it harder. Life is harder under the Labor government.

There are increases in payroll tax. We look at business. Business – small business – is the engine room, the backbone, of our economy. That is where jobs creation happens. That is where the ideas happen. That is where there is the innovation and the passion to succeed, the aspiration for Victoria to grow our economy and give back. It is the small businesses in our local communities, particularly in communities like mine in the Yarra Valley, that actually give back to local communities. They are the ones that sponsor the local footy clubs or sponsor our local kindergartens, yet these businesses are going to be taxed. High payroll tax, massive WorkCover premiums for local businesses – this will lead to a dismal situation of higher retail prices for consumers and job losses.

This government says that big business can absorb it. Do you really think that Bunnings is going to absorb it? You will go to Bunnings and the price you will pay for a shovel will be higher. The price you will pay for a packet of pasta at Woolies will be higher as a result of the payroll tax increases from this Andrews Labor government. Everyday Victorians will feel it when they go to make their everyday purchases at their local store. The Treasurer also did not rule out another business tax to fund the COVID measure of the sick pay guarantee.

Residents in our communities right across Victoria are being absolutely punished by the Andrews Labor government. Cost-of-living pressures are hurting everyday Victorians. Cost-of-living pressures are something that this Andrews government should be doing better at, but they are failing dismally. We should be doing everything we can to support Victorians as we emerge from the challenges of these last few years, but all the government is doing is adding to the cost-of-living pressures.

Gender equality

Natalie HUTCHINS (Sydenham – Minister for Education, Minister for Women) (16:16): I rise to grieve for those opposite's lack of commitment to promoting women through supporting targets and affirmative action quotas. They use 'merit' as a blocker. Well, can I say I am so proud to be part of the government here. Across Victoria I am supporting women from grassroots communities, women running for preselection in all levels of government, women on boards and chief executives to smash through the glass ceiling, to break down the barriers and achieve better outcomes for all of us, because when you have more women at the table, you make better decisions, you create better policies for all women.

I am very proud to be part of a government that has a Victorian caucus of 54 per cent women and 64 per cent women around our cabinet table, but what does that mean in practice? What does that deliver for Victorian women? Well, it certainly delivers better gender equality. Women have a voice, they have access to power, and it means that there are more viewpoints, they are better represented and better decisions are made for women across everything in government and that government does. I know those opposite are probably grieving themselves over the fact that there are more women on our front bench than they have in the Liberal Party elected over there. Yet their party still resists the discussion around putting more women in through targets or supporting more women to smash through the glass ceiling, to smash through those barriers, those systemic barriers that we know hold women back.

When you have more women policymakers at the table, women have more opportunities, whether it be through free TAFE, through breaking down those occupational barriers that exist, through getting more women into male-dominated industries, through supporting women in industries and sectors like teaching and care, through making sure that they are paid well and treated well, through ensuring women who suffer from family violence have the support they need or through giving women better access to health care, like IVF, like fertility treatment, like acknowledging that endometriosis is a real issue that so many women grapple with, because of the efforts of this government.

The Victorian government's recognition of gender equality is about making cultural and structural change real. It makes a difference to our policies and our politics, just as the government is doing with our gender responsive budgeting and our new gender equality strategy and action plan that is to be released in the next few months. As many people would know, we have a lot to be proud of. We are advancing women's rights in Victoria, and we are leading the way in the nation. We have had the introduction of the Gender Equality Act 2020, a first of its kind here in Victoria, which embeds gender equality measurements across the public sector, branching out into the local government sector and universities. We have embedded gender-responsive budgeting and also supported a range of programs to support greater female participation in the workforce and in leadership, including some specific programs that are being backed by this government for women of colour to advance into leadership positions and also for First Nations women to be able to do a dedicated program in women's leadership that is culturally respectful and sensitive.

We have also supported the establishment of Respect Victoria, an agency dedicated to stopping family violence before it starts and working with our community to improve respectful relationships. And of course we have our achievements with prevention campaigns and acute family violence support services like the Orange Door network. These sorts of things do not exist currently in other states. Victoria is leading the way, and these achievements are improving visibility, cultural change and outcomes. But we know there is more we can do.

Our key election commitments around women are something that I know everyone on this side of the house is proud of. Our commitment around free pads and tampons in up to 700 locations across the state is built upon the work we have done already in providing free pads and tampons into our school system. We know that there are some universities that have also got involved in this and are leading the way in helping us to improve girls' and young women's access to sanitary products, making sure

that their health needs are put first, making sure that we can roll out these necessities into public places. Sanitary products are not a luxury, and women and girls should be able to access these products when they need them, wherever they need them. They should no longer involve women not being able to go into public places out of fear of menstruation starting. As I have said before, quite frankly, if men needed these, they would be everywhere – they would be just like toilet paper in terms of supply. So this initiative is going to be especially important to women who are the most vulnerable in our community – homeless women, women suffering from poverty. Making sure that they have access to these products is a very, very simple step that this government is taking.

We understand that all women have their own unique backgrounds and experiences, including, unfortunately, high levels of discrimination and oppression, and we must consider this in everything we do. This will be clearly evident in our new gender equality strategy, which will be released shortly, a strategy that places a strong intersectional lens on meeting the needs and outcomes of women and girls across the state at every stage of their lives. This inclusive mindset has been important and valuable to our work here in Victoria. And as I and many of our cabinet members have said here in Parliament, equality is not negotiable in Victoria, and the rights of transgender Victorians are not negotiable here in Victoria. As Minister for Women, I proudly stand up for all women, and that includes transgender women. They will be recognised in this strategy.

I recently had the privilege of unveiling the fifth of the six statues that we have committed to to make sure that women are seen in this state. I hate to present the facts in this way. The reality is that there are over 500 statues erected to men in this state, and only 11 to women. Unfortunately there is probably closer to about 20 of horses and dogs. We need to correct that. Our government has been taking this on proudly, erecting six new statues to bring that figure up. One of those statues is the Zelda D'Aprano statue erected at Trades Hall that I got to unveil with Julia Gillard. The statue of Zelda reminds us of the struggles that have happened in the past around pay equality, when she chained herself to the Commonwealth building as a single-person protest against unequal and unfair pay and the treatment of women in the workforce. Zelda's statue reminds us how far we have come, but it also is a reminder to us of how far we have to go. She inspired many of us to take up the fight for gender equality, and her statue, which sits opposite the Eight-Hour Day statue, will continue to do that, just as the other statues are that we have unveiled in making sure that women's achievements are visible here in Victoria.

The statue of the three Kurnai women in Drouin has drawn so much inspiration from the local community and helped to heal old divides of racism. These three women have stories of resilience, of connection and of respect, and that was seen so much on the day that we unveiled these statues in Drouin. A statue of Vera Scantlebury Brown has been placed in Linton. She is a wonderful woman in Australia's history that has not been celebrated nearly enough, and I hope that this statue will continue to keep her legacy and name alive. She was one of Victoria's first female surgeons, one of the first women to graduate from our universities with both a medical degree and a surgeon's qualification, who went off and funded herself to go across to work in London during the First World War as a surgeon. She never got the opportunity to wear epaulets, even though she certainly contributed to the cause and returned to Australia off her own bat to continue to practice as a surgeon and also to take up the cause and the fight for women and children. She took up the very first female role as a lead public servant here in Victoria and headed up the maternal and child health services, which was a volunteer service back when she took over and became the wonderful department that we have today. What an amazing woman.

We have also unveiled through the support of Sport and Recreation Victoria a statue to Sharelle McMahon, a champion Victorian and Australian and international netballer, which sits in the Olympic Park precinct, and of course a statue to the infamous and fierce woman Stella Young. Her statue continues the legacy that she started in fighting for disability advocacy and rights. She championed equal education and strengthening of our society for people with disabilities. I am so proud of our

public art program and its recognition of powerful women all across Victoria, and I look forward to more to come.

I also just want to mention another fantastic program, called Finding Her, that our government has partnered with Her Place Women's Museum on, and that is, again, a map, an interactive map, to identify women who have achieved so much in Victoria's history and be able to go to the locations where they made a difference in their working lives and their volunteering lives or the locations where they were born right across Victoria, recognising the achievements of rural women, regional women and women from the city who have made a huge contribution but not been written into the history books to the same level as men in this state. This Finding Her application I highly recommended for people to have a look at. This is a great piece of history.

We are all part of building a better future for women and girls here in Victoria, and I am proud to be a minister and a part of a labour movement that respects and stands up for the rights of women and also champions more women into our parliaments – here in the state Parliament, federally and of course in local government as well. We need to ensure that the girls of today are empowered to be the women of tomorrow regardless of the colour of their skin, their religious beliefs, their cultural upbringing or where they live. We deserve equality.

Gender equality

Peter WALSH (Murray Plains) (16:29): I grieve for Victorians and how life is getting harder for Victorians under the Andrews government, but before I do that I just want to start with the contribution by the Minister for Education about the disparity of the number of male statues in Victoria versus the number of female statues. I assume the government and the Labor Party will actually start walking the talk and not put a statue up to Daniel Andrews, the Premier. If you want to start actually changing that imbalance of statues, lead by example, walk the talk for once instead of just talking and actually do not put the Premier's statue up down there at 1 Treasury Place. If you are fair dinkum about equality of statues, start with that one there.

Another thing for the minister that was at that table before talking about how those on the other side do not have any women in their party: can I remind the Minister for Education that the National Party actually have more women MPs than men in this place, so the minister might want to lift her sights a bit and look right across the other side and actually count the numbers and realise that there are more women, outstanding women, in the National Party than there are men. We are in the minority now. That is a concern, but it is also a great pleasure of mine as the leader to actually show that we have women in regional Victoria who are passionate about representing their communities, are very articulate, are very strong about the issues in their electorates and will do themselves proud over the rest of their careers in this place.

Energy policy

Peter WALSH (Murray Plains) (16:31): But back to the issue of grieving for Victorians, who are doing life harder. Businesses are doing it harder under this Andrews government, and it is not just about taxes and charges, it is also about policy decisions – policy decisions that are driving up the cost of doing business and driving up the cost of household bills. And the first of those is energy policy. If you go back a number of years, the tripling of the brown coal royalties was the trigger that actually drove the closure of the Hazelwood power station down there. That started the spiral in electricity prices. That started the whole process of unwinding the power generation in Victoria. That was a policy decision – it was a cheap shot at the power companies to triple the coal royalties – which started that process there, which started this huge increase in electricity costs in this state.

There is the policy decision to oppose natural gas. Even the federal Labor government says that natural gas is part of the transition in energy to renewables. You cannot close natural gas and actually have time to transition to renewables. The philosophical opposition to using natural gas in this state, to developing any new natural gas in this state, means that gas bills are going through the roof. This year

they are going to go up anywhere between 20 and 50 per cent. I have got food processing businesses in my electorate that are coming off their fixed-term contracts and are going to see huge price increases in their energy consumption, particularly gas – because food processing needs gas to run the boilers to actually process the various foods. Kagome Foods, the tomato processing plant in Echuca, is a classic example of that. They are owned by Japanese masters who have tomato processing plants in other parts of the world, and they can benchmark the costs of energy, the costs of producing tomato crush and the costs of producing tomato paste. And they know now that Victoria is getting more and more uncompetitive because of the cost of energy, because energy is such a key cost for their processing. So, we are at risk of driving businesses either interstate or back out of Australia to other parts of the world because our energy prices are so high.

Economic policy

Peter WALSH (Murray Plains) (16:33): The list goes on. The recent changes to put more taxes on payroll, to put more taxes on businesses, just means that people who have mobile businesses can put their people in Sydney, put their people in Brisbane or put their people in South Australia. There is the announcement that the South Australian Treasurer is targeting Victorian businesses. There is a classic example here. Australian Plant Proteins, who have their pilot plant in Horsham, who turn lentils and fava beans into protein drinks for people that want to be fitter, are now going to put their new, big plant in South Australia, because South Australia has given them a better deal than Victoria to move across the border. There are 300 jobs involved in that business, and that is now going to go to South Australia, because South Australia is more competitive and more dedicated to actually getting businesses into their state.

Those are the things that are happening, that this Andrews government does not realise – that their punitive measures on business, their socialist views on business, are actually driving businesses and jobs out of this state. They will move interstate. They will move their head offices to other parts. They will keep a skeleton staff here in Victoria, because the costs of doing business here in Victoria are going up. Victorians are being punished for those sorts of decisions and Labor's incompetence.

How could you have a budget that actually puts taxes up but also increases debt and keeps that debt spiral going up? As previous speakers have said, when we have an interest bill of \$10 million a day at the moment rising to \$22 million a day we all think about our electorates. What would \$22 million a day do in fixing the roads? You could actually totally rebuild the Calder Freeway from Melbourne to Bendigo with the interest bill for six months. That is the sort of transitional difference it would make, particularly to regional Victoria, if that interest was being spent on particular projects. We have a government that is hooked on debt, which gets expensive and more expensive, and it is always someone else's fault. It is someone else's fault that the GST carve-up is not right. It is about time the Andrews government started barracking for Victoria rather than barracking for their federal mates in Canberra. If you look at that debt as a share of gross state product, it is continuing to get bigger, and that means we are going to have more challenges as interest rates rise to pay the interest bill on that into the future.

How much better off would Victorians be if the major infrastructure projects in this state were actually being built on budget and on time? Thirty billion dollars is a number that most people just cannot comprehend. That is how much over budget those major infrastructure projects are. That \$30 billion would build new hospitals in every one of our regional cities – would build the hospitals that we need in Melbourne. More importantly, it would employ more nurses, doctors and health professionals to help solve the health crisis here in Victoria. We would not need to borrow more money to solve those issues if the projects were actually being delivered on time and on budget.

If you go through that list of 49 new and increased taxes, a commitment that the Premier gave in 2014 was that he would not bring in new taxes, would not increase taxes. We now have 49 of those, but if you go through that list, there are a lot of charges there that most people probably do not know that they are paying until they actually have to deal with them. A 50 per cent increase in the Births, Deaths

and Marriages Victoria fees is an issue for people, but even if you pay the 50 per cent more, I have got constituents coming to me who want to finalise the estate of a loved one and cannot get a death certificate because births, deaths and marriages are just slow at doing those particular transactions to get the death certificates out the door.

The government generously funded five days sick leave for casual employees, but once the two-year term is up on that with the government funding it, employers are really worried that that will be a new tax to pay for that into the future. What most people do not realise is that casual employees are paid a loading to be casual employees. It actually suits their lifestyle quite often to be casual, so they are going to get the same benefits as a permanent employee but the additional pay of a casual employee. This is the whole issue around a socialist government, a communist government, that has no understanding –

Members interjecting.

Peter WALSH: There are jests from the other side of the house. I would suggest they go and look up the meaning of ‘communism’ and ‘socialism’, and you will find that you fit it to a tee. You actually fit it to a tee. You are fitting it to a tee.

Housing affordability

Peter WALSH (Murray Plains) (16:39): The other issue I grieve for is the costs that are being put on people with the housing crisis that we have, and the housing crisis that we have in Victoria is an issue of supply. It is an issue of supply for new homes. It is an issue of supply for rental properties. It is an issue of supply for public housing or social housing, and that goes back to policy decisions of the government that have slowed down the release of new land. If you go around regional Victoria, nearly every regional city has a shortage of new land because the process of getting the planning provisions through are just so tortuous and take so long.

Danny O’Brien interjected.

Peter WALSH: That’s right.

The SPEAKER: Member for Gippsland South, you are not in your allocated seat; therefore you cannot speak.

Peter WALSH: As the member for Gippsland South said, the other thing that is going to restrict land supply is the new tax on planning decisions. It is not a windfall gains tax, it is actually a tax on housing blocks, because what you will find is that for most regional cities it will push up the price of a housing block by \$20,000 to \$25,000. That is \$20,000 to \$25,000 more that a young couple have to find to buy a block let alone build the house. Then you go through all the other charges and increased licence fees for all the tradies that have to go and do that work – the increased registration fees and everything. The cost of doing all those things – the cost of business registration and the cost of tradies registration – is all increasing because a socialist government put their hand in your pocket to take your money out because they ran out of money. You have run out of your money, so you are taking our money to actually –

The SPEAKER: Leader of the Nationals, through the Chair!

Peter WALSH: Sorry, Speaker. Those on the other side, when they run out of their own money, are taking money out of everyone else’s pocket to pay for all the debt that this state has.

Waste and recycling management

Peter WALSH (Murray Plains) (16:41): Most people when they put their bins out on whatever night of the week the bins go out do not realise that there has actually been an increase in the municipal and industrial landfill levy, the bin tax. The bin tax has actually gone up. Again, it is a hidden tax. Most people do not realise that every week when you put your red bin out and every fortnight when you put your green or your yellow bin out – for those that have the extra bin for glass now, you have that as

well – money goes into a fund that just sits in Treasury to prop up the budget. There is hundreds of million dollars in that fund that was originally set up to actually make sure that the amount of stuff going to landfill was reduced. It is not being used for that, so that money is being salted away to prop up the bottom line of the budget.

Even worse still, the policy decisions of the government are actually stopping waste-to-energy projects progressing. We have seen some great initiatives for waste-to-energy projects that are not progressing because of the rules and the restrictions on those projects. There is a philosophical view of some on the other side, particularly of the Greens, who are the preferences that keep that side in government, that they do not want to see waste to energy. They want to see zero waste. It is a pipedream to think we are going to have zero waste. There has never been zero waste since mankind started walking this earth, so we need to have waste to energy: burn it, make energy, have no waste and have no landfill. As the landfills in Melbourne fill up, there is going to be an urgent need for that to happen more quickly, but at the moment there is a philosophical opposition to waste to energy. But people are paying a bin tax that they do not even know is there.

A member interjected.

Peter WALSH: It is a small impost, but it is another impost when it comes to the cost of living into the future.

Economic policy

Peter WALSH (Murray Plains) (16:43): The one I want to finish off on is on rents, jobs, debt and school taxes. Why would you put a tax in place that actually drives up the cost of education? Again, the socialists on the other side do not want to see people make choices about how they educate their children and having a school that delivers the values that they want to see taught to their children – versus the cookie-cutter system that is in place. Why would you put additional payroll tax on a business, which is a direct tax on jobs? We come back to South Australia, who would love to have you over there. New South Wales would love to have you.

Danny O'Brien: Tassie.

Peter WALSH: Tassie would love to have you. We are going to see people move out of this state, and we are going to see jobs move out of this state because of the policies and the taxes of this government.

Gender equality

Vicki WARD (Eltham) (16:44): I have to tell you, I do grieve for a party that continues to believe that merit is all that women need in order to be in this place. I also grieve for the member for Murray Plains, who wants to boorishly belittle a legitimate point made by the Minister for Women regarding the huge deficit of statues depicting women in this state – only 11 compared to the 500-odd for men. In fact there are more statues of racehorses than there are of women. In trying to make a pathetic point about statues for Premiers who have served more than 10,000 days – something that Jeff Kennett and the coalition government invented off their own bat themselves to commemorate themselves, which unfortunately did not work; unfortunately Jeff missed out, but that was the purpose of it – he was not able to suggest an important or any number of important regional women who should actually be depicted in statues. That would have been a far more effective contribution rather than trying to make a cheap shot from the cheap seats, but as we know, they cannot help themselves. I see the member for Ripon here, and I am sure she could come up with any number of women who have done amazing things in her regional community. The same goes for the member for Eureka; I am sure she would be able to do exactly the same as well. These are good regional MPs who represent their communities. They are not after the cheap shots, they are actually after change and are after good policy.

I grieve for a party that has so few women in this place, and I suspect they also grieve for the fact that they have so few seats overall. It is a party that believe they are so deficit of women of talent that in this

chamber they only have four women. Are there only four women of merit in the Liberal Party who deserve to be in this place? I suspect that there are not. I suspect that there are a lot of women of merit in the Liberal Party who are indeed not in this place. So this is a party that thinks that political points can be made by asking ‘What is a woman?’ This is where they are at – a party that is prepared to use vulnerable people as collateral damage in a culture war that nobody else is actually participating in.

We have heard so many times from those opposite about the irrelevance of quotas and that all that is needed is merit, yet when we look over to that side of the chamber, we know that that is absolute baloney. We know that there are Liberal women of merit, and yet they are not here. There are talented women who could have been Liberal MPs, but instead they are teal MPs in federal Parliament. Allegra Spender, the daughter of John Spender, a former Liberal shadow minister in the 1980s, is a teal. She is not a Liberal woman member of Parliament. When Kate Chaney, the niece of Fred Chaney, a minister in the Fraser government – and he was deputy Liberal leader – is not a Liberal MP but is a teal, you know that merit is not the problem here. There are plenty of conservative women who have merit, who have ability, who have skills and who have talent. But to quote Jon Faine:

... the reason it is hard for women in the Liberal Party is because their paths are constantly blocked by men.

Two years ago the former Liberal leader of the Victorian Liberals, a member for Balwyn, said that he was open to the idea of quotas for the Liberal Party but that that was for the party to decide. Three leaders later there are still no quotas and, as I said earlier, only four women over the aisle. Quotas do matter, and that is why we implemented quotas in the Labor Party and why we brought in affirmative action. Why? Because as Jon Faine said about the Liberal Party, blokes kept getting in the way of good, talented Labor women. So we fought for and we achieved affirmative action quotas in 1994, when women represented only 14 per cent of the federal Labor caucus. We now have over 50 per cent of women in our Victorian Labor parliamentary caucus and we have over 50 per cent of women in the federal caucus. We have 14 female ministers. This week we celebrated Joan Kirner’s 85th birthday, and we owe her a huge debt of gratitude for the gains that we have made for women, gains that are so central in this budget. This would not have happened before; this would not have happened without women on this side of our chamber.

I want to pull out a conversation that I had a number of years ago with the Presiding Officers when I was a member of the Public Accounts and Estimates Committee in our first term of government. I was horrified on arrival here to find out that any menstruating woman in this place who was caught short had to go to the gift shop and had to ask the person working there if they could please pull out a sole tampon or pad from the bottom drawer. If we were caught short – we cannot leave this place, we cannot run down to the pharmacy, and for the men in the room, sometimes you do not want to run when you have been caught short – we were stuck; we had nothing. I asked the Presiding Officers, ‘Why do we not have pads and tampons in our toilets?’ And they said, ‘Oh, we do. We’re renovating the toilets; they’re coming in.’ I went out and had a look, and I called bulldust. There were not any. It took them a while to sort out, but eventually they got there, and this is why we have pads and tampons in our toilets. Our male Presiding Officers were embarrassed to realise that they had actually not provided this. And I have a look –

A member interjected.

Vicki WARD: Pleasure. This experience also reminded me of Pauline Toner talking about how when she first came into this place there were not actually toilets for female MPs, that she was expected to run all the way from the chook house or wherever she was to the toilet that is over here at the front of the chamber. That was to be her toilet. ‘Bugger that,’ she said, and she took over one of the male toilets, because this is what happens when women are in Parliament. Women change spaces. Women change the way things happen. Women have their own views and have their own needs, and we put them at the table. This is why it is so important that our party has made this transition and we have such strong female representation here on our side of the chamber.

Federal Labor committed to removing the GST on menstrual products in 2018, for which I was very grateful. I will, as an aside, tell you that I bought about eight or 10 months worth of pads and tampons before the GST came in because I was so angry about paying GST on them. Finally the Morrison government removed this unfair tax in 2019 – this discriminatory, sexist, unfair tax. In 2019 we became the first state or territory in our nation to introduce free pads and tampons in every government school. There will be not one woman in this place who did not wish they had a spare pad or tampon handy at some point; we have all been caught short.

With this important change comes the conversation about menstruation – destigmatising it and changing the conversation. Having your period should not be cause for embarrassment, yet for years, decades, centuries and millennia women have been forced to be embarrassed about a natural bodily function that happens to all of us. It is outrageous. The sad thing is that sometimes this belittling, this embarrassment, still happens. Pads and tampons are not a luxury; they are a necessary healthcare tool – a healthcare tool we cannot live without – and I am so happy and so proud that this government brought in to over 1500 public schools free pads and tampons, something that will continue to be supported in this year's budget. This will be life-changing for so many girls and women. Girls who go to school and who cannot afford them or who have forgotten and want to sort themselves out can do so without fear or favour. It is fantastic policy. It is important policy, but it also shows how much this government understands what women and girls need, understands the challenges that they have and actually does something about it, and understands that this is not a taboo topic that should not be talked about and should have euphemisms used around it. We are quite happy to stand here and talk about it and talk about what we can do to make menstruation easier. Having easy access to pads and tampons is one less stress to deal with.

We have built on this. We have committed \$23 million in this budget to ensure that women and girls can access period products wherever and whenever they need them. This means that there will be around 1500 dispensing machines at over 700 sites across this state. It includes places like the State Library, it includes places like hospitals and it includes places like train stations, like the Melbourne Museum, like TAFEs and like the law courts. So many places will have these products available for women who need them. Women will know that this government sees them and not only understands many of their challenges but will act on them. For far too long menstruation has been weaponised against women. It is a rare woman who has not had to deal with comments about her anger, her assertiveness, her indignation, her crankiness or her being busy being attributed to her menstruating – 'Oh, you're only cranky because you've got your period', 'Oh, you only said that because you've got your period'. No, we said it because we are just bloody angry. It has also been seen as something dirty, something to be hidden. From an early age girls are regularly taught to hide the fact that they are menstruating. Other young people, often boys, use it as an insult to belittle and disempower young girls.

Plan International Australia has reported that one-fifth – around 19 per cent – of boys in Australia think periods should be kept secret and are not something to be talked about in polite company. When asked what words boys associated with periods, almost three in five said 'messy', while almost a quarter said 'embarrassing and dirty'. In addition, more than four in 10 said they have also witnessed bullying around periods. Research in 2021 found that almost a third of Australian girls aged 10 to 14 were missing school because they were embarrassed about their periods, while almost half of those aged 10 to 18 said that they were afraid of being teased. It is outrageous that girls and women can feel shame about menstruating and that their menstruation can actually impinge on their movements. And I am not talking about period pain; that is a whole nother 15-minute debate in this place. The fact that the actual act of menstruating is something that you can be embarrassed about and limit your freedom of movement by is outrageous. It is terrible, and it should not be happening.

It is also outrageous that so many males do not understand how menstruation actually works. I have heard a number of stories of guys like this. For example, a male employer demanded to know why a woman needed to leave a meeting to use the bathroom, and on being told that her period had started, he said, 'Well, can't you stop it?' He thought that periods were something that you can control. We

know that, particularly in coercive, violent relationships, there are men who think that their female partners are having their period just to annoy them. We have really got to do some work on actually helping boys and men understand how periods work.

We need to implement policies that remove any stigma and shame about menstruation, and this is a very important part of our very long journey towards gender equality, a path this government is treading with care and with determination. It matters that we have a Premier who speaks openly about access to menstrual products, who speaks openly about endometriosis and who speaks openly about menopause. It is so important to have leaders in this state and in this country talk about the things that happen to women in a natural way, in an empowering way and in a way that takes away any sense of shame over things over which there should be no shame.

In 2021 we became the first state to introduce gender-responsive budgeting, and now every year we analyse and consider the impact of investment decisions on women and girls at every stage of the budget process. With the Victorian budget this year we have kept improving our decision-making processes, and we have considered the ways in which the decisions we make affect people differently – and women in particular.

While I have devoted much of this speech just to what we are investing in with pads and tampons, to me it underpins exactly what we are doing as a government, which is empowering people. We are helping people. I found it quite interesting that the member for Murray Plains, for example, and the previous coalition speaker spoke about the cost of living. We are actually saving women money by providing them with free pads and tampons, and to not understand how important this is to so many women and girls in this state is to be incredibly out of touch. You go to any neighbourhood house, you go to anywhere that is doing food share or you go to any school and you will find girls and women who are experiencing poverty where they cannot afford pads and tampons, you will find that there are families where fathers refuse to allow money to be spent on these products and you will find cultures where this is such an embarrassment, the fact of women menstruating, that women are shunned and their access to being able to buy these products is hindered.

For this government to stand up and make sure that those girls and women can be filled with respect for themselves and have access to these most basic of products stands at the heart of who this government is and what this government stands for. This government should be applauded and celebrated for this fact. I do, as somebody who represents this party in my community, and I do it as somebody who is very happy to stand here and speak about the wonderful things this government is doing. For those opposite to belittle it, is shameful.

Social and affordable housing

Gabrielle DE VIETRI (Richmond) (16:59): I rise to grieve Victorian Labor's complete and utter failure to address the housing crisis, leaving so many without a roof over their heads while funnelling public money and public land into developers' pockets. In 2018, after a hard-fought campaign by locals, this Labor government promised a full 20 per cent of public, social and affordable housing on the 3.9 hectares of land – public land – known as Fitzroy gasworks. The plan for this land wholly owned by the state government was billed as an exemplar of urban design. But the Andrews Labor government has since, slowly but surely, turned their back on all the people who were relying on those homes, because after the election, when the development plan was written up, the public housing had been scrapped. Then in the next iteration of the plan the social housing, which is different to public housing, was revealed to be only guaranteed subject to funding. That funding has never materialised.

Quietly the Development Victoria website was changed, and now it only mentions so-called 'affordable housing' – no more social housing, no more public housing. Last week the Deputy Premier confirmed Labor's commitment to social housing has all but evaporated. This means that out of 1200 private market-rate apartments that developers will build on this public land, the best that Labor can do in a housing crisis is to subsidise the developers to give a 10 per cent discount on 240 of those

apartments. That is a 10 per cent discount on rents that have gone up 23 per cent in the last year, and that is what they are calling affordable.

Perhaps at least these tenants can be assured of knowing that they have a stable home to rent for life – but wait, Labor deliberately removed the original part of the plan that ensured that this small portion of housing would be affordable in perpetuity. It has been struck out of existence. The government now will only guarantee a discount for up to 10 years, after which, and I quote the minister's office, 'the market decides'. As if this could not get any worse, last week the local council was informed that even this pathetic attempt at affordable housing has been abandoned.

Finally, all we can expect is a concrete jungle of investment properties and Airbnbs. This is 3.9 hectares of land purchased at taxpayers expense, public land meant for public good. As the Deputy Premier said, a massive decontamination process has been undertaken on this land. It has taken years and it has cost taxpayers millions of dollars. All this just to hand public land to private developers so they can accumulate wealth while families are living in tents and sleeping in cars. How can each member of this Labor government face up to their communities and say 'We're doing what matters' when what matters is clearly funnelling money into property developers' pockets, lining the pockets of the landlord class while the people of Victoria struggle to keep a roof over their heads? This is just the latest move from a government hell-bent on privatisation, a government obsessed with demolishing public housing, fixated on gifting valuable, scarce public land to developers for private housing. But let us get this right: housing is not an income stream; housing is a human right. It is a basic need, and right now there are 120,000 people on Victoria's public housing waiting list and 30,000 on any given night sleeping rough.

With the new injection of cash for social housing from the federal government, thanks to the Greens, this Labor government has an opportunity to fix this mess and build new public housing at the vacant Fitzroy gasworks site. The City of Yarra, where Fitzroy gasworks is situated, is proud to have the highest density of public housing residents anywhere in the state, with 10 per cent of our residents living in public housing. Not only that, combined with Port Phillip and Melbourne the City of Yarra has accommodated 50 per cent of the new housing in Victoria in recent years, densifying rapidly. Nevertheless, the Greens enthusiastically welcome more public housing in our communities.

There are other sites as well as the Fitzroy gasworks, built-up, vacant or underutilised land that the state government owns that should be used for public housing. Yesterday in fact my colleagues at the City of Yarra passed a motion to advocate to the Labor state government for urgent public housing to be built in our municipality, including at the former Provans timber warehouse in Clifton Hill. This was acquired during the east-west toll road. It is a huge vacant warehouse across an entire block of land that could accommodate at least 150 families close to school, close to work, close to shops and close to transport.

The old police warehouse on Wellington Street in Collingwood – build secure, genuinely affordable public housing capped at 25 per cent of the tenants' income for those who need it most. Others are calling out for genuinely social housing on private land. We know that Cohealth in Collingwood has a social housing project for 50 new homes that has been in the pipeline for five years. So far this government has refused to fund it. Why? They have a plan. It is a good plan. They are asking for \$25 million for housing, co-located with an upgraded, fit-for-purpose community health facility. It makes sense.

A member: But not in my backyard.

The DEPUTY SPEAKER: Order! Through the Chair, member for Melton.

Gabrielle DE VIETRI: It is actually directly in my backyard. It is in the block I live in. It makes sense. Fund this now. But Gasworks is by far the biggest failure in this government's failing housing policy. In combination these projects could amount to 2000 new public homes in our municipality. With such obvious opportunities to stop thousands of Victorians facing homelessness, every member

of this Victorian Labor Party should be ashamed to stand behind the decision to give this public land to property developers. But unfortunately this is nothing new. Labor has been in power for 18 of the last 22 years, and over that time the amount of public housing in Victoria has decreased. In the last decade alone the number has decreased by 600 homes. This government are so desperate to give away public land to developers they are actually demolishing existing public housing. They are evicting tenants. They are privatising land in the middle of a housing crisis.

Tomorrow the state government will take Margaret Kelly, a 68-year-old Port Melbourne public housing resident, to VCAT. They want to evict her. They want to give her home of 25 years to private developers. And Margaret is not alone. Thousands of others have been forced out of public housing by this Labor state government, forced to move far from their communities into inappropriate housing, and for what? Once these iconic public buildings in Port Melbourne have been demolished and their communities destroyed, will the Barak Beacon housing estate sit and languish like the other public housing estates across Victoria? Elizabeth Street in North Richmond – sitting vacant since 2012. Walker Street in Northcote – vacant for three years. They are everywhere – dank wastelands, tragic monuments to developer greed and Labor's failure.

I know that right now those opposite are thinking up their retorts. They will say 'The Greens this' and 'The Greens that'. According to the Andrews Labor government, we Greens are to blame for any and all problems that Victorians face. But the fact of the matter is that when it comes to housing, you are failing. We need this government to do better. Imagine having the power to fix the housing crisis and instead spending your time spinning bad-faith messages to shift the blame onto others and whip up public division. But the Andrews Labor government cannot keep shifting the blame, because this is their failure. The Greens have fought against Labor's corrupt proposals to get rid of housing to privatise land for developer greed. But it does not matter how hard you spin it, private housing will never meet the needs of those who are struggling as long as the profits dictate the terms. That is why I am calling on the government not only to fulfil its promise for social and affordable housing at Gasworks as a matter of urgency but to review the entire Gasworks site for its potential to accommodate public housing and public facilities, not private development.

Never before has a government been so fixated on shirking their responsibility to provide public housing to those who need it. The Greens have been relentless in pushing this government further and faster on housing, and thanks to community pressure, state and federal Labor have been dragged kicking and screaming into action. Thanks to the Greens, the federal government announced \$2 billion they said just did not exist for social housing, and the Victorian government this week has agreed to work on rent controls, regulating Airbnbs and the vacancy tax to make more homes available for renters and to first home buyers.

Members interjecting.

Gabrielle DE VIETRI: I am glad to hear those opposite saying that the Greens can solve everything – we seem aligned on that – because our growing movement to make housing affordable is working. But we will not give up until everyone has a secure, affordable place to call home, and this Andrews Labor government must stop demolishing public housing and they must stop giving away public land to private developers and instead maintain and build public housing, and they should start with the Fitzroy gasworks site.

Gender equality

Nina TAYLOR (Albert Park) (17:11): I would like to grieve that the opposition still have not embraced structural reforms that are needed to ensure true equality within their party. Affirmative action quotas – you see them squirm. You mention the word 'quota' and they shudder and they shake, 'Oh, we can't do that. We can't do that because then we might have equality.' Thankfully on this side of the chamber, and a little bit around here as well actually – it goes further, doesn't it – we have absolutely embraced these reforms, because without structural reforms you cannot genuinely have a fair and equitable Parliament. I know myself as a member of Parliament when I go around to schools

the students see parliamentarians and they see their gender. It is important that they do not only see one gender, that they see true representation when we visit those schools.

I want to thank those who have come before me in the party – I know acknowledgement was made of the late Joan Kirner – but also my male colleagues, because they are backing in these reforms wholeheartedly as well. As a collective we are united on this front, and it is truly inspiring as well. But it is important. It is about equity, it is about fairness and it is also about ensuring that current and future generations know that they all have an equal right, subject to their desires and what they want to do with their careers, to be able to pursue a career in Parliament. Part of those structural reforms, because we have gone further, is the fact that we are the first and only jurisdiction in Australia to have enshrined public sector gender equality laws requiring that new programs and services consider how they can improve and support gender equality.

I am going to go further with that thread. In 2021 we became the first state to introduce gender-responsive budgeting. We know that it is not only local, and I am really proud that our government has taken this important fiscal step but also a step in terms of ensuring equality when it comes to how our programs and services and policy are delivered. We know that gender-responsive budgeting is a way to create budgets that consider the gendered impact of investment decisions on all Victorians. It ensures that when we make decisions we do everything we can to break down structural barriers that hold women and girls back. Now, I did want to say further that gender-responsive budgeting tools have been trialled or adopted by nearly half of all OECD countries, including five of the seven largest economies in the world – Canada, France, Germany, Japan and the UK – and we are certainly part of this grouping insofar as recognising just how important it is to ensure equity right throughout the budgeting process.

I am going to move on further to some of the practical reforms that have been implemented – already spoken to to some degree in this chamber, but certainly extremely important – including the implementation of the rollout of free pads and tampons in every government school. I think all females in the chamber can recall the first time, and I certainly remember being in school – I will not go into intricate detail – and I know it was embarrassing. It felt embarrassing at that time. We were in a different era, and we were not really acknowledging that this is normal, this is part of life – you felt like you had to hide. It would have been nice back then if we had had these kinds of structures in place; it just would have made that first step much, much easier. I was fortunate enough that I was able to access these products, but just think of those Victorians who have not been able to access them purely because of, can I say, poverty, which is really, really unjust. But I am so thankful that as a government we are able to bring through what is truly an equitable reform.

We know that this \$20.7 million initiative has delivered free pads and tampons to more than 1500 public schools to support the health and wellbeing of thousands of young girls around the state. We are going further with that, because in order to ensure true equity we need to of course incorporate women in schools but we need to go further. So we will install 1500 dispensing machines, with free pad and tampon machines at up to 700 public places to normalise periods and help provide cost-of-living relief. I heard a lot of discussion from the opposition about cost of living. Well, let me tell you: this is part of cost-of-living relief. These are being made available in public places where sanitary products will be available for free and will include public hospitals, courts, TAFEs, public libraries, train stations and major cultural institutions like State Library Victoria and the Melbourne Museum. I hope that goes some way to address some of the concerns that were raised by those opposite, because on this side of the house we truly understand what Victorians need and want. They certainly voted for these reforms at the last election, and we are very proud to be able to deliver them and also to reduce the stigma. I think the other problem with stigma, when it comes to periods, is that if you feel embarrassed about an issue you are probably less inclined to go and get help, particularly if you are experiencing a lot of pain or suffering in that place. The hope is not only normalising it so that people feel comfortable and do not have to feel shamed of a normal everyday part of the human body, but

also that they will feel comfortable enough to go and seek help if they are experiencing pain and suffering as a result of their periods.

I remember once I was driving back from regional Victoria and I had to pull over to the side of the road because I was in such excruciating pain, and I literally had to vomit on the side of the road from period pain. Thankfully that was not a common occurrence for me – because that would have been just really, really awful – but I have to say it did make me think about women who experience this kind and level of pain month after month after month and just think, ‘Well, that’s my lot, I’m a woman and I’ve just got to cop it and maybe just take a couple of Disprin or other things and lie down’ and then just give up perhaps hours and hours, maybe days, of useful time and energy that might otherwise be able to be used in something that they actually want to do.

This also leads me to the point of our government actually rejuvenating, or I have to say we are really boosting the focus on women’s health and changing the focus, because once it was considered a niche issue. We know, in the same way that we are seeking to normalise periods so that people no longer have stigma around this, we are also seeking to normalise all aspects of women’s health, right from the age when young women commence their periods up to menopause and beyond. Thinking of my late grandmother, she would often experience a lot of pain and sometimes would have to use all sorts of methods to try and disguise the pain. It is just a shame because now in this era we are really searching for and investing – our government is investing – in proper research, really catering for and targeted at specific women’s issues that are very prevalent, and we might have minimised the suffering of women of another era. I think even some women unfortunately may have been misdiagnosed as having potentially mental health or other issues when in fact it may have been symptoms that were related to menopause. So it is really important that we are having a far more nuanced examination of the practical aspects of the human body and being really honest about what it is or is not, because on the one hand we are breaking down the barriers when it comes to mental health and the stigma so that people actually get the help they need. Of course following the Royal Commission into Victoria’s Mental Health System we are rolling out huge amount of reforms in that regard. It also makes sense, and I think it is consistent with our Labor values, that we are breaking down the very significant barriers that there have been to ensuring that women’s health issues are not seen as just whingeing or boredom but are actually real medical issues that deserve to be addressed in an appropriate way.

In particular, thinking of even relatives and many friends who have suffered incredibly with endometriosis, I am relieved that we are providing \$64.8 million towards 10,800 additional laparoscopic surgeries over four years for endometriosis and associated conditions to help improve access to diagnosis and treatment. I am sure there is probably hardly a person in this chamber and across this state that does not know someone either in their family or otherwise who has suffered from this terrible condition. Thankfully I have not had it, but I have known plenty a friend and cousin and otherwise who has endured unending suffering because of it. Often, I am afraid to say, there have been circumstances where I have had friends say they go year after year to the doctor and complain about this issue, only to be told that it was not anything to worry about or that they should just endure. Thankfully, though, I think in this new era – and I would like to see it as a new era when it comes to the way we address women’s health issues – we no longer have to have those kinds of situations occur, which embed a feeling that it is actually demeaning at the end of the day. There is nothing worse than somebody not actually believing you when you have a legitimate medical issue.

So I am truly relieved, and I am inspired as well. I am excited because I am thinking, ‘Imagine what is going to be discovered with this incredible investment in women’s health research.’ Women and girls make up half the population, and it is staggering when you think we have got to this point in time and we are only now just investing in this space. But on the positive, thank goodness the investment is being made, that we have had the courage as a government to go forth –

A member interjected.

Nina TAYLOR: Yes, and I think we can draw that back to the fact that we have great representation across cabinet and caucus of women and, again, male colleagues who are backing us in and supporting us, acting as a proper and positive collective in this regard – all recognising just how important these reforms are. Whilst we know women share many health concerns with men, growing evidence shows that men and women can differ significantly in our susceptibility to common diseases, symptoms and responses to treatment. For instance, despite having a lower incidence of cardiovascular disease, women have higher mortality and worse prognoses, which I find deeply concerning. But if it is acknowledged, that is half the battle. Our next step of course is getting that research underway and making sure that we get much better outcomes for women across the state.

What is more, women are not meaningfully included in clinical trials. This has caused a gendered gap in women's involvement in medical research, meaning we know less about disease in women, resulting in poorer health outcomes. I remember when I used to work in pharmaceuticals that actually even with some of the medications, sometimes women who were pregnant were not allowed necessarily to participate in certain trials. I get that there are certain parameters and safety matters as such, but I know that sometimes some women got pregnant in the trial, and after the fact thankfully they were able to see that the medications were okay. So I can see where there are complications in that space – all the more reason to have the research in place and all the more reason to ensure that it is equitable and that we drive much better outcomes for our state.

Social housing

Nina TAYLOR (Albert Park) (17:24): The only other point that I wanted to say is that I do grieve that the Greens party is perpetually blocking social housing in this state. They are absolutely hypocritical on this issue. If they genuinely cared about equity across this state, then they would support and back in social housing not only at a state level but also at a federal level. They need to pull the finger out and stop all this grandstanding and their social media and everything else that they are working towards – because that is all that is – and actually stand up for Victorians in this state. Okay, I got that off my chest, but it is awful listening to the mensonges in the chamber. It is like recreating history, and we want to deal in facts here, because we have a \$5.3 billion investment in social housing in the state. I mean, what more is there to say on that matter? We are rolling it out, it is happening, I have seen it. I have been to Bangs Street, I have been down to New Street, Brighton. I am sure the member for Brighton would acknowledge that there is social housing being built down there, so, you know. Anyway, I just think you need to be fair, just and accurate when you communicate in the chamber.

Cost of living

Chris CREWETHER (Mornington) (17:25): I grieve for the people of Victoria.

Paul Edbrooke: You look happy, though, Chris.

Chris CREWETHER: I grieve for Victorians, member for Frankston, facing ever-growing cost-of-living pressures, as you would know in your seat, where the chance to survive, let alone thrive, has become more and more difficult, particularly over the last eight to nine years of this Daniel Andrews Labor government, where aspiration is brutally punished by a Labor government hell-bent on waging war against working families; where ballooning debt of \$116 billion and growing dooms generations of Victorians to foot the bill for this Labor government's blunders; and where home ownership, once a mark of independence and key to economic security, is becoming increasingly unattainable.

A key reason I entered politics is that growing up in Horsham I saw many people, particularly children, disadvantaged by where they lived and/or their socio-economic situation. This needs to be fixed, but what we have instead seen is the problem getting worse and worse. These cost-of-living pressures have been felt acutely by Mornington electorate locals, such as in places like Mornington Park, as well as by Victorians as a whole. I have spoken with many locals about land tax hikes, which supposedly target the wealthy but ultimately end up punishing many middle-income mums and dads, and renters –

it is not just a land tax, it is a renter's tax. I have spoken with locals about electricity, heating, fuel and food prices increasing and the financial sacrifices individuals and families have to make just to keep the lights on, to stay warm, to put food on the table and to drive to school or work or shopping or elsewhere. I have spoken with mums and dads who fear that the Labor government's new schools tax will pose such a great financial burden that they will have to remove their children from the schools they know and love, not send the siblings, or not send their kids in the first place.

Australia is supposed to be the lucky country and Victoria the place to be, and as you all know, the Mornington electorate is of course the jewel in the crown of our great state. But this situation should not be happening, and it has only been expanded upon by a very tired and reckless Labor government, who have been in government now for 20 of the last 24 years. Victoria's botched COVID response, including the world's longest lockdowns, has left the state with huge economic calamities. Indeed the world's longest lockdowns left a costly legacy, with estimated state costs being \$218 billion, or \$33,000 for every Victorian. Our debt stands to climb to over \$171 billion by June 2027, almost a quarter of our gross state product, with interest rates going from \$10 million a day to \$22 million a day in just a few years time. Imagine what could be built per day with \$22 million. That is a new school, and they are tiring, the schools in my electorate. For example, you have Mount Eliza Secondary College or you have Mornington Park Primary School; their buildings are around 50 years old. With \$22 million of interest that is being paid each day into the future, that could actually fund those schools, in just two days, to be rebuilt.

Now, Victoria also has the worst debt burden of 17 similar states across the world. Since we have had a Labor government, state and federal in Victoria and nationally since May last year, have things got better? No. Have things got worse? Yes, they have. Cost-of-living pressures have gotten worse. Interest rates have gone from 0.35 per cent in May 2022 to 3.85 per cent just a year later, an 11-year high. Over the past 12 months, all cost-of-living indices have risen by between 7.1 per cent and 9.6 per cent for all households, with a 7 per cent annual increase in inflation. That is higher costs for food, heating and more. These are not just empty statistics or coincidences; they are indicative of poor fiscal management and governance by Labor governments here in Victoria and nationally, with Victoria being perhaps the most irresponsible of them all with this Andrews Labor government.

I listened to the member for Richmond before. While I often do not agree with many Greens policies, I could at least tell she cares. I do know there are many Labor members who individually care as well, but I cannot say the same for this Labor government as a whole when I look at their policies and the outcomes they are causing for Victorians. It says to me that the Labor government does not care.

On inflation, the Labor government seems to see taxation as a weapon against inflation, a panacea for the cost-of-living crisis. Yet it is just the opposite, and this government should be exercising every measure possible not to increase taxes. When it does, that often just means more money going to the government to waste on white-elephant projects like the Suburban Rail Loop, a backdoor \$200 billion-plus project that was dreamed up in a secretive way with little consultation, a project that was lambasted by our Auditor-General, with a cost-benefit ratio of just \$0.51, meaning that for every one dollar spent the return is only 51 cents. This project is one where there was not a clear business case finalised prior to the government making a significant financial commitment. That is how much Labor cares about your money. An individual – I or anyone else here in this room – who does not do thorough research before committing to a major financial investment is foolish. A government who recklessly spends Victorians' money without sufficient analysis is callous. We need to rein in reckless government debt and stop this government from getting away with it.

I want to talk further on the schools tax, which I mentioned earlier. There is a decision in the budget to remove the tax exemption for many Victorian independent schools, meaning that these schools will pay tax of up to 5.85 per cent of their payroll – and that is on top, for the Mornington Peninsula. The Mornington Peninsula is deemed as metropolitan by this state Labor government, so they are already paying higher payroll taxes than in, say, Geelong or elsewhere. This decision effectively delivers an ultimatum to independent schools, such as Balcombe Grammar School in my electorate in Mount

Martha, whose fees start at around only \$7600. That ultimatum is to either pass on the additional financial burden to the parents of the children enrolled and/or to implement harmful cost-cutting measures that could see the loss of staff and a drop in the standard of educational services.

Parents in my electorate and indeed parents across Victoria send their children to independent schools for many different reasons, such as the exceptional standard of education, access for kids with disabilities, values, proximity and more. I have had many, many parents in my electorate, particularly from Balcombe Grammar School, write to me very worried about Labor's schools tax. In most situations these parents are middle-income earners or indeed low-to-middle-income earners who work incredibly hard to pay school fees, often making many sacrifices to give their children the best chance of success. These families are not the uber-wealthy, as the Labor government would like you to think, and should not be bearing the responsibility of paying back all of Labor's debts.

With cost-of-living pressures exceptionally high for families already, with growing mortgage rates and inflation on food prices and more, if the schools pass on these extra costs, this means that parents may have to either remove their children from independent schools and place them into government schools, not send their siblings or not send their kids altogether, to ease the financial burden on their households. This in turn will put further pressure and costs on our public system, with infrastructure already not keeping up. Ironically it would actually cost the state government more for each student who moves across or goes to a public school to start with. Local public schools are already under strain in terms of numbers and with lack of infrastructure investment, particularly in the electorate of Mornington. I mentioned before a couple of local examples. One is Mornington Park Primary School and another is Mount Eliza Secondary College, whose facilities are around 50 years old, deteriorating and facing mould, asbestos and more. They have been crying out for investment for years but have been ignored by this Labor government, who as I have mentioned, have been in power in Victoria for nearly 20 of the last 24 years. And it is no wonder when we see 93 per cent of school capital works funding being spent on public schools in Labor seats. Instead it should be on the basis of need across Victoria. It is nothing short of deeply shameful pork-barrelling.

I want to go back to land tax as well. The Treasurer's budget targets aspirational Victorians with punitive land taxes which will indeed of course be passed through to renters, so it is a renters tax. Payments, for example, will increase to \$975 for rental properties between \$100,000 and \$300,000, while a further 0.1 per cent of the land value will be applied to properties worth more than \$300,000. This government are grossly out of touch with the Victorian people, but they fail to completely understand and recognise that not everyone, for example, with one or even a couple of properties beyond their home are wealthy. They are often looking to provide for their families and are mum-and-dad investors. In fact I have had many Mornington electorate locals reach out to me who have, for example, inherited properties and are now straddled with land tax debts while unemployed or earning below average income.

Land tax is not carrying out its nominal purpose of targeting the supposed 1 per cent. Instead it punishes lower income and middle-income mum-and-dad investors, renters, students, retirees, small business owners, beneficiaries of property and more. Furthermore, the land tax increase from this Labor government is, as I mentioned, also a renters tax. It will put further pressure on mum-and-dad investors, which either might lead to them selling their properties, which will potentially then reduce rental stock and put upward pressure on rents, or might lead to them having to pass costs on to renters to keep up with increasing mortgages, land tax, food, fuel and other costs.

I will go further into public housing. On public housing and housing as a whole, housing affords individuals and families dignity, stability and security. Numerous Victorians are trapped in limbo as the wait for public housing has hit an all-time high. The situation has not got better over the last eight years, it has gotten worse. The latest figures show over 67,000 Victorians waiting urgently for a home or otherwise in dire need of relocation due to inadequate or unsuitable housing, yet Victoria's pool of social housing has only grown by 74 units in four years, despite the Andrews Labor government's \$5.3 billion Big Housing Build in social and affordable housing. The Andrews Labor government is

also selling off an average of two public housing properties every week, despite the ballooning waiting lists. In the Mornington Peninsula shire, which has the sixth-worst level of homelessness in Victoria, we also see that the number of public housing dwellings has actually decreased. They have decreased by a net 13 over the last eight years since this Andrews government has come in, and I have had multiple local support organisations and constituents contact me about public housing properties being sold or remaining vacant in our Mornington electorate. Indeed I know that this is the case in many places across Victoria. Public housing is imperative to the health and wellbeing of society's marginalised and improves their social and economic resilience. We noted the other day the Prime Minister Anthony Albanese said Victoria would get a quarter of their \$2 billion housing accelerator to help towards public housing. As part of this, the Premier talked about purchasing existing stock, but I ask the question: won't that reduce stock for renters? Won't that reduce stock for buyers? Ironically, doing so will actually potentially push more people into the public housing queue.

I want to go further into this situation as well, and I want to talk about young Australians in general – I am not sure if I still count as a young Australian as a 39-year-old, but I will go with that until my birthday in August. I find it tragic that only one in 10 potential first home buyers across Australia can achieve home ownership while the rest are struggling. They are struggling to save for a deposit or to service a mortgage or both. I find it tragic how Australia's home ownership rates have fallen from 71 per cent to 66 per cent in 25 years. I find it tragic that now more than 70 per cent of young people believe they will never be able to buy a home.

How does the Premier treat young, aspirational Victorians who want to one day own a home? 'They're happy renting,' says the Premier. 'Not everyone has intergenerational wealth or the ability to act like a bank.' As a parent I want my own children to be able to own their own home one day, and I am sure other parents would feel the same way. Indeed in a recent survey only 19 per cent of respondents said they had chosen not to buy a home; 45 per cent said they had wanted to but were priced out of the market. I continue to grieve about this cost-of-living crisis.

Gender equality

Lauren KATHAGE (Yan Yean) (17:40): I rise today to grieve for the women of Victoria and the risk to their rights, their health and their economic security if the Liberals were in government and had handed down the 2023–24 budget. They say that if you want to see the values of a government, look at their budget. That will show you what is important to them, what matters to them and what they care about. There can be no doubt when you look at the 2023–24 budget that this government values women. This government values the health and economic security of Victorian women and is willing to put in motion the major reforms and the matching investment to enable women to have better lives. That should not be a surprise. When a government is made up of many women it is natural that the programs they prioritise and the improvements they make are based on the deep understanding and lived experiences of women, and when you work for the benefit of women you are often also benefiting the state more generally and children in particular.

We can see this in the government's investment in the Best Start, Best Life initiative. Due to the fact that women are more likely to be the primary carers in households, caring for children continues to be the biggest obstacle to women joining the workforce. Around a quarter of Australian women who wish to work or increase their hours say that taking care of children is their biggest obstacle. It should not be this hard. This is a problem that is faced by many families in Yan Yean, where in some areas 15 per cent of the population is under the age of five. I have had conversations with local families who in the past have had to sit down at the dinner table – that favourite political cliché: the family sitting at the table – and do the sums to work out if they could afford mum to work or do the complicated sums to see how many days they can afford mum to work. This government has changed that equation by making kinder free at participating services. This eases the pressure on family budgets, provides the best start for young Victorians and gets the mums who want to be at work back to work.

As is the case with much of the work of this government, it is not just tweaking at the edges, it is wholesale reform that totally changes the game. The \$1.7 billion in this year's budget builds on the \$4.4 billion invested to date, and with this investment we will put in \$1.6 billion to roll out three-year-old kinder and increase capacity by building new kindergarten facilities; \$1.4 billion for free kinder to give Victorian parents, especially mums, the choice to return to work if they want to, with savings for families of up to \$2500; \$1.3 billion to build up to 100 new kindergartens, including land acquisition, with the majority to be located at or nearby local government schools – I am getting dizzy; these figures are massive; \$921 million to deliver 35 new government owned and operated early learning centres by 2027; and \$303 million for around 35 new ones at low-fee non-government schools.

I have seen the money and the commitment to this reform work in Yan Yean. Like I said, we have got a lot of under-fives in Yan Yean, and the government is investing to make sure that we have the facilities we need to give these young Victorians the best start. In Donnybrook we opened a new primary school at the start of this year, and next year a co-located kindergarten will open. For local mums that is going to be fabulous, to avoid the double drop-off. A couple of weeks ago I attended the opening of the new Marymede Early Learning Centre in Doreen. That is the government investment at a Catholic school to open a lovely kindergarten centre there. It was not long ago that the Premier joined me for the official opening of an inclusive play space at the Orchard Road kindy, and not long before that Eucalyptus Parade kindy was officially opened. So a lot is happening based on our investment.

There can be no doubt that this is a government that listens to the voices of women, that believes women, that takes us seriously. That is why we are working to address the healthcare gender gap. The 2021 Australia Talks national survey found that one in three women say they have had health concerns dismissed by a GP and that women are twice as likely to feel dismissed by their doctors as men. Women's health has been disregarded, misdiagnosed or dismissed for far too long. Because of both our sex and our gender, we continue to have worse health outcomes. Just yesterday my sister messaged to say that my high school-aged niece had attempted to get to the school sick bay yesterday with excruciating period pain. On her way there she vomited and blacked out. When she came to she had to be carried to the care she needed. She has been to the doctor before. He told her to take Ponstan when her period started and to come back if her pain continued. My sister told us:

I almost want to video her to show someone and say see! It's not normal and it's not as simple as a bit of cramping! ... She is almost delusional with the pain and her whole body is affected.

That is what my sister shared with me. That sense of feeling that you have to work hard to prove to a doctor that something is wrong is heartbreaking and all too common. That is why we are investing \$153.9 million to improve access to services, upskill our workforce and bridge the medical research knowledge gap. This is going to give us 20 new, full-service women's health clinics as well as an Aboriginal-led clinic that will deal with everything from endometriosis to contraception. Women will have better access to diagnoses and treatment, and we have backed this up with \$64.8 million for 10,800 more laparoscopic surgeries for endometriosis and related conditions over four years.

But the origin of the gender healthcare gap starts earlier with the ways we research diseases and develop treatments. In the *Medical Journal of Australia* we read that:

Historically and consistently across a broad-range of health domains, data have been collected from men and generalised to women. Failure to appreciate the differences between and across the sex and gender spectrum risks compromising the quality of care ...

Many conditions that only affect women remain under-researched, such as endometriosis, polycystic ovarian syndrome and menopause, and despite having a lower incidence of cardiovascular disease, women have higher mortality and worse prognoses. So in addition to expanding access to resources and assistance, we are addressing the gap in medical research and medical understanding of women's health. In order to hear from women directly and enhance patient care \$3 million is being given to conduct an inquiry into women's pain management. Additionally, we will provide \$5 million for the establishment of a women's health research institute in order to combine clinical treatment, academic

study and scientific investigation. That will be overseen by a women's health advisory council, to give advice to government.

Just as health outcomes for women are improved when the medical community fully considers and recognises the needs of women, so too our state budget has increased power to transform women's lives when the gendered impact of investment decisions is taken seriously. We are changing the system so that government investments appropriately consider women. Victoria is the first Australian state to implement gender-responsive budgeting, but we are not alone in this endeavour. Numerous jurisdictions around the world have embraced gender-responsive budgeting as a powerful tool to dismantle silent inequities lurking within investment decisions. By adopting this approach to budgeting we are actively dismantling the structural barriers that hinder the progress of women and girls. It goes beyond transparency and accountability in government expenditure. It enables governments to adapt policies and investments to effectively address gender inequity. We will continue to draw upon international evidence to strengthen our budgeting practices and ensure fairer outcomes for all Victorians, because when we prioritise fairness and equity in every dollar spent, the entire state reaps the benefits.

It is crucial to acknowledge that the implementation of policies and programs affects people differently. Our needs and experience are shaped by various factors, including our gender. These differences are further compounded for women of colour, women with disabilities and women from other minority groups who face intersecting barriers. To meaningfully address the diverse needs of Victorians, gender equality must be a central consideration at every stage of the budget and policy process, and by doing this we create a more inclusive and just society where everyone has an equal opportunity to thrive.

Equal opportunity – we have equal opportunity within the Labor Party, equal representation of men and women. In this chamber only one in five Liberal members are women. That is a failure of representation, and it is why they have a complete lack of vision or ambition for the women of Victoria. This is a party who at a federal level had Tony Abbott as the Minister for Women. It is a party who, when they want to understand more about women's priorities, ask their wives. Well, our leaders do not have to ask their wives or their husbands; they can ask their cabinet. Our cabinet is more than 50 per cent women, and it shows. It shows in our policies, it shows in our determination and it shows in our electoral success.

I am so thankful to have entered Parliament with so many brilliant role models for me within the parliamentary team. There are women here in our party who have worked as family violence workers, as teachers, as champions of women's rights, as vet nurses, as sheep farmers, as grocery shop owners, as policy advisers, as lawyers and – teachers. There are so many teachers I could not possibly name them. There is something about teachers. There are people who have experienced caring for ill family members. These are the women of our party, and they have embraced the newest members of the party with open arms and provided us with incredible advice and guidance.

Their achievements in office have been immense. Think of someone like the Minister for Treaty and First Peoples, the member for Dandenong, and her work as a minister ushering in new ways of being and relating with Aboriginal Victorians. We think about the Minister for Women and the important work that she is driving forward. Our Minister for Health, sitting humbly here in the chamber, has spearheaded these changes to our health ecosystem which are going to have incredible improvements for young people like my niece, for all the women across our state. Thank you, Minister, for the work that you are doing. This is what happens when you have a government that not only understands women, that values women, but is made up of women. I cannot imagine the Liberal Party sitting around their table on a Monday afternoon discussing pads and tampons. I cannot imagine it. I do not want to imagine it, to be honest, but the fact is that when you have a party that represents the wider community, then the policies serve the wider community.

Therefore logic tells us that when your party does not represent the community, when you are only 20 per cent women, then your party cannot serve the community. Your party cannot have a true vision for the whole community. Your party can only see through blinkered eyes the perspective of a certain part of society. On this side of the chamber we value the diversity of experience, gender and sex that our party brings. We continue to do it for the benefit of Victorians, and there is no way that we will slow down. There is no way that we will stop. We have got a lot to do.

Question agreed to.

Bills

Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023

Second reading

Debate resumed.

Emma VULIN (Pakenham) (17:56): I rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. This bill creates a legal mechanism for a pharmacist to be authorised to supply certain prescription medicines without a prescription to enable the community pharmacist statewide pilot to occur. Access to timely medical care is so critical for the people in my electorate. Busy working families need to be able to get assistance locally and affordably when they need it most. I welcome this bill, which will enable the 12-month pilot to commence.

In my electorate the average person is a 32-year-old mum who busily runs around Pakenham. She likely works full time or part time. She is a carer with three school-age children. She has a partner at home or potentially is on her own or co-parenting. Let us call her Louise. Louise wakes up one morning feeling a little bit off. She has a slight snuffle. She does a COVID test, and it is negative. At her quick run to the toilet before she loads the kids in the car for school, before her onward journey to work, she notices a burning sensation when she urinates. But she has a big day ahead and a 30-minute drive to work, and Louise is the only one in the office that day.

By lunch she is feeling dizzy. She checks her general practitioner's appointment booking website, and they are fully booked until after 5 pm. She cannot leave early as the business would need to close for the day. She must also take her kids to sport after she finishes work at 4; her son is training for the regional basketball team. Louise is pretty sure from her past experiences that she has a UTI, a urinary tract infection. She rings another GP and finds they do not bulk-bill after 5, and besides that, they are not taking any new patients. She rings another clinic, and they are charging full fees for walk-in patients after 5 but they have one appointment left at 7:45 pm. This is the time she will be tucking her primary-schooler into bed. The weekly budget is tight, her car insurance bill is in and it has just gone up and she does not have the cash for the appointment anyway. What are her options? She knows by tomorrow she will be feeling unwell and potentially a lot worse than she does right now. She needs a quick resolution.

In Queensland she could walk into a community pharmacy, and after consultation with a trained pharmacist she would have the antibiotics she needs to get well again. This is not an option for Louise in Victoria currently. In short, this legislation paves the way for another option: for Louise to call past her community pharmacy on the way home to seek some assistance.

The bill will make a minor amendment to the Drugs, Poisons and Controlled Substances Act 1981, creating a power to make regulations that will authorise pharmacists to supply specified schedule 4 medications without a prescription. Please note this is just the first step in creating the framework for pharmacists to supply medication.

Under the pilot, participating community pharmacists will be authorised to supply relevant specified medicines directly to consumers without a prescription or direction from another prescribing health practitioner but according to established protocols for the identified health condition groups. This

approach is known as structured prescribing under the national Health Professionals Prescribing Pathway framework.

We are not the first state to take this approach. It is consistent with New South Wales's clinical trial, which is currently underway, and the Queensland urinary tract infection pilot. So how did the pilot go in Queensland? Well, one in two Australian women experience a UTI in their lifetime. Pharmacists in the pilot of course have completed a minimum length of training as well as ongoing mandatory professional development and have undertaken specialist training in order to deliver the UTI service. The UTI health service in Queensland is open to non-pregnant women aged 18 to 65 who are deemed to have uncomplicated urinary tract infection. Treatment options may include a supply of antibiotics if appropriate. However, through the screening process if the person is deemed to have a complicated urinary tract infection or potentially suffer from a different condition, the treatment options may include a referral to a GP for further investigation. The success of the pharmacy pilot has resulted in the service becoming a permanent feature of community pharmacies in Queensland. This pilot, according to the Pharmacy Guild of Australia, had more than 9000 women participate, with a recorded 87 per cent resolution of symptoms and over 92 per cent highly satisfied with the service. This bill paves the way for Victoria to emulate this experience for women in my electorate.

While I have only given the example of the treatment of UTIs, the aim of the Andrews Labor government through this bill is to also have trained pharmacists able to continue a prescription for resupply of a low-risk oral contraceptive pill for women, again under structured prescribing protocol. Also, the intention is that prescription medication for minor skin conditions and travel vaccines will also be available and provided by a trained community pharmacist without a script.

Affordability is an issue. Importantly, there will be no financial barriers for Victorians to access services under this pilot. Consumers receiving an improved service from a pharmacist will pay no more than if they had visited a bulk-billing GP.

There were concerns expressed by the Australian Medical Association Victoria branch when the pilot was promised last November. The peak medical association raised concerns about incorrect treatment and the risk of compounding a person's illness, transparency around profits and incentives for the pharmacy business and the inherent medical risk of prescribing. We note these concerns, but again, I reiterate that this bill is just the first step. Government will be informed by stakeholder participation in the project governance for the pilot, but to get this underway this bill is required.

Pharmacists have a wealth of experience. They are highly trained healthcare professionals, and we have heard a lot about that in the chamber today. They can recognise when there is a simple solution and when things need to be escalated to a doctor. This gives the authority to pharmacists to assist our community. There is time for the pilot protocols to be established. We also have the advantage of learning from the Queensland trial, for example, to make sound improvements. The conclusion after the Queensland UTI trial was that community pharmacists involved were found to follow the treatment protocol and referred appropriately to GPs when UTI symptoms had not resolved. When the Queensland study was evaluated, the findings suggested that there was an opportunity to decrease the workload of GPs managing minor ailments such as UTIs in Australia, confirming that about a third of patients who sought care from a GP practice reported having to wait more than two days for an appointment – and we know that is the case.

On the way home from work last week I called one of my best friends who I do not often get the chance to speak to these days. Our lives are both very hectic. We asked the usual – 'How are you? How's work? How are the kids?' – but then she said that just a day earlier she had been racing to get to an after-hours GP. She said she had called 10 different doctors clinics trying to get an appointment to get a prescription for antibiotics, as she knew she was experiencing symptoms of a UTI.

She is a single mother of three, a woman who works crazy long hours to support her family, and she told me that eventually she found a GP who would stay after the clinic closed to see her. But \$65 later,

then there was a drive to find a pharmacy that was still open, trying to coordinate making dinner and school lunches and sport commitment drop-offs for her kids and a quick load of washing, then ensuring all of the kids were in bed by a reasonable hour so she could leave for work at 5 am. We spoke about how difficult it was, and I explained about this upcoming bill. She said, 'Oh, that would have been so much easier and less expensive.' This is the exact reason we need this pilot here in Victoria, not just for the Louises but also for our loved ones who are struggling to keep up both with time commitments and making ends meet financially. So logically, being able to visit a community pharmacist on the day an issue arises is a good thing.

Women's health in particular is a priority for this government. That is why I am excited that my constituents will be able to utilise the women's health clinic which will be based at Casey Hospital. This clinic was a commitment of the recent Andrews government 2023–24 budget. One of 20 new women's health clinics around the state, the service will overcome some of the barriers to treatment that women face, such as cost, confidentiality, geographic locale of services, and cultural and communication differences. This clinic will change the way women's health issues are treated, providing care and support for conditions like endometriosis, pelvic pain, polycystic ovary syndrome, perimenopause and menopause. Just like this bill, this will assist women and all Victorians to access more timely health care. This bill is about boosting local health care, which is so vital to my electorate. I commend this bill to the house.

Martin CAMERON (Morwell) (18:05): I rise also to talk on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. The aim of it here is to amend the Drugs, Poisons and Controlled Substances Act 1981 to allow pharmacists to be legally authorised to supply, dispense and administer certain prescription medications without a prescription as part of a 12-month community pharmacist pilot due to start in October 2023 – so not too far away – to provide access to treatment for participating pharmacists for the following selected health conditions: (1) the treatment of minor skin infections, (2) the treatment of uncomplicated urinary tract infections (UTIs) and (3) the reissue of oral contraceptives for women. It will also expand the scope of pharmacist immunisers to administer travel and other public health vaccines.

The pharmacy pilot is designed to help ease pressures on GPs and hospital EDs, improving access to primary care for the specified conditions. The government made an election commitment last year to implementing a pilot to expand the role of community pharmacists. Access to GPs, particularly bulk-billing GPs, is very hard for many Victorians to get into, especially in our regional areas and growth corridors. This leads to more pressure on the GPs and our hospital emergency departments, and more patients are actually delaying getting treatment because of this. The Victorian pilot uses the model of a structured prescribing arrangement. Pharmacists are authorised by legislation to supply a limited range of prescription medicines without script – examples, as we said before, are specific vaccines, antibiotics or oral contraceptives. This is a similar approach to the Queensland pilot and now the New South Wales trial that have already been carried out or are in the throes of being carried out.

Shortages at the moment with the health crisis here in Victoria are paramount. Especially in country Victoria, trying to get in to see your local GP can sometimes be a nightmare. If you ring up and try to get a booking, if you can get it within the week that you ring up or the following week, you are doing very, very well indeed to be able to do that. In some of our country towns we do not even have our local GPs or pharmacists in the area, so for those having to travel to the bigger regional cities in Victoria, it just takes a lot of time and effort for them to get there, and as I said before, they are putting off getting their health checked because of these issues. That flows on. If they cannot get into a GP, they go to our hospitals and enter the ED process. If they have not got a major hospital around in country Victoria and they are travelling to try and get into the GPs, as we know, when you are sick or you do have an issue, you want it done then and there on the spot, you are not willing to wait or you do not want to wait for weeks and weeks on end. Some regional towns, as I said, do not have chemists or GPs outside of the major regional centre. Some may just have a chemist, and at the moment we can always go in there for our vaccines for flu and some COVID injections. To be able to further push that

out, to be able to go and get your vaccines for overseas travel, like for a couple of the members heading off shortly to Kokoda, makes it a lot easier rather than booking into your local GP to get that done.

The member for Lowan brought up during her talk on this some stuff going on with the federal government at the moment – the Albanese federal government's 60-day dispensing policy and what hassles that may actually cause to pharmacies around the place. It was interesting to listen to her say that around Australia it could cause up to 20,000 job losses in the pharmacy industry, to pharmacy workers, and over 600 pharmacies may close.

A program that is prevalent down in Latrobe Valley and in a couple of our pharmacies is the methadone program that runs in country Victoria, delivered by the country pharmacies. If that is put in jeopardy, what do these people do that are doing the right thing, trying to get off heroin, and are on the methadone program? Just as a sidelight to what we are talking about here, if they are unable to access these facilities in our local pharmacies throughout country Victoria, where do these people go and where do they turn if that is not available for them?

Nineteen million dollars has been allocated, according to the election commitment costings. It is expected to deliver around 232,000 repeat oral contraceptives, 130,000 treatments for UTIs, 66,000 treatments for minor skin conditions and 41,000 travel vaccinations, so it covers a wide area. It is an opt-in system for our pharmacists, so it is not mandatory that they do it; they can opt in if they want to participate. Pharmacists will be paid \$20, roughly, per consultation by the government, and patients only pay for medicines dispensed, so that is the payment structure there.

I am the father of a 20-year-old daughter. As she was growing up we used to see her, as I suppose every parent would, unluckily get urinary tract infections and try to explain to us how sore she was and how much pain she was in, and it always seemed to happen that it was in the middle of the night or on a weekend when the GPs were not open. To be able to go to a pharmacy to get access straightaway to medication, if this is taken on board, instead of having to wait that Friday, Saturday and Sunday before getting into a GP, if you were lucky enough, on the Monday, would be a great asset to a lot of our young ladies and, in my case, to my daughter – to be able to access that part of it. Also, with the skin conditions and oral contraception, it is just an easier way. As I said before, trying to get to a GP is really, really hard at the moment, so it is going to take that pressure off our GPs and the health system. So that is it.

I would like to thank our pharmacies in and around the Latrobe Valley. We are one of the lucky places around the valley that does have a 24-hour chemist, Chemist Warehouse in Traralgon, which services a large part of the surrounding community, and it does make a difference. If you drive down the main street at 10 o'clock at night, you can see cars constantly parked out the front and people going in to access medication. For this to be a part of the pharmacists' policy so that they can actually help people out with these three prescribed medications that we have got here – it only makes sense that it does continue on and work. We have pharmacies in Traralgon and also in Moe and Morwell and out at Churchill, and we have got a pharmacy at Glengarry. Glengarry does not have a medical service as such, so it is a standalone pharmacy out there. It is just good for the people of Glengarry to be able to access all of this through their Glengarry pharmacy.

The member for Lowan did put up a reasoned amendment, and it was to change it from a pilot program to a clinical trial. We have seen with Queensland and New South Wales and the programs that they have done that actually running it as a clinical trial would be more beneficial. We know it is working in other states, and I am sure that, instead of having it as a pilot program, to sit down and have it, as in the reasoned amendment, as a clinical trial would be beneficial for all people accessing it. So I thank the member for Lowan for her lead role in this, and as I said, we are supporting this and hopefully the reasoned amendment gets up.

Matt FREGON (Ashwood) (18:15): I also rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. I thank the Minister for Health, who is in the chamber, for her work and her team's work on this bill. I think it is a very important bill, which I hope to see pass in this house and the other. As the member for Glen Waverley said at the start of his contribution, quite rightly, I will probably refer to my father during this contribution, because I was lucky enough not only to grow up with that particular father but also in a pharmacy. I missed the member for Wendouree's contribution – I was, unfortunately, in a meeting – but I have no doubt that she would have told a few family stories. A community pharmacy is really a place for the whole community. The community pharmacists, and I go back to the 1970s and the 1980s and so on –

Mathew Hilakari: Surely not.

Matt FREGON: Surely so. Thank you, member for Point Cook – that will go far.

It was a place back in those days where you were probably the only place open on a Sunday morning. You were probably one of the few places open at 7 pm at night that would keep opening your door every 5 minutes when someone came in saying 'I just need ...' And so Dad would walk down and he would unlock it and he would let them in, and he would come back and then he would go on back to the till, and then we would see him about 8:30 at night. But because of that we grew up in the pharmacy; we were always there. I consider that a great privilege, because not only did I get to spend a lot of time with my working father when a lot of people that I went to school with did not have that luxury, but I also got to see – and I will just put this to all pharmacists – the care and the compassion for their clients.

This bill enables those pharmacists to do more than what they have historically done in our state, but it is something which I have no doubt they will do with the utmost of care and professionalism in order to effectively prescribe the types of medications we are talking about. If you go through some of these medications and you factor in some of the issues we have had on bulk-billing over the last decade or so in this country, bulk-billing GPs are harder to find. We know that; I am not attacking anyone on that – they are. The pharmacist historically, if I go back to the 1970s, was considered the poor man's doctor most of the time anyway. I distinctly remember a period of time when – I was not there at the time; I got told about this – the local butcher had done a pretty good job with the bandsaw on his finger and came in holding it, a tough bloke, saying, 'John, can you sort this out for me?' There was a reason Dad was a pharmacist – he did not like the sight of blood – and he quickly said, 'No, mate. You've got to go to the hospital.' But that was the sense from the local community: 'I'll go down to Fregon's, and he'll look after me.'

People still do that with their community pharmacist. If we go through the examples: the ability for a woman who finds herself without the contraceptive pill for that evening and thinks, 'Well, that's not a good thing. GPs are shut, no way I'll get in. Ah, but I can actually go down to the pharmacy, and let's hope they're still open and they can sort me out.' That is a real change for women in those circumstances. Obviously I do not take the contraceptive pill myself, but I am sure it happens, and I have seen it happen. It will benefit people who get urinary tract infections. We can all get them, but especially with seniors it happens a lot more often. Correct me if I am wrong, member for South-West Coast, with your nursing background, but it happens more to women as they get older. Those women will know exactly what is going on because they are having them more often than not. I will not name people, but for members of the extended family I know that is a regular occurrence. So to be able to skip the GP and go to a pharmacist to get that sorted will be a real benefit to their daily lives.

Again, I am not writing the regulations on this, and nobody would want me to. But if you consider skin irritations – I know my daughter had skin irritations when she was very, very young – you would get a GP and he would prescribe cortisone or something similar. When you ran out of that and you saw the rash was coming back, if you could not get to the GP, you would have to go to the pharmacist to get the Aquaphor, or whatever it is called, but you could only get the 0.02 one or the 0.05 or whatever it was. You could only get the little one, because they could sell it to over the counter. They had the

one that you really needed in the back, but obviously you could not get it because you did not have a script. That is another change. Parents with young kids and people who live with eczema and other diseases their whole life and flare up constantly will know exactly what they need and the pharmacist will know and the doctors will know. This is not necessarily a problem. Obviously we have to be careful, with regulation and checks and balances, and again, I have no doubt that our pharmacists will do a very good job on this.

I commend the minister on the work and note also that we took this to the people in the previous election and they obviously said yes. I appreciate the member for Lowan's reasoned amendment and that the opposition would prefer this to be somewhat different. However, from my point of view, I would ask the house to pass it as is, because delaying this goes against what we promised the people we would do. That is my personal opinion; we will all get our chance to vote.

I guess while we are talking about pharmacists, a number of members have gone to the issue in regard to the federal government's changes on 60-day prescribing. I have no doubt that this will have an effect on the revenue of our community pharmacies when it comes in. The standard when my old man was running one – and he does not speak for himself anymore, so I will do my best to say what I reckon he would say. I will keep out the 'Your bloody Labor Party' bit, but anyway. I am cognisant that a significant proportion of the bread-and-butter revenue for a community pharmacy comes from prescriptions. That has always been their bread-and-butter revenue. Of that revenue – even from my time being in the chemist – the people who were using a lot of those prescriptions were coming in again and again and again. They are the ones that are filling up the little pillboxes. It was mentioned before, quite rightly, that there are limits on what gets charged, but I have no doubt that there will be a revenue change for our pharmacists, who are also business people. But I am also cognisant that the Australian Medical Association and other medicos are saying that this 60-day prescription is a good idea. I encourage the guild and the federal government to sit down, and maybe they want to talk about funding going forward and come to some form of way forward on which we can all get together.

In the time I have left – and someone else mentioned the methadone program – I would also like to note that I think when my old man did the methadone program back in the 1990s he was getting paid then around about the same amount of money they are getting paid now. One of our problems with the methadone program in this country – and I appreciate that it is mostly a federal matter; I am not trying to have a go at the feds, whichever side and when – is we have not increased the rates for our pharmacists on methadone for over 20-odd years really. What that means is that any pharmacist who wants to provide the methadone program to their clients, pretty well does so out of the goodness of their heart. They are effectively donating their time, if you like, to the fact that this program does work for some people. It is very good for the people it does work for. It does not work for everyone. Again, I would encourage the guild and our federal colleagues to get together and have a think about that as well, because it is an important program, and our pharmacists do good work. I could probably rabbit on about this for the next 2 hours, but nobody wants that.

Juliana Addison: I do.

Matt FREGON: Apart from the member for Wendouree, who I appreciate. This is an important bill. It adds to the body of work that this government has done with increasing our reliance on pharmacists, with vaccinations and with other work. They have done very well, and they will continue to do so. I recommend the bill to the house.

Bronwyn HALFPENNY (Thomastown) (18:25): I also rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. First of all, I would like to give a bit of a shout-out to some of the pharmacists and also the GPs in the Thomastown electorate. During the pandemic I was introduced to a number of pharmacists and general practitioners. In fact they actually donated their own time to help me to produce videos in various languages, because many of the doctors and pharmacists in the Thomastown electorate speak more than one language. They wanted to do that so that they could provide proper, informed, educative information to the local

residents. They did this in their own time, and they made an enormous contribution. You could really see that both the GPs and the pharmacists were very caring of their patients and of course were also very concerned generally about the wellbeing and health of all people.

The way I think the opposition has presented this bill, it is almost like the Andrews Labor government is going to be doing some sort of radical move here in looking at giving powers to pharmacists to provide certain medications that previously would have been through a doctor and a prescription. We are in times where we need to make change. The health system really has been given a battering since COVID. There are a whole lot of issues, and we need to ensure that we protect people and ensure that they have proper access to whatever services they need to keep themselves in good health.

This is not a radical plan anyway, because of course other states are already involved in programs, pilots and trials, whether it is Queensland or New South Wales. So we have also been able to have the benefit of seeing those start up and looking at what is good in there as well as now providing this legislation, which is all about piloting a program that allows in certain circumstances for pharmacists to provide certain types of medications. They are fairly restrictive in what sorts of medications can be provided to people. They are things such as continuing supply of certain oral contraceptive pills, certain medications for urinary tract infections and mild skin complaints – issues like that, which perhaps do not need the same sort of complicated diagnosis like blood tests or whatever.

Of course we also know that pharmacists do many years of study. They are very knowledgeable in medication, and I do not think there is anybody that has not been to a pharmacy to ask for information about the medication or some sort of cream or whatever it is that they may need to treat a certain condition that they have. In a number of those circumstances I know, particularly with my children, as I think somebody else was saying, it was always the late-night chemist that you would often go to if there was something wrong, and often either the pharmacist would say, ‘No, you ought to be taking your child to the Royal Children’s Hospital,’ or they would give some sort of advice and tell you to go to the doctor the next day. Pretty well they were right in what they were saying, and that is what I found. That was not just one pharmacist. That was many pharmacists across the many years of my children and all those little ailments and things that they get. As new parents you worry and want to have some sort of action taken straightaway.

So this legislation really is not new. It is already happening in other states. Really, when you look at the reasoned amendment that is being proposed by the opposition, I mean, that is just further delay. We cannot delay these things anymore. We need to do things. It is all about action, and you cannot sit on the fence. The reasoned amendment is really, as I understand it, a way of trying to please everyone or trying not to upset anybody – so whether it is the GPs or whether it is the pharmacists, trying to keep everybody onside. But sometimes you need to show leadership and you need to do not what is good for one interest group or another but actually what is good for the Victorian people. This pilot and the changes to the legislation, the amendment we are talking about today, really is about doing the right thing for the Victorian people while ensuring that there are proper safeguards but also acknowledging the skills and expertise of pharmacists. Sometimes other disciplines or fields may think that no-one is as good as them, but in this case pharmacists are very knowledgeable and very well trained. There are of course going to be a number of safeguards around the implementation of this pilot. Even for some vaccines that you might require for travel, with these things why should you need to go to the doctor and hold up their time when there will be another 10 people trying to get in to see that same doctor or if in fact you are unable to afford to go to the doctor because of the big gaps in Medicare? The federal government has started a number of initiatives around that, but these are things that are going to take time. We really need to make sure that we do things differently but also protect the public, and this is what this legislative amendment does.

The bill talks about, as I said, the pilot study, which will go for 12 months to see what the learnings are from that and how things are working. There will be the ability for people to contribute and raise issues during the pilot, and there will be the clinical reference group that is going to look at it further once this legislation passes, if it does pass, both this chamber and the upper house. It will look at having

proper protocols and arrangements around, for example, what level of urinary tract infection a pharmacist can dispense medication for and what sorts of schedule 4 drugs and the protocols and ways of doing that. Of course the clinical reference group will be made up of a lot of very experienced people with a lot of expertise. If you go through some of the organisations that are going to be part of that, they certainly have the knowledge and expertise to make sure that things will be done in a proper way that will protect all of us and ensure that the system has all the safeguards that are needed.

I am looking at the list of the clinical reference groups. We have got the Austin Hospital; practising community pharmacists; the Alfred; Monash University; Safer Care Victoria of course, which oversees a lot of how hospitals operate and what is going on; the Department of Health; the Pharmaceutical Society of Australia; Therapeutic Guidelines Limited; and the Royal Australian College of General Practitioners. I think with a clinical reference group like that we are in good hands. They will ensure that this program will be done in the best way, the most efficient way, in a way that protects all of us and ensures that we get the proper care that we need but in a way that is, often, more convenient for us and takes the strain off the health system.

I look at, for example, the northern suburbs and the electorate of Thomastown, where we have the busiest emergency department, at the Northern Hospital, in the state. Really a lot of the conditions that people are there for require them to be prescribed some sort of medication rather than there being urgent and emergency situations. I know from a lot of the locals that the pharmacists they go to are very trusted. They feel comfortable to talk to their pharmacist. In fact they probably see their pharmacist more than once a week, in many cases, particularly among the older members of the Thomastown electorate. So this really is a system that is going to support our health system as well as give the best possible care to Victorians.

Anthony CIANFLONE (Pascoe Vale) (18:35): I rise to speak in support of the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023. In doing so I would like to begin by acknowledging the work of the Minister for Health, her office and the department in preparing this bill, and I would also like to acknowledge the contributions of all the previous members in this debate, including particularly the member for Northcote's contribution, which I found quite compelling. However, I would also like to begin by stating that I am very proud to be part of the Labor Party, which has always fought to uphold the promise of universal access to health care. Regardless of one's postcode, bank balance or circumstance, Labor has always been a strident defender of the community's right to access public health care and medicines. Whether it was the creation of Medibank under the Whitlam government, the creation of Medicare under the Hawke government or the establishment of the NDIS under the Rudd–Gillard governments or whether it was laying the foundations for the pharmaceutical benefits scheme in 1944 under the Curtin wartime government, which I will touch on shortly, the fact is Labor's DNA is ingrained in the roots and origins of what is today's universal public health system in Australia.

While Medicare tends to receive a lot of the public attention when it comes to the public health policy debate, and rightly so, I would like to draw the house's attention to the origins of the pharmaceutical benefits scheme, especially given that we are debating a bill that focuses on the role and the future of Victorian pharmacies in our local communities. In this respect I draw the house's attention to an article published in the *Medical Journal of Australia* of August 2014 by Martyn S Goddard, which eloquently outlines the origins and the politics around the creation and evolution of the PBS. The article outlines how nearly 80 years ago now the Curtin Labor wartime government first introduced legislation for a PBS in response to the need for the provision and supply of a wave of new antibiotic drugs, including penicillin, to the whole population, not just the minority who could afford them at the time. To quote Martyn Goddard from the journal article:

On 11 February 1943 ... Chifley introduced the government's financial statement ... The main item was a national welfare scheme ... which was to be a central element of the postwar reconstruction program ... It was the most ambitious welfare program to be introduced by any Australian government.

However, the conservative opposition at the time had a problem:

They were against the notion of universal welfare ... because they believed it contradicted the central tenet of 19th century liberalism – the supremacy of the individual. But the welfare measures, introduced into a community traumatised by 15 years of economic depression and war, were overwhelmingly popular with the electorate. The October 1943 Morgan Gallup poll showed 76% supported universal health care.

...

So in February 1944, the Pharmaceutical Benefits Bill was introduced ...

to the federal Parliament as part of a broader package that allowed that:

Any Australian resident would be entitled, on presenting a doctor's prescription to a pharmacist, to be given the medicine at no charge: the pharmacist would be reimbursed by the government. There would be a ... list, of approved medications to ensure quality and effectiveness; this would be drawn up by an expert committee.

It was a fair and reasonable proposition being introduced by a fair and responsible national party of government at the time.

However, from the get-go the proposed scheme was immediately and successfully opposed and undermined by the then conservative opposition and their conservative allies at the time, including through two High Court challenges, two referendums, a constitutional amendment which sought to limit the PBS's reach and application and even then limiting the PBS to only a small number of expensive and life-saving drugs. From the moment that the then new health minister in the Menzies government was sworn in on 9 January 1950, they did not waste a moment. Because of these historic actions and resistance by the then conservatives it was actually not until 1960, well over a decade after the scheme was originally conceived by the Curtin Labor government, that Australians eventually had access to and benefited from the comprehensive PBS originally envisaged by the Curtin Labor government. As described by Mr Goddard, as scientists and manufacturers continued the race to develop new drugs, the Menzies government's limited PBS list became increasingly inadequate, and:

The realities of scientific progress and the basic sense of social fairness, shared in different ways by both sides of politics –

eventually combined, with the Liberals finally realising Labor's longer and larger PBS scheme –

... but it would be left to later Labor governments ... to complete the task of providing health care ...

including via Medicare. Does any of this sound familiar, whether it was in the 1940s or 50s, when the Liberals delayed action to introduce a fully fledged PBS scheme; whether it was a decade of ignoring the science and delaying action on climate change from 2013 to 2021 under the Abbott–Turnbull–Morrison governments; whether it was more recently when it was the Liberals joining forces with the Greens in Canberra to delay a vote on the Albanese Labor government's Housing Australia Future Fund Bill until October; or even in this very chamber today where the Liberal–Nationals have moved an amendment to this bill by stating in their amendment that 'this bill be withdrawn and redrafted'? The record clearly shows that while Labor has always sought to govern with vision and conviction to make a real difference to the lives of working people, others have simply been happy to just ride on the sheep's back while blocking, delaying and obstructing. Whether in the 1940s or even today, on this very day in 2023, you just cannot trust the Liberals in government to do the right thing.

If we are talking about the future of our health system, including opportunities around the future role of pharmacies in the health system, it is fundamental to look at this history and which side of politics has stood on the side of affordability and access to health care for our community, and that has always been Labor. The election of the federal Albanese Labor government has now seen the Commonwealth urgently get to work, finally, on fixing a primary healthcare and Medicare system that has been experiencing unprecedented levels of distress and demand. After almost a decade of federal Liberal government's cuts and neglect – including the devastating collapse in bulk-billing on their watch, leaving behind a legacy of burden and demand on GPs – we now have more people than ever before turning to state emergency departments, hospitals and state-based services.

In response, and in stark contrast to the contempt the federal Liberals have shown for primary health care and Medicare, since 2014 the Andrews Labor government have been doing more than ever before to help Victorians get access to the health care they need when they need it. Along with building more hospitals and recruiting more nurses, other key initiatives the Andrews Labor government has been implementing to provide Victorians with accessible, responsive and agile health services include the establishment of priority care centres – a landmark state initiative that provides GP-led care to people who need urgent care, treating people with lower level conditions such as fractures, burns and mild infections. The centres treated 50,000 patients just in September gone, seeing patients who otherwise would have created more pressure on our emergency departments. Victoria's virtual emergency departments, our virtual EDs, are also playing a key role. First established as a pilot in October 2020, the virtual EDs have treated over 85,000 people as of December 2022, allowing patients to be virtually assessed and referred on by emergency doctors and nurses, again freeing up our physical emergency departments. Labor's 24/7 supercare pharmacies provide after-hours healthcare service and advice and treatment for a range of minor injuries and illnesses. My family and I have made use of the one in Coburg, in Louisa Street.

In this context, I welcome the measures contained in this authorising pharmacists bill of 2023, which will see us expand the role of community pharmacists as part of a new 12-month trial. The 2023 Victorian budget invests \$20 million to establish this pilot, with this bill to amend the Drugs, Poisons and Controlled Substances Act 1981 to allow more pharmacists to provide treatment and advice for common conditions and basic healthcare needs. The bill will create a new mechanism for pharmacists to be legally authorised to supply certain prescription medicines without a prescription and to enable community pharmacists to access the statewide pilot and participate. It will improve access to primary health care, particularly for women, and it will help ease pressure on GPs and hospitals, including the Northern, the Austin, the Royal Melbourne, the Royal Women's and the Royal Children's hospitals across Melbourne's north, which many people in my electorate access and rely on.

The pilot will provide community access for treatment for three select health conditions and groups, including the continued supply of the oral contraceptive pill for women without a prescription, treatments of some mild skin conditions and antibiotics for uncomplicated urinary tract infections, UTIs, for women. Easy access to treatment for these conditions will assist many in our community, but will particularly assist women. UTIs are the third most common human infection, with around 12 to 15 per cent of women being affected annually. Nearly one in three women require treatment for UTIs before they are 24 years of age, which increases to around one in two women by the age of 32.

When it comes to immunisations, pharmacists participating in the pilot will be authorised to administer select travel vaccines following the completion of additional training and support and resources being provided. Treatment and designated medications will be provided through clear and established protocols for identified health condition groups. This approach, known as structured prescribing under the national Health Professionals Prescribing Pathway framework, is consistent with the New South Wales clinical trial and the Queensland UTI pilot. This approach enables the government and primary healthcare sector to assess the safety and effectiveness of, and for the Victorian community to build trust in, our alternative primary care pathway via pharmacies. The pilot is consistent with other reforms being progressed nationally across other Australian jurisdictions, as I touched on, in New South Wales and Queensland. There is so much more to say on this bill, but essentially it is a bill that I commend to the house, and it forms part of Labor's tradition to support the health sector.

Will FOWLES (Ringwood) (18:45): I rise in not quite the graveyard slot – just one before – to speak on the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023, and I will endeavour to do so at a slightly more leisurely pace than my friend from Pascoe Vale. This is an important bill, and it is just important in framing this discussion to understand that we are talking here about a pilot. It is only a pilot; the sky is not going to fall in. It is an opportunity to try a different mode of delivery for a very common set of medications particularly accessed by women, a

very common set of medications that can safely be distributed by pharmacists and that will of course have the effect of taking pressure off our primary healthcare GP clinics in particular.

So, what is the pilot? Well, this government is investing \$20 million to deliver a year-long pilot expanding pharmacies to deliver primary health care that is more accessible and obviously cheaper as well. It very clearly fulfils an election commitment that we made in 2022, and I think if those opposite are proposing to say that there was no mandate for this in their reasoned amendment – which kind of kicks it into the weeds but kind of accepts the premise of what we are proposing – then they are in fact just wrong. The government was re-elected comprehensively, and on that basis those opposite ought not stand in the way of commitments, particularly pretty straightforward commitments like this one.

Indeed, the reasoned amendment asks that the bill be withdrawn and redrafted to take into account feedback on the value of a two-year trial period. Now, apart from the fact that the language is opaque and managerial, I am not entirely sure what the intention is of that reasoned amendment, because redrafting it to take into account feedback on the value of a two-year trial period – well, the value of a two-year trial period is not necessarily derived from the trial period itself. We make that decision as legislators. So it would effectively be legislating for the view of legislators, which strikes me as being something of a cognitive dissonance going on there. But nonetheless if the intention is to say that the bill ought ultimately take into account feedback on the trial period – not on the value of the trial period but actually on the trial period – well, we can revisit this in 12 months or two years time. That is actually the advantage of having a legislature that meets on 50-odd sitting days a year – if you have got something to legislate, you can get in and just crack on and do it. It is easier, of course, if you are the government, but you know.

The pilot, and as I say, the reasoned amendment, whilst it does not internally make a huge amount of sense, do refer to the trial, and we need to fully understand what that is in supporting this bill for passage. The pilot, the trial, will enable community pharmacists to treat mild skin conditions and uncomplicated urinary tract infections and reissue a supply of oral contraceptives as well as administer more travel and public health vaccines. I want to take you through each of those four categories, but a couple particularly in more detail.

Mild skin conditions are typically a relatively uncomplicated part of medical practice. They do not offer up serious risk to the patient if they are either misdiagnosed or perhaps suboptimally treated. We are talking about mild skin conditions here, so I do not think there is any particular risk attached to that. In terms of what constitutes an uncomplicated urinary tract infection, UTIs are pretty common. There are certainly plenty of instances of the prevalence of UTIs in my household. They are pretty common. They have without exception resolved – and I accept it is empirical evidence, not quantitative – with a short course of antibiotics. That is far from uncommon.

They are things that affect, again, particularly women, and the treatment for them is largely uncontroversial, and for that reason I think that is a very important inclusion in this pilot. It is taking pressure off those regular visits to the GP to just whip in and say, 'Hey, I've got a UTI.' You would not even necessarily bother with the pathology. It is a quick Q and A about the symptoms, here is your script and off you go. Well, this condenses that journey down to one stop rather than two, and it also takes pressure off our GPs, who we know are dealing with significant backlogs in demand at the moment.

Oral contraceptives are long-run prescriptions, and in many cases it can be years and decades on the same oral contraceptive. Of course women are encouraged to follow the health advice and make sure they do get their prescriptions reviewed, but in terms of that month-to-month or every second month activity, I see no good reason for the GP appointments to be clogged up by women seeking their 48th or 112th repeat of an oral contraceptive. It is an important medicine, it is a very safe medicine and it is a very widely utilised medicine. And again, I think most women would report to this chamber and elsewhere that the consultations they have around oral contraceptive scripts are typically very, very short because it is such a safe medicine and it is so widely utilised.

Finally, on the issue of travel and public health vaccines, we were introduced to lots of new ways of doing things over the course of the pandemic, but one of those things was having intramuscular vaccines delivered by pharmacy staff or nurses within a pharmacy setting. That to me is an entirely reasonable and sensible thing to do. I have certainly received one or two. I think they were two of my doses of the Pfizer or the Moderna vaccine – mind the chemtrails. The two doses I received of Moderna in a pharmacy setting were absolutely fine. The other two were in clinical settings. I just see no issue with pharmacists being involved in that piece of primary health care and that piece of frontline medicine. It is an entirely sensible component of this trial – a trial, as I remind the chamber, that was announced prior to the election, and this government was of course elected emphatically in November 2022.

The bill enables a trial by amending the Drugs, Poisons and Controlled Substances Act 1981 to create this mechanism. The mechanism then is in the statute, and the regulations ultimately will be crafted to give pharmacists the ability to supply these certain prescription-only medicines without a prescription, at which point they will become pharmacy-delivered medicines. That is a category many consumers are already familiar with in terms of some of the stronger kinds of off-the-shelf painkillers and other categories of drugs that are only available in the pharmacy. I think the member for Box Hill might have spoken a bit about ventolin, which is of course one of those drugs that has been available for a long time as an over-the-counter medicine. It is not over the counter at a supermarket, it is over the counter in a pharmacy. That is that mid level of care and that mid level of consideration when it comes to drugs. You can buy paracetamol at a service station, but there are some drugs that you can only buy from a pharmacist or you can only obtain by way of prescription.

This pilot will commence from October of this year. The bill sets up the structure and the ability to do that, and it also enables pharmacists to undertake structured prescribing, which is where prescribing authorisation is tied to particular conditions, such as completion of specified training and compliance with established clinical protocols. That is a sensible set of safeguards. It will be something that will be reviewed at the end of the trial in any event, and it ensures that patient safety will be always considered as part of this. But the balance we are trying to strike here is between efficiency, accessibility and patient safety when accessing these particular classes of drugs.

There is a trial currently underway in New South Wales. There is a UTI pilot trial in Queensland. This is not particularly novel. It is of course novel in Victoria, and that is why we have a bill to facilitate it happening. It is a very sensible bill. It is a bill that balances patient safety and patient rights with economic efficiency, accessibility of primary health care and making sure that in particular women can get the drugs they need when they need them, and I commend it to the house.

Katie HALL (Footscray) (18:55): I am very pleased to be bringing home the Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023 in what the member for Ringwood kindly noted was the graveyard shift. I am really pleased to have the opportunity to contribute to this bill, although often the member for Ringwood likes to cut short his contributions to give me longer, generously, in the graveyard shift. As someone – as the member for Northcote spoke about – who campaigned on this issue during the election, I know that this is a very popular move in my electorate of Footscray, where I very proudly represent one of the youngest electorates. Also speaking to women in particular about these reforms there was a great deal of relief, because women know their bodies and they understand their healthcare needs, and when you have a urinary tract infection, you know about it, and the last thing you want to be doing is waiting to get an appointment at a GP.

Of course our pharmacists are highly skilled medical professionals. We should in any smart health system be looking at how we can optimise all of our health professionals' skill sets, from nurse practitioners to midwives, maternal and child health care, pharmacists and GPs. We have an extraordinary health system, and our pharmacists are a very important part of that. In my electorate of Footscray we have a great local pharmacy on Somerville Road in Yarraville where you can get scripts at all hours of the night but you can also see a nurse who works in the pharmacy, and that was an investment from the Andrews Labor government, and I know as a parent of two young children that has absolutely been a benefit to me.

I know for particularly women in my community these reforms will make a huge difference. They will save money. They will save time. Really we sort of generalise, but we talk about issues of five-minute medicine. So if you have been on the oral contraceptive pill for decades, why should you have to go back to a GP when you know what works for you and for your body? The opportunity to go to a pharmacist, get advice if you need it and of course go to a GP if you think that you need it – certainly in my community I know that this will be well received. I have two children who have eczema. It drives me mad to have to go to a GP to get a script that I know that they need to treat a basic skin condition. Certainly for travel medicine this is absolutely an area where our pharmacists can help do some of that heavy lifting of those frequent but less complex items of primary health care.

Certainly I know that the Andrews Labor government in my area has also been doing heavy lifting after 10 years of federal government neglect in the primary health system. In Footscray we have opened a primary health clinic, which has been so well received by the community, with parents commenting to me that it has meant that they have not gone to the Footscray Hospital emergency department, they have gone to a primary health clinic to get the help that they have needed. So there is a lot going on, particularly in women's health.

The DEPUTY SPEAKER: Order! I am required under sessional orders to interrupt business now. The member may continue their speech when the matter is next before the house.

Business interrupted under sessional orders.

Adjournment

The DEPUTY SPEAKER: The question is:

That the house now adjourns.

Public housing

David HODGETT (Croydon) (19:00): (231) My adjournment tonight is for the Minister for Housing, and the action I seek is for the minister to fix the priority public housing waitlist so that my constituent in the following circumstances can be placed into priority stable housing, which she urgently requires. My constituent, a long-time resident of the Croydon area, has contacted me out of desperation. She fled domestic violence, and the support organisations were only able to assist her in the short term. Once away from the domestic violence, the system failed to help her get back on her feet, only adding her to the lengthy priority public housing waitlist as a single mother with a four-year-old child. With nowhere to go and homeless, she and her four-year-old child are living out of the car. She has been waiting on the priority public housing list for almost a year, with no end in sight. She is doing everything she can to better her life for her child but faces numerous additional challenges due to her being homeless. It is deeply concerning to hear that a single mother and her child have been forced into this situation, living in a car with no stability or roof over their heads. My constituent deserves to have stable housing to raise her child and have a place that they can call home.

Minister, I urge you to fix the priority public housing waitlist and help change the circumstances of my constituent by providing her with the priority stable housing which she urgently requires and deserves. I would be happy to provide further details of my constituent confidentially to you in order for you to provide this much-needed urgent assistance. I am pleased to say that I had a brief conversation with the minister prior to raising this matter on adjournment tonight. I would be pleased to provide my constituent's details confidentially to the minister, who I know will do his best to try to assist in these circumstances.

Apprentice support

Michaela SETTLE (Eureka) (19:02): (232) My question is for the Minister for Training and Skills in the other place. We know apprentices need our support as the cost of living rises. Every day thousands of apprentices wake up before dawn and hit the roads early, relying on their vehicles to get to work. That is why I am so glad that the Victorian government is backing hardworking apprentices

by making vehicle registration free for eligible apprentices starting next month. Eligible apprentices can now apply for free vehicle registration via the VicRoads website. This move will make a real difference for countless apprentices in my region, including carpenters, joiners, bricklayers, plumbers, electricians and chefs. The action that I seek is for the minister to visit my electorate and discuss with the many apprentices in the area the other initiatives that are available to support apprentices and recognise the valuable contributions they make to our workforce and economy.

Bushfire preparedness

Tim BULL (Gippsland East) (19:03): (233) My adjournment tonight is to the Minister for Environment, and the action that I am seeking is the completion of the Sydenham Inlet Road firebreak before this summer. Post the 2019–20 fires the government announced its strategic fuel breaks program, and one of the firebreaks of significance was the Sydenham Inlet Road. That is exceptionally important because there is only one road in and out of that community, but after all this time we have not had any action on it. No work has been undertaken; no work has even been started. With another summer approaching, that community is quite rightly scratching its head and wondering what the hell is going on.

Not only do we need the work started, but the diagram that is on the department website talks about clearing 4 metres either side of the road. If that is going to be the case, you could have a 15-metre high tree 5 metres off the road that is going to burn down and that is going to close that road. Our firebreaks need to keep roads open. In 2019–20 we had Mallacoota and Cann River cut off for several weeks because the roadside clearing was inadequate. So when we put in this strategic firebreak, let us not be fiddling around the edges. Let us put in a firebreak that when completed will keep the road open to Bemm River so people can get in and out or can be cleared very quickly – but 4 metres either side of the road just will not do that. As I said, let us not put in place something that is not going to be appropriate. Let us get it done and get it done right. I would ask the minister to come back to me and explain when work is going to be started and when that job will be concluded.

Myanmar community mental health services

Meng Heang TAK (Clarinda) (19:05): (234) My adjournment matter is for the Minister for Mental Health, and the action I seek is for the minister to provide the latest information on the mental health support services the government is providing to our refugee communities resettled here in Victoria. During the last sitting week I was honoured to host a delegation of Myanmar Burmese community representatives here in Parliament. These included His Excellency Aung Myo Min, the Union Minister for Human Rights in the cabinet of the National Unity Government of Myanmar. A prominent human rights advocate, in 1988 he joined a democracy uprising and left Myanmar after the military coup. Living in exile for 23 years, he has continued the struggle for democracy and human rights in Myanmar. We were saddened and humbled to hear updates on the current situation in Myanmar. I thank many of my colleagues for joining me to hear from the minister. We continue to stand in solidarity with those fighting for democracy in Myanmar.

One of the issues to come out of the broad discussion was the mental health consequences of the coup and the civil war for the Myanmar refugee resettlement in Victoria. As such, I would like to request an update on the services being provided in this space. I thank the minister for her hard work in delivering services that support the mental health of all Victorians, and I look forward to her response.

Brighton Primary School

James NEWBURY (Brighton) (19:06): (235) My adjournment is to the Premier, and the action I seek is for the Premier to provide fair investment to Brighton Primary School and stop forcing one of Melbourne's four specialist hearing units for deaf children to learn in demountables next to a train line. Every child deserves to be treated fairly. It is time for the state Labor government to put children first and invest fairly in schools in the Brighton community. Brighton Primary School is turning 150 in 2025. Despite genuine need, the school has been continually overlooked for capital funding. The

Brighton community knows that the last time the school had meaningful state government infrastructure improvement was over 50 years ago. Nearly two-thirds of the school's 550 students are taught in 14 50-year-old demountable classrooms, which are situated next to a train line.

Brighton Primary School houses one of four specialist hearing units for deaf children in Melbourne. The school's hearing unit is based in demountables next to the train line. It is completely unacceptable for the state to force children with hearing difficulties to learn only metres away from regularly passing trains. In the lead-up to the state election the Liberal Party committed to investing \$9 million in Brighton Primary. The Liberal commitment, announced by the then Shadow Minister for Education, would have funded transformational improvements to the school, including a multipurpose library; a science, technology, engineering and mathematics learning space; an arts facility; and the development of a master plan for future works.

The Liberal funding commitment was not matched by Labor. We know that Labor refuses to meaningfully invest in schools outside of Labor electorates. We know that the recent state budget directed 93 per cent of school funding into Labor electorates, despite Labor holding just over 60 per cent of electorates in the chamber. Despite the coalition holding a third of the seats, those electorates – our electorates – only received 6 per cent of school capital funding. Nineteen out of 20 school investments were in Labor seats.

Sadly, the trend on funding being misappropriated has been long standing. In the last budget, 85 per cent of new metro school constructions occurred in Labor seats, 82 per cent of school upgrades were in Labor electorates and 82 per cent of metro school upgrades were in Labor electorates. Premier, how is it fair for the government to refuse upgrading a school that houses one of Melbourne's four specialist hearing units for deaf children because it is in the Brighton electorate?

Frankston Zero

Paul EDBROOKE (Frankston) (19:09): (236) My adjournment matter is for the Treasurer, and I ask that the Treasurer visit Frankston and accompany me to visit two recipients of funding in the 2023–24 state budget. Frankston Zero, which launched in 2021, has received a one-off capped grant of \$500,000 to be allocated over four years. This will ensure that more people can get access to the support that they need to find secure housing and get back on their feet. Frankston Zero promote a holistic model of support, including mental health, family violence and trauma support while working with the person to find secure housing. Frankston basketball stadium also secured funding in the budget of \$15 million towards the redevelopment of the stadium. More courts mean more kids being able to stay active and play the sport they love in their local area. This is part of an overall package that will see funding provided by the state, federal and local governments. I look forward to the Treasurer's response.

Cost of living

Sam HIBBINS (Pahran) (19:10): (237) My adjournment matter is for the Premier, and the action I seek is for the government to take urgent and stronger action across the whole of government to reduce the cost of living for Victorians. Victorians are struggling – struggling to pay the rent or mortgage; pay the bills; put food on the table; send their kids to school; afford transport; or see a bulk-billing GP, a dentist or a mental health professional. Workers have experienced the biggest real wage cut on record. People are being forced to make a choice between paying the rent or putting food on the table, putting off accessing health care because they cannot afford it and dipping into what savings they have to cover essentials or seek emergency relief. Everyone is feeling the pinch, but more and more people are being pushed to the margins and into poverty. Young people in particular are being done over – still facing insecure work, forced to cut essentials, experiencing financial stress and facing a future of high rents and permanent insecure housing.

It is galling that while everyday Victorians struggle, big banks and profiteering corporations continue to make record profits – driving up the cost of living, deliberately making people pay more for

essentials or pay more for their mortgage. People need systemic change that matches the scale of the problems, whether it is a freeze on rent increases; replacing stamp duty on homes; more public and affordable housing; improving access to cheaper and healthier food; more support for households to switch away from expensive gas; making public education genuinely free; employing more community GPs, dentists and psychologists; abolishing power bill debts; or making climate-friendly transport cheaper to access – whatever it takes, and make the profiteering corporations pay for it. Victorians cannot afford for things to get worse before they get better. This government needs to take urgent and stronger action across the whole of government now.

Grices Road Reserve

Gary MAAS (Narre Warren South) (19:12): (238) The adjournment matter that I wish to raise is for the attention of the Minister for Community Sport, who happens to be sitting at the table, and concerns the Grices Road recreation reserve upgrade as announced in the state budget this year. The action that I seek is that the minister provide any further information on the upgrade and how this will benefit my constituents in Narre Warren South. Many of my constituents are members of the various clubs at Grices Road recreation reserve, including the Berwick Churches Soccer Club. Indeed I have been advocating for the upgrade of the reserve for a few years in support of Berwick Churches Soccer Club's proposals and the tireless work of their president David Barrott and club stalwart Daniel Prins. It was really fantastic to see the announcement of \$1.2 million towards the upgrade of the pavilion as an election commitment, and it was so fantastic to see this confirmed in the state budget this year. And for the benefit of the member for Berwick, I do believe it was paper 3, page 70, just in case he wants to know exactly where that is parked in those budget papers. It was a pleasure to recently catch up with David and Daniel at the club, and they were very excited with the outcome and are looking forward to the next stages of planning. This announcement has certainly given the club and many of my constituents a boost while catering for our growing and diverse area with modern facilities, which will allow for greater access to the club's training and activities as well. I would really appreciate it if the minister could provide any further information on the upgrade of Grices Road rec reserve and how it will benefit my constituents, and I look forward to sharing that response with my community.

Native forest logging

Wayne FARNHAM (Narracan) (19:14): (239) My adjournment this evening is for the leader of the government, and the action I seek is to reverse the decision to end native timber logging. This policy is going to destroy regional Victorian communities, and I am baffled as to why we would let this industry go when we talk about the reduction of carbon. It is the one industry that is sustainable. We can log trees that are full of carbon. We can plant new ones and reduce carbon. This has been proven scientifically, so I am really at a loss as to why we would let this go.

What baffles me even more is probably the actions of the CFMEU, excluding Michael O'Connor. Many in this chamber will be surprised that I used to be a member of the CFMEU.

Members interjecting.

Wayne FARNHAM: Yes, I was actually forced to join. But the motto of the CFMEU used to be 'One in, all in'. Now, what has happened here with the CFMEU and the main body of the CFMEU, I cannot believe. They will strike for a 7 per cent pay rise, but they will not strike to help out their members in the forestry section of the CFMEU. It was brought up at the Public Accounts and Estimates Committee hearings. The member for Gippsland South brought it up at PAEC and asked why we cannot get this industry going again, and the Premier stated, 'We can't because of legal advice. If we reinvent the industry and we get it going again, it's going to be tied up in the federal courts.' Well, I would say to the Premier: if that is the case, release the legal advice so the timber industry has complete transparency of the decision of the government. If that is the case, let them know. If you have nothing to hide, let them know.

This is so important to our regional communities, and unfortunately this decision affects most of us on this side of the chamber. It does not affect anyone over that side of the chamber. It is so disappointing. I have had phone call after phone call from constituents that are concerned about their future. This decision should be reversed. If the Premier says he does what matters, then he should do what matters for regional Victoria and do what matters for this industry. Govern for all Victorians, like you said you were going to do. Reverse the decision and get timber back on the agenda.

Alchester Village, Boronia, road safety

Jackson TAYLOR (Bayswater) (19:16): (240) Making our roads safer for all road users is one of the most important things raised with me by locals, and the safety issues at the Alchester Village roundabout have often been the subject of those safety concerns, so it is fair to say that I am very pleased that major works to fix this intersection once and for all are not that far away. The new intersection will deliver the removal of the roundabout and install traffic signals, new lanes and dedicated turning lanes, new and safer pedestrian crossings, a resurfaced intersection and a redesigned bus stop on Albert Avenue. By installing signals, additional lanes and new pedestrian crossings at this busy intersection, we will improve the flow of traffic and make it safer for pedestrians to access the Alchester Village shopping precinct. However, locals, much like me, are keen to get some more definitive dates on when we can expect to see this project begin, so I wish to raise a matter for the Minister for Roads and Road Safety. The action I seek is for the minister to provide my community with an update on the project: when we can expect to see major works begin on site and when we can expect it to be completed. I am grateful for our community's patience on this one, and I understand their eagerness to see this delivered, with early works and service works now complete. I am proud we are getting on with delivering better transport infrastructure in our community. Whether it is here, the upgraded McMahons Road intersection or the \$60 million upgrade at Boronia station, we are getting on with delivering safer roads and better public transport.

Responses

Ros SPENCE (Kalkallo – Minister for Prevention of Family Violence, Minister for Community Sport, Minister for Suburban Development) (19:18): In response to the matter raised by the member for Narre Warren South seeking further information on the Grices Road recreation reserve upgrade and how this will benefit his constituents, can I say to the member for Narre Warren South: thank you for raising this matter, and I too am absolutely delighted that the Grices Road recreation reserve project has been included in the 2023–24 budget. Can I thank the member for Narre Warren South for his ongoing advocacy for community sport and for the clubs within his electorate. Can I also congratulate all of those involved at the reserve for their advocacy for this project, because it is often a really lengthy process to get funding for the delivery of these projects. It often starts with those hardworking terrific volunteers at the clubs that identify a need. They then advocate for quite a long time and eventually they get the support for the project, and then they finally get the funding. Can I say to all that have been involved in this: well done in getting the support and getting this funding.

This really vital funding of up to \$1.2 million will see upgrades to the pavilion on site. It is quite an ageing pavilion, and indeed it is much in need of this upgrade to its ageing facilities. What will happen now is my department will work with the City of Casey to execute a funding agreement. That agreement will outline a time line for commencement and completion of those works and indeed a scope of the project. We are really committed to working with the council to see that this project is delivered. It is going to provide a really outstanding new facility for everyone who uses those facilities at the reserve. It will no doubt also draw even more people to the reserve, and that is what we want to see. It will boost participation, because there will be a new facility that is going to be a drawcard for the community. This is a really outstanding asset, the Grices Road recreation reserve, and no doubt it will be welcomed by the broader community, so can I thank the member again for his advocacy for this important project and for his advocacy for community sport right across the Narre Warren South electorate. Thank you very much.

In regard to the other matters that have been raised, we had three matters that were raised for the Premier: one by the member for Brighton, and the action being sought was that fair investment be provided to Brighton Primary School, including capital funding to replace the demountable classrooms next to the train line; another by the member for Prahran, who was seeking that the government take urgent action across government to reduce costs of living; and the third by the member for Narracan, seeking that the decision to end native timber logging be reversed.

We also had a matter raised by the member for Croydon for the Minister for Housing. The action being sought was that the minister address the priority public housing waitlist to assist a constituent of the member who has been waiting on that list for over a year and needing stable housing. The member will provide additional confidential information to the minister.

The member for Eureka raised a matter for the Minister for Training and Skills seeking for the minister to visit her electorate and to share information with the minister about some of the other initiatives that are in place to assist apprentices and recognise the valuable contributions that apprentices make to our workforce and the economy.

The member for Gippsland East raised a matter for the Minister for Environment. The action being sought was that the minister provide advice regarding the completion of the Sydenham Inlet Road strategic firebreak works, including information on when works will commence and be completed.

The member for Clarinda raised a matter for the Minister for Mental Health. The action being sought was that the minister provide the latest information on the mental health support services the government is providing to our refugee communities that have resettled in Victoria.

The member for Frankston raised a matter for the Treasurer, and the action being sought was that the Treasurer visit Frankston and visit two projects that received funding in the budget. Whilst there were two, I focused on one – that being the \$15 million redevelopment of the Frankston and district basketball stadium, which the member knows I am incredibly interested in, because this is an outstanding project supporting that really growing basketball community in Frankston. I am sure that the Treasurer would be absolutely thrilled to visit that really great project.

The member for Bayswater raised a matter for the Minister for Roads and Road Safety, and the action being sought was that the minister provide an update on project dates regarding the upgrades to the Alchester Village roundabout, including the removal of the roundabout and the installation of traffic lights and other works. I will refer all of those matters to ministers for action.

The DEPUTY SPEAKER: The house now stands adjourned until tomorrow.

House adjourned 7:23 pm.