

SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND IMMUNISATION) AMENDMENT BILL

Introduction and First Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (16:05): Obtained leave and introduced a bill for an act to amend the South Australian Public Health Act 2011.

Second Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (16:06): I move:

That this bill be now read a second time.

The South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019 that I introduce to parliament today is the first of two no job no play bills that will be introduced to state parliament.

The first phase of the government's no job no play policy aims to improve the ability to prevent and control outbreaks of vaccine preventable diseases in early childhood services. The bill requires parents and guardians to provide immunisation records to their child's early childhood service, and gives the Chief Public Health Officer the power to request those records. In the event of an outbreak of a vaccine preventable disease at an early childhood centre, the bill will allow the Chief Public Health Officer the power to exclude a child from the centre. This will provide our public health officers with more support to prevent and contain a dangerous outbreak.

Most other states have the ability to exclude unimmunised children from an early childhood service when an outbreak is occurring. While these measures will help reduce cases of vaccine preventable disease and improve our ability to respond, we are continuing to consult on further measures to improve overall vaccination rates. Immunisation is one of the most effective strategies to protect children and adults against serious diseases. Immunisation is also one of the most cost-effective health interventions and is supported by the World Health Organization and all levels of government in Australia. Immunisation saves lives and protects lives.

Although immunisation coverage in South Australia is very good, in most areas it falls short of the national aspirational immunisation coverage target set at 95 per cent. State-wide immunisation coverage in South Australia in the assessed age groups is between 86.83 per cent and 95.83 per cent, depending on the group.

Increasing immunisation rates for children under five to as close to 100 per cent as possible is critical to ensure herd immunity and protect children and adults from highly infectious diseases. Some children are unable to be immunised for medical reasons, such as immunosuppression or severe allergy. These potentially vulnerable children are provided with a circle of protection against most vaccine preventable diseases if other children are fully vaccinated.

The commonwealth enacted no job no play legislation in 2015 to improve vaccination coverage. The no job no play act directly impacts parents who receive the Family Tax Benefit Part A supplement, and the Child Care Subsidy. Under the no job no play act, parents are still able to send incompletely immunised children to early childhood services, but they are unable to receive the usual government benefits.

New South Wales, Victoria and Queensland have enacted no job no play legislation. Both New South Wales and Victoria require parents or caregivers to provide evidence that the child is fully vaccinated for age prior to enrolment in early childhood services. Queensland legislation permits early childhood education and care services discretion regarding whether or not they will allow attendance of undervaccinated children.

Western Australia has recently commenced regulations to require caregivers to provide their child's Australian Immunisation Register statement upon enrolment in child care, kindergarten and school. This is the first step of Western Australia's proposed three-part process. The second part, which will require children to be fully vaccinated for age to be eligible for enrolment in child care and kindergarten, is currently undergoing consultation. The third part of the proposal will involve policy initiatives aimed at improving childhood vaccination coverage.

The Marshall Liberal government is committed to improving South Australia's overall immunisation coverage and reducing pockets of underimmunisation. The government is going to consult on the best model for South Australia. Our starting point is to legislate to exclude children from early childhood services if they are not vaccinated. We are not considering the Queensland model.

The other two models, New South Wales and Victoria, differ. Victoria provides a greater range of exemptions, for example, if the child is descended from an Aboriginal or Torres Strait Islander or the child is in the care of a parent who is the holder of a health care card, pensioner concession card, gold card or white card or the child was a multiple birth.

An issue that will need to be considered is if the role of preschool childhood education in maximising beneficial health and development outcomes for children during their school years is supported by strong evidence. The Royal Australian College of Physicians highlights the importance of affordable and accessible early childhood education, raising concerns that lack of access to early childhood education is highly detrimental, especially from 3 to 4 years of age and especially if compounded by financial vulnerability.

The South Australian Child Development Council has provided in principle support for the measures, which focus on improving immunisation coverage rates, recognising the complexity of the issues around no job no play legislation and the potential impact on human rights such as the child's right to health and education. The council cautioned against the blunt nature of such a policy instrument, which might violate some of the core principles of the United Nations Convention on the Rights of the Child.

Given the complexities of the issues, this government has determined to adopt a two-step approach. This bill is the first step. The government bill seeks to take the opportunity to facilitate a swift public health response to vaccine-preventable disease outbreaks ahead of full implementation of a no job no play policy, pending further evaluation and consultation.

Under the second phase of no job no play, it is proposed that children must be appropriately immunised on an immunisation catch-up program or be exempt for medical reasons in order to enrol or attend early childhood care services. The government will now go to community consultation on a further South Australian bill on that aspect.

The government will shortly release a discussion paper which will draw on input received and assessments of the impact of interstate legislation. We want to ensure we get our laws right. We are committed to protecting children and believe that South Australia should have the best childhood immunisation rates in the nation. I commend the bill to members and seek leave to have the explanation of clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of South Australian Public Health Act 2011

4—Insertion of Part 12A

This clause inserts new Part 12A into the *South Australian Public Health Act 2011* as follows:

Part 12A—Immunisation and Early Childhood Services

96A—Interpretation

This clause defines key terms used in the measure. For the purposes of the measure, an *early childhood service* is defined as a service for the education or care (or both) of a child under the age of 6 years but does not include the following services:

- (a) the provision of primary education provided at or in connection with a primary school;
- (b) a service comprising a person engaged by a parent or guardian of a child to babysit the child in the child's home;
- (c) a babysitting, playgroup or childminding service that is organised informally by the parents of the children concerned;
- (d) a service provided for a child by a family member of the child or friend of the family of the child personally under an informal arrangement where no offer to provide that service was advertised;
- (e) a service principally conducted to provide tuition to 1 child or a number of children who ordinarily reside together;
- (f) a service principally conducted to provide instruction in a particular activity (such as sport, dance and music);
- (g) a service where a parent or guardian of each child remains on site and is available to care for their child if required;
- (h) a service comprising out of school care;
- (i) care provided to a child by a person in accordance with a parenting order under the *Family Law Act 1975* or *Family Court Act 1997* of the Commonwealth;
- (j) care provided to a child under the *Children and Young People (Safety) Act 2017*;
- (k) any other service, or service of a kind, prescribed by the regulations.

Immunisation record is defined as any of the following:

- (a) an extract, or extracts, from the Australian Immunisation Register under the *Australian Immunisation Register Act 2015* of the Commonwealth;
- (b) a document of a kind approved by the Chief Public Health Officer;
- (c) a certificate in writing issued by the Chief Public Health Officer.

96B—Requirement to provide immunisation records to service provider

This clause provides that the parent or guardian of a child that is enrolled or attends at premises for the purposes of the provision of an early childhood service must provide immunisation records relating to the child to the provider of the service in accordance with the requirements of the Chief Public Health Officer.

The clause further provides that a provider of an early childhood service must take reasonable steps to ensure that the parent or guardian of a child complies with the requirements to provide the records and must also keep a copy of all records provided to the provider under the clause.

96C—Provision of information to Chief Public Health Officer on outbreak of vaccine preventable disease

This clause provides that the Chief Public Health Officer may, if satisfied that there is an outbreak, or a risk of an outbreak, of a vaccine preventable disease at premises at which early childhood services are provided, require the person with responsibility for providing the service at the premises to provide to the Chief Public Health Officer—

- (a) the name and date of birth of each child that is enrolled, or routinely attends, at the premises for the provision of an early childhood service; and
- (b) immunisation records relating to each child referred to in paragraph (a) provided pursuant to clause 96B(1); and South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019
- (c) the contact details for a parent or guardian of each child referred to in paragraph (a); and
- (d) any other prescribed information.

If the Chief Public Health Officer requires the provision of information under the clause then the information must be provided within 24 hours and a maximum penalty of \$30,000 applies for a failure to comply.

96D—Exclusion of children from premises on outbreak of vaccine preventable disease

This clause provides that the Chief Public Health Officer may, by notice in writing, direct that a specified child is excluded from attending at specified premises at which early childhood services are provided if satisfied that—

- (a) the child has been diagnosed with a vaccine preventable disease; or
- (b) there is an outbreak of a specified vaccine preventable disease at the premises and the child would, if the child attended at the premises, be at a material risk of contracting the vaccine preventable disease.

The clause provides for service of a direction of the Chief Public Health Officer on the person responsible for the provision of an education or care service at the specified premises and also on the parents of a child specified in the direction.

The clause provides that a person must not provide an early childhood service to a child at premises from which the child is excluded pursuant to a direction under the clause and a maximum penalty of \$30,000 applies.

96E—Exemptions

This clause provides that the Chief Public Health Officer may, by notice in writing, grant an exemption from this Part or specified provisions of this Part—

- (a) in relation to a specified child or children of a specified class; or
- (b) to specified persons or persons of a specified class; or
- (c) in relation to specified early childhood services or early childhood services of a specified class.

An exemption under this clause may—

- (a) be subject to such conditions as the Chief Public Health Officer thinks fit; and
- (b) apply for a specified period, until further notice or indefinitely; and
- (c) vary according to the circumstances to which it is expressed to apply.

A person who contravenes or fails to comply with a condition of an exemption imposed under this section is guilty of an offence and a maximum penalty of \$2,500 applies.

Debate adjourned on motion of Hon. E.S. Bourke.

SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND IMMUNISATION) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 21 March 2019.)

The Hon. K.J. MAHER (Leader of the Opposition) (12:19): I rise to speak on the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill, and indicate that I will be the lead speaker for the opposition. Today, we are not yet debating a no job no play proposal from the government. It is interesting that those in the government have portrayed this bill as a first step to such a policy, because this legislation falls far short of that.

A real no job no play policy is as simple as this: children must be age-appropriately immunised on a catch-up program, or exempted for medical reasons, to attend early childhood services. No job no play has straightforward, important aims: improving immunisation coverage in Australia, reducing pockets of under-immunisation, and ultimately preventing and reducing morbidity and mortality because of vaccine-preventable diseases.

These laws are particularly important for our young people who cannot be vaccinated for medical reasons, to make sure that there is the required herd immunity around them to keep them safe. Eighteen months ago, Labor introduced a real no job no play bill—a bill that did not shy away from taking a strong stand on protecting South Australian children from preventable diseases. We know that early childhood education is important. Every parent knows that. That is exactly why no job no play is such an effective tool for ensuring our children are vaccinated.

It sends a message that parents should take vaccine-preventable diseases seriously and learn the facts about just how important it is to ensure their child is up to date with their injections under the National Immunisation Program. Unfortunately, our bill did not pass before the parliament was dissolved prior to the last election. In July 2018, the opposition reintroduced that bill in another place as a private members' bill. Time and again in the nine months since, the government has categorically shut down any debate on that bill.

This is not the first time we have seen the government delay action on immunisation policy. Firstly, they failed to match Labor's plan to introduce free flu jabs for kids ahead of last winter, only committing to a policy after Labor publicly called them to account. They then refused to implement Labor's fully costed plan to introduce free meningococcal B vaccines for kids, using delaying tactics for months, before finally admitting they should get around to implementing this critical reform.

The government is now saying they want to consult on no jab no play before doing anything real about it; however, oddly enough, that consultation has already happened. The former Labor government undertook consultation on the no jab no play in July 2017—almost two years ago. Consultation has already occurred where strong no jab no play laws already in place: New South Wales and Victoria, and from July, Western Australia.

It looks as though the Liberals will attempt to hide behind an unnecessary repetition of this process as a way of avoiding a strong stand on the issue. In reality, all they are doing is delaying an important public health reform and providing a platform for mistruths that those in the anti-vaccination community will spread.

Let us take a moment to reflect on the content of the government's bill before us as it currently stands. This bill requires early childcare providers to ask for the immunisation records of children, and in the event of a outbreak, can require the centre to provide the immunisation records they have to the Chief Public Health Officer. The government has failed to mention that this bill, with just with those standalone amendments, does not do any more than what already happens.

The opposition received confirmation in our briefing with the department that almost all childcare centres already collect immunisation records of their enrolled children. In fact the health department is already able to obtain records of immunisation of children in child care from the national immunisation register. In fact, the health department is not aware of any childcare centre that does not already collect immunisation information, even though that is a central element of the government's bill.

Under public health legislation, the Chief Public Health Officer already has the power to require that unvaccinated children need to stay home in the event of a preventable disease outbreak. And of course, in any event, this is too late. We should be enacting laws that prevent outbreaks, not try to address them afterwards. The opposition asked, given that there was not anything real that was changing, why this bill was necessary and if there was any urgency in enacting it. It became clear from the opposition briefings that there is no reason or urgency for requiring this legislation in its current form.

Without an actual no jab no play effect in the bill, this bill is just a delaying exercise in addressing what the real issue is. The reality is that South Australia has now fallen behind other states, both Labor and Liberal, when it comes to enacting a no jab no play policy in legislation. The Liberal commonwealth government has already taken steps to increase vaccination rates with their no jab no pay reforms, with parents missing out on the family tax benefit and the child care benefit if they do not vaccinate their children.

In fact, it was the then Liberal prime minister Malcolm Turnbull who called on all states to implement thorough no jab no play legislation to ensure that we kept our kids safe. Following that, the former state Labor government did exactly that: we heeded then prime minister Turnbull's call and introduced our bill to the chamber.

The federal government, the Victorian government, the New South Wales government and the Western Australian government know that the truth is that the more we increase our vaccination rate, the better we facilitate herd immunity, meaning that it is harder for preventable diseases to spread. For those children who are not vaccinated for legitimate medical reasons, their vaccinated peers will help protect them from contracting those preventable diseases. We also know that the myths of the anti-vaccination lobby are just not true. We have seen that recently confirmed in a major study that completely dismissed myths about vaccination somehow being linked to autism.

In countries around the world, we have also seen rates of measles—a totally vaccine-preventable disease—on the rise and extreme measures of containment of unvaccinated people having to take place in the United States. We should not be delaying the real issue. We should not

be holding up implementing something in our state that has already been implemented in Victoria and New South Wales and is just about to be implemented in Western Australia.

We on this side are not buying what the anti-vaccination movement are selling. That is why Labor is going to try to fix this bill and actually enact some real change. The opposition will be introducing amendments that make this current bill a proper no jab no play law. Those amendments are consistent with legislation the former Labor government has introduced and are consistent with what is occurring right around Australia. We have an opportunity to strengthen this legislation to introduce a real no jab no play law that keeps kids safe, rather than perpetually delaying action on this issue. I commend to the chamber the amendments that will actually make this bill have some effect.

The Hon. C. BONAROS (12:27): I rise to speak on behalf of SA-Best in support of the second reading of the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019, which the government has stated is the first of two no jab no play bills that will be introduced to parliament. The bill before us encapsulates the first phase of the government's no jab no play policy, which aims to improve the ability to prevent and control outbreaks of vaccine-preventable diseases in early childhood services.

Most other states have the ability to exclude unimmunised children from an early childhood service when an outbreak is occurring. New South Wales, Victoria and Queensland have already enacted no jab no play legislation. Both New South Wales and Victoria require parents or caregivers to provide evidence that a child is fully vaccinated for age prior to enrolment in early childhood programs. Queensland legislation permits early childhood education and care services discretion regarding whether or not they will allow attendance of an unvaccinated or undervaccinated child.

Western Australia has recently commenced regulations to require caregivers to provide their child's Australian Immunisation Register statement upon enrolment in child care, kindergarten and school. This is the first step of Western Australia's proposed three-part process. The second part, which will require children to be fully vaccinated for age to be eligible for enrolment in child care and kindergarten, is currently undergoing consultation. The third part of the proposal will involve policy initiatives aimed at improving childhood vaccination coverage.

The Marshall government has stated that the second tranche of South Australian legislation will be introduced after public consultation and that it will deal with children being appropriately immunised in an immunisation catch-up program, or being exempt for medical reasons, in order to enrol in child care.

To that end, the government has committed to releasing a discussion paper on the matter shortly. Of course, there was, as we have heard, an earlier bill in the previous parliament, introduced on 27 September 2017 in this chamber by the then minister for health, Peter Malinauskas, which included both the catch-up program provisions and the provisions dealing with the containment of outbreaks of vaccine-preventable diseases.

That bill, as we know, was never debated and lapsed when parliament was prorogued. The former Labor government's bill was subsequently reintroduced in identical terms to its predecessor by the shadow minister for health, the Hon. Chris Picton, in the other place last year, where it has remained without debate since its introduction. The government has stated that the rationale for the carve-out of the immunisation catch-up program provisions—something we will deal with during the committee stage of the debate—in the bill before us is because of concerns raised by, as I understand it, the Royal College of Physicians.

The college has, according to the government and to advice I have received, highlighted the importance of affordable and accessible early childhood education, and consequently is concerned about children missing out on early education because they are not immunised. I hope the minister is open to tabling any correspondence from the royal college to that effect, or any other information he is able to provide.

In addition to the carve-out of the catch-up program provisions, the government has also reduced the penalty for persons contravening section 96E, under the bill, which deals with exemptions from \$30,000, as expressed in the previous Labor iteration of the bill, down to \$2,500, and I would also be keen to hear the rationale for doing so. Labor has filed, as we know, amendments

to reinstate the catch-up program provisions and to increase the aforementioned penalty to \$30,000, as is the case in its bill.

I will have a number of questions at the committee stage of the bill, dealing with a number of issues centred around this bill, and I look forward to the responses that I hope to receive from both the government and the opposition, and the arguments surrounding their respective positions on the amendments recently filed.

It is important to note that this bill follows on from the federal government's no job no pay bill, erroneously referred to by the minister in his second reading speech on this bill as no job no play back in 2015. The no job no pay bill was the federal government's attempt at improving vaccination coverage in Australia, by targeting parents in receipt of the Family Tax Benefit Part A supplement, with the effect that parents would no longer receive the supplement if they did not vaccinate their children.

As the mother of a toddler, I cannot emphasise enough the importance of immunising children against vaccine-preventable diseases to protect not only our own children but other children and some of the most vulnerable in our community, like pregnant women, the elderly and those whose immune systems are compromised. If I can say anything, it is probably that I took steps to, perhaps, overimmunise my own son to ensure that not only were we up to date with our immunisations but that we had any additional immunisations that were appropriate, given his age, because it is something in which I believe strongly.

What is happening in the United States and in the Eastern States of Australia should send a chill down the spines of parents in South Australia. Measles were declared eliminated in the US in 2000, but scattered outbreaks have occurred in recent years. As at the end of March, 314 individual cases were confirmed in 15 states alone. That is in just the first three months of 2019. New York has been particularly hard hit, with 153 confirmed cases in suburban Rockland County, which has taken the drastic and unprecedented step of declaring a state of emergency that bars children and adolescents who are not vaccinated against measles from public places: banning children from public places—playgrounds and shopping malls. What have we come to?

In England, there was a tripling of measles cases recorded between January and October last year, with 913 infections compared with 259 for the whole of 2017. The head of the UK's National Health Service, Simon Stevens, has blamed the increase on anti-vaxers and their proliferation on social media. Similarly, the number of measles infections across Europe tripled to 82,500 in 2018, compared to the previous year. The New South Wales health department has just issued its 15th measles warning for the year. Sadly, an eight month old and an 11 month old—too young for the vaccine, with the first dose ordered for around 12 months of age—have recently contracted the disease from public areas.

Measles, as we know, is highly contagious and can live for around two hours on surfaces after an infected person has left the area. Measles can cause deafness and encephalitis that in turn can cause brain damage. Ultimately, and in the worst-case scenario, measles can lead to death. The decision to leave a child unvaccinated is not just a threat to them individually but also the so-called herd immunity, the resistance among any given population to a disease. Because measles is so contagious, between 93 per cent and 95 per cent of people in a community need to be vaccinated to achieve herd immunity.

Sadly, the spectre of British doctor Andrew Wakefield, drummed out of the British medical profession for his 1998 paper that made a link between the MMR (measles, mumps and rubella) vaccine and autism, still looms large over the vaccine info wars. The publication of a major study last month revealed no link between autism and the MMR vaccine, which protects not only against measles but also mumps and rubella.

The Statens Serum Institut looked at all Danish children born between 1999 and 2010, more than half a million in total. The Danish study shows the MMR vaccine does not increase the risk of autism or trigger autism in susceptible children and is not linked with clustering of autism cases following vaccination, further enforcing what the medical community has long been saying about preventative shots.

The fear is that myths spread by anti-vaxers over decades means that the conspiracy around MMR will be impossible to defeat. I appreciate that this is an extremely divisive and contentious argument. However, the media has also reported this week that the anti-vaxer movement is now targeting our four-legged friends, making astounding claims that vaccinating your pet pooch will give them autism, which is simply outrageous because, for one, we know that our four-legged pooches cannot develop autism.

In just a few taps on Instagram you will find yourself deep in the realm of anti-vax conspiracies, with hashtags like #vaccineskill. People are being bamboozled and misled. For parents, and for parents like me, it is becoming increasingly difficult to distinguish between fact and fiction. Last month, Facebook agreed to ban adverts with anti-vaccination content, while Instagram says it will also introduce controls. It is also incumbent upon governments and upon us as legislators to do what we can to correct the damage done and protect innocent lives.

The Department for Health and the medical community also need to cut through the fake news with evidence-based, easy to understand health advice for parents. I make no apology personally for supporting the vaccination of children and policies like the no jab no play policy; I support it wholeheartedly. That said, however, I fully accept and indeed expect that there will always be exceptions. We need to ensure that we provide appropriate exemptions for those who fall within those exceptions, especially where they are based on medical grounds or other similar and important grounds. With those words, I am pleased to be supporting the second reading of this bill.

The Hon. T.A. FRANKS (12:39): I rise on behalf of the Greens to support this bill. I note that a previous incarnation in a different form came before this council but never reached a vote. The Hon. Connie Bonaros has summed up many of the arguments that I would echo today. The area of vaccination is something that has become highly charged, and much of the information is often not based on fact. It is often used as a political football, however, where people raise concerns on public health grounds that we get the legislation right.

The Greens absolutely support improving and increasing our vaccination rights. We absolutely acknowledge that vaccination works. However, when we are talking about public health measures, public health should be what guides the debate and not dramatic polemics. I note the words of the Royal Australasian College of Physicians, who have highlighted the importance of affordable and accessible early childhood education and their concerns that lack of access to early childhood education is highly detrimental to those children, should it impact on them. The Greens are not supportive of punishing the child for the parent's behaviour. We are also highly cognisant of the social determinants of health, which include access to education.

I note further that the SA Child Development Council has provided in principle support for the measures, which focus on improving the immunisation coverage rate, recognising the complexities of the issues around no jab no play legislation and the potential impacts on the human rights of a child's right to both health and education. They have cautioned against a blunt tool being used as a policy instrument, which might violate some of the core principles of the United Nations Convention on the Rights of the Child.

I echo some of those concerns. On the previous incarnation of the Weatherill government's bill, I raised in briefings questions around the impact on child protection of that blunt instrument. I was told in those briefings that the government of the day, the previous Labor government, had not considered child protection implications. I echo again my concerns that, in order to effect a public health measure where we are punishing the parents, it is not the child who should be punished. The child has that right to education and to access early childhood services.

So I think we can come through this parliament with a debate, I hope, that moves away from the polemics around vaxers and anti-vaxers. I put on record a personal observation as well, not of my child, who is fully up to date—indeed, my arm hurts at the moment because I have just had the flu jab in the last hour, as most members of this council have—but my uncle, who died early because he contracted polio back when polio was, of course, much more common in our society. Polio has been largely eradicated, but my uncle suffered his entire life. His access to a full life was impeded by that polio. My grandmother, similarly, was part of advancing education around those who had had polio and their rights and opportunities.

I am firmly pro-vaccination. I understand the public health outcomes, but I am also very cautious when it comes to punishing children as a public health measure and restricting their rights to full participation in our society. I think the first stage of this bill is a very welcome measure, and I look forward to appropriate consultation. There will be the polemics, there will be the hysteria, but I would hope that this council, with the information that we will gain as that second range of consultation is undertaken, will actually be able to make informed decisions in this place based on public health information, not on political games.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (12:44): If there are no other further contributions, I would happy be happy to sum up the debate. I thank the Hon. Kyam Maher, the Hon. Connie Bonaros and the Hon. Tammy Franks for their contributions. If it is not inappropriate, I would just reflect on what I think is the maturity of this council. Yesterday, we discussed euthanasia in a very rational, respectful way. Today, we have affirmed that all the major groups in this parliament support vaccination.

Certainly in the past, I can recall this parliament having people who were very sceptical about measures such as immunisation, and I think it is a strong statement today that all of the major groups in this parliament are reaffirming their commitment to immunisation and, if you like, taking a stand against the anti-vax movement.

I certainly take the point that the Hon. Connie Bonaros made in terms of the responsibility of SA Health and public health authorities to give the community the information they need to stand against misinformation. It is true in relation to immunisation; it is true in so many other areas. We have to find a way of people having a trusted channel of information and make sure that we rigorously defend it. Even when, shall we say, it might be convenient for politicians to present information, public health clinicians need to be able to provide information so that the community can look after its own health. Again, let me celebrate the fact that I am delighted, as Minister for Health and Wellbeing, that this parliament stands committed against the anti-vax movement and to immunisation.

I will perhaps just pick up on a few points that were made in the second reading speeches. The Hon. Connie Bonaros asked me to table the letter from the Royal Australasian College of Physicians. I am more than happy to do that. I might give a footnote to it. The recommendation that they made to the government was that:

States and Territories in Australia with 'No Jab, No Play' policies urgently commission independent reviews of the effect of 'No Jab, No Play' on equity of access to early childhood education.

and secondly:

South Australia and other States and Territories do not implement 'No Jab, No Play' policies until reviews have been undertaken and published.

In that context, I made inquiries of those other three jurisdictions: Queensland, New South Wales and Victoria. I was informed that the Queensland jurisdiction was indeed undertaking a review, and I spoke to the Queensland minister and was able to learn of the outcomes of that review. It basically indicated that the Queensland early childhood sector was supportive of the legislation. I also made inquiries in relation to the other two jurisdictions, and my understanding is that New South Wales and Victoria are not planning reviews in the foreseeable future. I think one of the jurisdictions is planning a review next year, but we are not intending to wait for that.

In the context of that response, the government has decided to do a two-stage approach in terms of introducing a public health measure bill, which is this one, and introducing an enrolment bill, which is the second part of the no jab no play. In that regard, it is remarkably similar to the approach being taken by Western Australia. Earlier this year, the Western Australian Labor government strengthened its public health outbreak laws, and they are, as we speak, as the Hon. Connie Bonaros mentioned, undertaking a consultation.

In terms of the Hon. Connie Bonaros's comments about why the government bill has a \$2,500 fine versus the \$30,000 fine, it was in the context of the two-stage approach. In the context of an outbreak response, we thought a \$2,500 maximum fine was appropriate. Of course, if we were going to an enrolment approach, it may well be appropriate to increase the fine.

In terms of the contribution by the Hon. Tammy Franks, I think the Hon. Tammy Franks very persuasively put the need to make sure that we have a model that is designed for South Australian circumstances and that makes the best interests of the child paramount. As the honourable member highlights, this legislation raises issues in child protection and it raises issues in relation to education. In that context, I would remind honourable members that none of the Australian models are the same.

One thing I think is quite distinctive about the Victorian legislation is how broad their exemptions are. The Hon. Connie Bonaros mentioned that she was keen for exemptions to be medically focused. The Victorian legislation I think has quite broad exemptions—for example, if the child is descended from an Aborigine or Torres Strait Islander; if the child is in the care of a parent who is the holder of a Health Care Card, a Pensioner Concession Card, Gold Card or White Card; or if the child was a child of a multiple birth.

There are a range of issues I think we need to consider, like what I think the Hon. Tammy Franks would call the public health drivers but also medical exemptions and the issues in terms of other social disadvantage. I acknowledge the Hon. Tammy Franks quite rightly used the words 'social determinants of health'. I suppose many of those do relate to social determinants of health. We need to make sure that we act in the best interests of children, primarily through maximising the immunisation coverage, but do so without a blunt instrument and instead use the best possible instrument to provide positive outcomes for children. I seek leave to table a letter from the Royal Australasian College of Physicians, dated 19 October.

Leave granted.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. K.J. MAHER: A question for the government: from the government's research, what proportion of childcare centres already take steps to collect immunisation records?

The Hon. S.G. WADE: We understand it is around 98.

The Hon. K.J. MAHER: Currently, can the Chief Public Health Officer require childcare centres to provide immunisation records?

The Hon. S.G. WADE: I think the issue here is not just the provision of information but the provision in a timely way. When an outbreak of a vaccine-preventable notifiable condition occurs in an early childhood centre, the services are asked by staff of the Communicable Disease Control Branch of SA Health to provide a list of children and staff who attend the service and their vaccination status. Most services currently comply with this request although not always in a timely fashion. The proposed legislation will improve timeliness and require services to comply. I would remind the honourable member that this element was in the 2017 bill.

The Hon. K.J. MAHER: I thank the minister for his response. Just so I am clear, I think the answer was that there is currently provision for the Chief Public Health Officer to require immunisation records to be provided; is that correct?

The Hon. S.G. WADE: Only when there is a notifiable condition that has been reported. This legislation does not wait for that: it requires records to be kept in anticipation of them being needed.

The Hon. K.J. MAHER: As it currently stands, can the Chief Public Health Officer exclude unvaccinated children from attending child care in the event of a preventable disease outbreak?

The Hon. S.G. WADE: This provision was in the 2017 Weatherill bill. The Chief Public Health Officer can currently exclude a child from an early childhood service if he or she has reasonable grounds to believe a person has, or has been exposed to, a controlled notifiable condition, and that a public health order is reasonably required in the interests of public health and that urgent action is required in the circumstances of the particular case.

The Hon. K.J. MAHER: In summarising—and I think this is correct, as the minister has explained—currently, 98 per cent of childcare centres already collect immunisation information and the Chief Public Health Officer can require a childcare centre to provide them, and the Chief Public Health Officer can then exclude unvaccinated children in the event of a preventable disease outbreak. So what are the actual new powers of the bill for the Chief Public Health Officer as a result?

The Hon. S.G. WADE: I think it is important to stress that the bill relates to vaccine-preventable diseases. The current powers relate to controlled notifiable conditions. Not all vaccine-preventable diseases are controlled notifiable conditions.

The Hon. K.J. MAHER: Can the minister give an example of some of those that he is talking about?

The Hon. S.G. WADE: If the Chair would prefer, we can take that question and bring back the answer when we next resume.

The CHAIR: Yes.

Progress reported; committee to sit again.

Sitting suspended from 12:58 to 14:15.

SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND IMMUNISATION) AMENDMENT BILL*Committee Stage*

In committee (resumed on motion).

Clause 1.

The Hon. S.G. WADE: I was wondering if I may come back to the question in relation to the extent to which these powers expand the powers of the public health officers. I think it is important to stress that the bill relates to vaccine-preventable diseases, whereas the current general health powers relate to controlled notifiable conditions. Not all vaccine-preventable diseases are controlled notifiable conditions.

When the committee last met, the Leader of the Opposition asked whether I could give him examples of some vaccine-preventable diseases that are not controlled notifiable conditions. In response to the Leader of the Opposition's questions, some examples of vaccine-preventable diseases that are not controlled notifiable conditions are pertussis, also known as whooping cough; mumps; varicella, also known as chickenpox; and rubella, also known as German measles.

For clarity, the bill provides specific powers to the Chief Public Health Officer, which allow the Chief Public Health Officer to exclude children in the event of an outbreak of vaccine-preventable disease occurring in an early childhood service. That extends the general powers of the Chief Public Health Officer which are applicable to controlled notifiable conditions. Under the SA Public Health Act, if a person has, or has been exposed to, a controlled notifiable condition and the Chief Public Health Officer considers that an order is reasonably necessary for the public health, then the Chief Public Health Officer has powers under section 73 of the South Australian Public Health Act 2011 to require a person to undergo an examination or test, and powers under section 75 of the act, such as to refrain from visiting a specified place.

These are general powers and are only applicable to controlled notifiable conditions. As I said, there are several vaccine-preventable diseases that are not controlled notifiable conditions. The bill provides specific and clear powers to the Chief Public Health Officer to take immediate action, which avoids both confusion and delay.

The Hon. K.J. MAHER: I think the minister has talked about this being, in his view, stage 1 and a stage 2 later on after some consultation. Can the minister outline when that consultation is due to commence, what the process will be and when that consultation will end?

The Hon. S.G. WADE: Like my Western Australian colleague, the Hon. Roger Cook, Deputy Premier of Western Australia, I think it is wise to engage the community as we shape a model that suits our state best. My expectation is that a discussion paper will be released in about a month's time. I have not discussed with my officers the time frames, but in the normal course of events, my expectation would be that the response time beyond that would be three to four weeks.

The Hon. C. BONAROS: Can the minister update the chamber as to the number of reported cases of measles, rubella and mumps in South Australia for 2019?

The Hon. S.G. WADE: I thank the honourable member for her question. I can advise the chamber that in 2019 in South Australia there have been two cases of confirmed measles, no cases of confirmed rubella and one case of confirmed mumps.

The Hon. C. BONAROS: Can the minister also confirm the percentage of children up to two years of age who are currently immunised against measles, mumps and rubella?

The Hon. S.G. WADE: I can advise the chamber that according to the annualised quarterly coverage data from the Australian Immunisation Register for March, June, September and December 2018, the coverage for South Australian children aged two years with MMR vaccine is 93.74 per cent. In that context, I would just mention that the national aspirational rate is 95 per cent, so we still fall short of that.

The Hon. C. BONAROS: What are the areas of underimmunisation in South Australia, generally speaking, and have we identified specific reasons for underimmunisation in those areas?

The Hon. S.G. WADE: I thank the honourable member for her question. The Australian Immunisation Register coverage reports for all assessed vaccines using the March, June, September and December 2018 rolling covering data indicate that there are eight areas in South Australia with coverage below 90 per cent in any of the assessed age groups—one year, two years and five years.

These areas are as follows: Adelaide City; Port Adelaide West; Murray and Mallee; Adelaide Hills; Outback, North and East; Fleurieu and Kangaroo Island; Burnside; and Campbelltown. The honourable member also asked whether I might like to suggest what the reasons might be. Three reasons have been identified as the key reasons for underimmunisation in South Australia. These are data management and reporting, vaccine hesitancy and vaccine access.

The Hon. C. BONAROS: This might fit into the answer, but have there been any specific assessments undertaken with respect to Indigenous communities in particular?

The Hon. S.G. WADE: SA Health undertakes a monthly review immunisation coverage for Aboriginal and Torres Strait Islander children to maximise immunisation coverage. SA Health undertakes data cleaning to ensure the Australian Immunisation Register accurately reflects administered vaccines and also works with immunisation providers to encourage timely vaccination. Aboriginal and Torres Strait Islander children are sent reminder postcards prior to immunisations being due and another postcard if the vaccinations are not administered.

The key reasons identified for true underimmunisation with respect to Indigenous communities is access to immunisation services and access to culturally appropriate immunisation services. I think it is appropriate to refer back to one of my previous answers. I think it is noteworthy that in the areas I identified as areas of underutilisation, whilst Outback, North and East was part of it, the Pitjantjatjara lands were not. In that regard, I can remember discussions with representatives of the Nganampa Health Council, who highlighted to me the pride that they have in their primary health program and, in particular, their immunisation program.

If I could share an anecdote, it was suggested to me by one of their medical officers that whenever a prime minister came onto the lands, they would check the immunisation rate in their home electorate and often they were below that on the lands. I think that highlights the value of primary health programs and the fact that in spite of the issues we raised, which included vaccine access—and I am sure there are challenges delivering a reliable supply of vaccines onto the land—the Nganampa Health Council has been able to maintain an effective program.

The Hon. C. BONAROS: In the 95 per cent target rate that we have talked about, there are eight areas that fall below. Can the minister also confirm if that applies to all of those or is that just in relation to the three that I raised—measles, mumps and rubella?

The Hon. S.G. WADE: If I could respond on that in two parts. First of all, the 95 per cent that I was referring to was the national aspirational rate. To respond to the honourable member's question in relation to underimmunisation, we use the below 90 per cent threshold. The state average is 93.74 for MMR. The 90 per cent in terms of immunisation is relating to all of the elements of the Australian Immunisation Register, which therefore relates to the NIP. I am advised that not all of the vaccines are measured in terms of coverage, but it is not limited just to MMR.

The Hon. C. BONAROS: Has the government undertaken any modelling as to how much a catch-up program is expected to cost and how many children would be expected to be included in a catch-up program?

The Hon. S.G. WADE: I must admit, I am not clear what the honourable member is referring to there. Each of the elements of the—

The Hon. C. BONAROS: Those children who are not up to date in their vaccinations.

The Hon. S.G. WADE: I will rely on my advisers on this. We often use the word 'catch-up rounds' for when we are introducing a new program; for example, meningococcal B. For this first year of the program, not only is it year 10, but it is also year 11 that are in the catch-up phase, and then I think, from next calendar year, it will only be available to year 10s. So there is that catch-up element as you establish a program.

If the honourable member is referring to a situation where the enrolment legislation might say—and I think this relates to the enrolment aspect rather than this (this is about outbreaks)—either a child that is vaccinated or is scheduled to get vaccinated, if you mean catch-up in that sense, that would, if you like, be a stage 2 issue, from my perspective. The point is made, no matter the nature of the catch-up round, if it is a catch-up element, if it is part of the National Immunisation Program, it will be funded through the National Immunisation Program for children.

The Hon. C. BONAROS: It was the phase 2 element that I was addressing in terms of the enrolments.

The Hon. S.G. WADE: Considering the bill relates to elements of the National Immunisation Program, the delivery of the vaccinations to children would be funded through the national program, as long as they have a Medicare card.

The Hon. C. BONAROS: I note the reasons that the minister gave earlier about the lower threshold and the fact that that applies in terms of outbreaks rather than the enrolment issue, but can the minister just clarify a little bit further for the record why it is that that lower threshold has actually been proposed, as opposed to the \$30,000 threshold previously proposed by the Labor bill?

The Hon. S.G. WADE: The Labor bill and, for that matter, the Labor amendments talk about a higher threshold, and we certainly think that is worth discussing in the context of the stage 2 of the bill, which relates to exclusion and measures under that. But, in relation to this part of the bill, which is this stage, which relates primarily to the keeping of immunisation records and exclusion in the event of an outbreak, we think that the \$2½ thousand is more appropriate.

The Hon. C. BONAROS: Given the importance of the issue that we are dealing with, has there been any recent moves on the part of this government or, indeed, others that the minister may know about, in terms of placing this on the COAG agenda in terms of its next meeting of health ministers or future meetings of health ministers?

The Hon. S.G. WADE: Immunisation legislation such as this is a state matter, so it is up to each state as to how they choose to legislate. I would like to advise that the Council of Australian Governments has:

...agreed the Health and Education Councils will develop options to implement a consistent national approach to increase immunisation rates in early childhood and care services, and advise COAG at its next meeting. This work will consider the desirability of excluding unvaccinated children who do not have a medical exemption from childcare centres and preschools. This work will also examine mitigation strategies to address potential adverse impacts for vulnerable children and families; providing information to parents about vaccination rates in early education and care services; and regulatory cost, data collection feasibility and privacy implications.

I am just getting the date of that. My understanding is that was a statement by COAG two or three years ago, but let me just clarify that for the council.

I do not have the date, but my understanding was that statement was made before I became a minister, so it predates March last year.

The Hon. T.A. FRANKS: Following on from the Hon. Connie Bonaros' question, in the minister's answer, which cited one of the areas where the aspirational targets were falling short, he stated that data management and reporting was a factor. Could he expand on that, please?

The Hon. S.G. WADE: I am advised that there are two particular risk areas there: one is the effectiveness of the vaccine provider to actually provide the relevant input, and perhaps organisational issues within the registry itself is the other.

The Hon. T.A. FRANKS: In the briefing I had with the minister and the departmental staff, it was stated that the provision and auditing of these immunisation records to be taken by early

childhood services would be undertaken by the Education Standards Board. Could the minister please put on record how that will take place?

The Hon. S.G. WADE: Compliance with the collection of immunisation records will be monitored in conjunction with routine assessment of compliance with the Education and Early Childhood Services (Registration and Standards) Act 2011. This is assessed by the Education Standards Board, which takes a risk-based approach to determining the frequency of assessment. Services are assessed, on average, every two years. Compliance with the outbreak aspect of the policy will be monitored by the Communicable Disease Control Branch of SA Health.

The Hon. T.A. FRANKS: Just to clarify, the ongoing assessment and regular auditing will be done through Education provisions, and outbreaks will be treated as a Health matter. Why is Education and not Health undertaking those ongoing assessments and auditing?

The Hon. S.G. WADE: It seems efficacious, considering the Education Standards Board are already in there assessing the units, to include that. In this particular respect, we are talking about the maintenance of student records, basically.

The Hon. C. BONAROS: I cannot recall if I asked this directly. If I did, I did not quite catch the answer, so I am going to ask it again. Are there specific programs that the government is intending to implement to increase the rate of immunisation across the state?

The Hon. S.G. WADE: I thank the honourable member for her question. SA Health is working with the commonwealth Department of Health through the National Partnership Agreement on Essential Vaccines to increase vaccination coverage, including in Aboriginal children and in geographical areas with low immunisation coverage. I also hasten to add that the Marshall Liberal government introduced free influenza vaccines for under fives. That is a measure to try to increase vaccination rates.

Clause passed.

Clauses 2 and 3 passed.

Clause 4.

The Hon. K.J. MAHER: It may assist if I move, perhaps with your permission, the four amendments I have to clause 4 together. Amendment No. 2 is in effect the substantive amendment. Amendment No. 1 is consequential on amendment No. 2, and amendments Nos 3 and 4 are also consequential on amendment No. 2. With the indulgence of the committee, I would suggest I move all four amendments together and speak to them together.

The CHAIR: Please do.

The Hon. K.J. MAHER: I move:

Amendment No 1 [Maher-1]—

Page 4, after line 15 [clause 4, inserted section 96A]—After the present contents of inserted section 96A (now to be designated as subsection (1)) insert:

- (2) For the purposes of this Part, a child *meets the immunisation requirements* if—
- (a) an extract, or extracts, from the Australian Immunisation Register under the *Australian Immunisation Register Act 2015* of the Commonwealth indicates that the immunisation status of the child is up to date; or
 - (b) a document of a kind approved by the Chief Public Health Officer indicates that the child meets the immunisation requirements within the meaning of the *A New Tax System (Family Assistance) Act 1999* of the Commonwealth; or
 - (c) a certificate in writing issued by the Chief Public Health Officer indicates that the child meets the immunisation requirements.

Amendment No 2 [Maher-1]—

Page 4, after line 41—After inserted section 96B insert:

96BA—Prohibition on providing early childhood services to child not meeting immunisation requirements

- (1) A person who provides an early childhood service must not enrol a child for the provision of the service and must suspend the existing enrolment of a child if—
- (a) immunisation records relating to the child have not been provided to the person in accordance with section 96B(1); or
 - (b) the child does not, according to immunisation records provided in accordance with section 96B(1), meet the immunisation requirements.

Maximum penalty: \$30,000.

- (2) A person must not provide an early childhood service to a child if—
- (a) immunisation records relating to the child have not been provided to the person in accordance with section 96B(1); or
 - (b) the child does not, according to immunisation records provided in accordance with section 96B(1), meet the immunisation requirements.

Maximum penalty: \$30,000.

Amendment No 3 [Maher–1]—

Page 6, after line 21 [clause 4, inserted section 96D]—After inserted section 96D(5) insert:

- (5a) For the avoidance of doubt, a child may be excluded from premises under this section irrespective of whether the child meets the immunisation requirements or not.

Amendment No 4 [Maher–1]—

Page 7, line 10 [clause 4, inserted section 96E(4), penalty clause]—Delete '\$2,500' and insert '\$30,000'

The first amendment, as I said, is consequential on the passage of the second amendment. It inserts the definition of what it means to meet the immunisation requirements for the purpose of the no job no play offence brought about in amendment No. 2.

Amendment No. 2, which is the substantive amendment, makes it an offence for a child to attend an early childhood centre if they do not meet the immunisation requirements. The amendment makes this an actual no job no play bill, rather than one that has very little effect, as we have discussed during the debate on clause 1.

Amendment No. 3 is consequential to amendment No. 2 and clarifies that a child may be excluded from early childhood premises by the Chief Public Health Officer, irrespective of whether they meet the immunisation requirements.

Amendment No. 4 is again consequential to amendment No. 2. This amendment increases the penalty for a breach of a condition of an exemption from \$2,500 to \$30,000, in line with the opposition amendments for the maximum penalty for breaching the no job no play requirements under amendment No. 2.

The Hon. S.G. WADE: I thank the Leader for moving them en bloc because I think it is helpful to see them as a package. The simple choice before the chamber is whether the chamber is minded to the government's two-stage approach. We have been more economical than Western Australia. Western Australia is currently going through a three-stage approach. They have put out a consultation paper.

We think it is appropriate that just as Queensland has a different model to New South Wales, which has a different model to Victoria, and given that Western Australians are not willing to accept any of those models, it makes good sense for South Australia to look at its own model. As the Hon. Tammy Franks eloquently put at the second reading stage, we should make sure we maximise the public health benefit taking into account all factors, including the social determinants of health.

The Hon. C. BONAROS: I indicate for the record that SA-Best does not oppose the amendments in principle, insofar as what they try to achieve. However, I think in this instance, and given the discussions we have had, it is only fair that we give this government the benefit of the undertaking it has given in relation to the consultation process, bearing in mind that the ultimate benefits to be gained are for the wider community.

On that basis, we will not be supporting the amendments proposed by the Hon. Kyam Maher, but I make the point that that is not because we oppose in principle what he has proposed but rather because we think it is more appropriate that we allow the government to undertake its two-phase consultation process, for the reasons that the minister has already outlined.

The Hon. K.J. MAHER: A question to the Minister for Health and Wellbeing: if these amendments do not pass, would the minister concede that, in effect, the bill as it currently stands is not a no job no play bill and that it could not at a later stage be characterised as no job no play without these amendments?

The Hon. S.G. WADE: I think the honourable member is ignoring the earlier plea from the Hon. Tammy Franks that we should not descend into polemics. The Western Australian implementation of no job no play is a three-step approach. They have done some public health audits and consultation on an enrolment model. We are doing exactly the same. It is a no job no play policy, and we are getting on with the job.

The Hon. K.J. MAHER: Can the minister explain in what way this bill could at all be fairly characterised as no job no play, in and of itself?

The Hon. S.G. WADE: It relates to children in early childhood services and their vaccination status.

The Hon. K.J. MAHER: In this bill, is there any sense at all that if a child is not immunised they cannot attend those centres?

The Hon. S.G. WADE: Yes. There are clear powers in the legislation that the Chief Public Health Officer can exclude people.

The Hon. J.A. DARLEY: I indicate that I accept the government's two-stage approach and will therefore not be accepting the opposition's amendments.

The Hon. T.A. FRANKS: I have some questions for the opposition in regard to their amendments. Which health and education groups or similar advocacy groups support the Labor amendments?

The Hon. K.J. MAHER: I do not have a full range of details in front of me, but I would repeat something that I said in an earlier contribution, namely, that there were—I think it was in 2017—consultations undertaken at the time.

The Hon. T.A. FRANKS: Since those consultations were undertaken, the Royal Australasian College of Physicians has raised some concerns. Has the opposition taken on board those particular concerns raised by the Royal Australasian College of Physicians with regard to access to early childhood education?

The Hon. K.J. MAHER: What has been taken into account are the consultations that have already occurred on this and, obviously, regimes that exist in other states and regimes that are about to commence in Western Australia.

The Hon. T.A. FRANKS: I will take that as a no. Is that the case?

The Hon. K.J. MAHER: Take it any way you want. I do not have any other information on it.

The Hon. T.A. FRANKS: Okay. What about the concerns raised by the SA Child Development Council? Have they been taken into consideration by the opposition?

The Hon. K.J. MAHER: I do not have anything to add to what I said before. There were previous consultations on a bill that was very similar to this, and of course there are regimes operating and coming into operation in other states.

The Hon. T.A. FRANKS: I thank the Leader of the Opposition but, as I noted in my concerns in my briefing on the previous bill, child protection concerns had certainly not been taken into consideration at that stage and were not involved or even thought of in the previous consultation process. Yet, we know that one of the main drivers of reform in child protection in this state was the terrible situation of Chloe Valentine. The only time Chloe had access to assistance, indeed to any of

the agencies that potentially could have saved her life, was when she was involved in these early childhood services. That is the sort of child that we are talking about potentially being put into further isolation through a blunt instrument.

I did say that I would not be getting into polemics, and there are a lot of polemics in this debate. However, I will give you a new one. I will call this particular amendment a no shot no school amendment. It is not about no jab no play. This is not just play we are talking about here, it is actually a child's access to the full breadth, including education and early learning, that increasingly is delivered through our early childhood education services that we are talking about here. We are weighing up those particular child's rights, and the interests of that particular child, and so for that reason, on behalf of the Greens, I will not support the opposition amendments today.

I am disappointed that there was no response with regard to the quite significant concerns of the Royal Australasian College of Physicians and the SA Child Development Council, and I ask that child protection be very much part of any consultation process on these particular measures. Yes, they are somewhat emotive in the community, and certainly a lot of the polemics around no jab no pay is a way to punish some parents through punitive financial means, but no jab no play, no shot no school, is punishing the child, and I certainly cannot support that today.

The committee divided on the Hon. K.J. Maher's amendment No. 1:

Ayes 6
Noes 11
Majority 5

AYES

Bourke, E.S.
Maher, K.J. (teller)

Hanson, J.E.
Pnevmatikos, I.

Hunter, I.K.
Wortley, R.P.

NOES

Bonaros, C.
Franks, T.A.
Lensink, J.M.A.
Parnell, M.C.

Darley, J.A.
Hood, D.G.E.
Lucas, R.I.
Wade, S.G. (teller)

Dawkins, J.S.L.
Lee, J.S.
Pangallo, F.

PAIRS

Ngo, T.T.
Stephens, T.J.

Ridgway, D.W.

Scriven, C.M.

Amendment thus negatived.

The Hon. K.J. Maher's amendments Nos 2 to 4 negatived; clause passed.

Title passed.

Bill reported without amendment.

Third Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (16:01): I move:

That this bill be now read a third time.

Bill read a third time and passed.

**SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND
IMMUNISATION) AMENDMENT BILL**

Introduction and First Reading

Received from the Legislative Council and read a first time.

At 17:53 the house adjourned until Tuesday 30 April 2019 at 11:00.

**SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND
IMMUNISATION) AMENDMENT BILL**

Second Reading

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining)
(15:56): I move:

That this bill be now read a second time.

The South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019 is the first of two no job no play bills that will be introduced to state parliament. The first phase of the government's no job no play policy aims to improve the ability to prevent and control outbreaks of vaccine-preventable diseases in early childhood services. The bill requires parents and guardians to provide immunisation records to their child's early childhood service and gives the Chief Public Health Officer the power to request those records.

In the event of an outbreak of a vaccine-preventable disease at an early childhood centre, the bill will allow the Chief Public Health Officer the power to exclude a child from the centre. This will provide our public health officers with more support to prevent and contain a dangerous outbreak. Most other states have the ability to exclude unimmunised children from an early childhood service when an outbreak is occurring.

While these measures will help reduce cases of vaccine-preventable disease and improve our ability to respond, we are continuing to consult on further measures to improve overall vaccination rates. Immunisation is one of the most effective strategies to protect children and adults against serious diseases. Immunisation is also one of the most cost-effective health interventions and is supported by the World Health Organization and all levels of government in Australia. Immunisation saves lives and protects lives.

Although immunisation coverage in South Australia is very good, in most areas it falls short of the national aspirational immunisation coverage target set at 95 per cent. Statewide immunisation coverage in South Australia in the assessed age groups is between 86.83 per cent and 95.83 per cent, depending on the group. Increasing immunisation rates for children under five to as close to 100 per cent as possible is critical to ensure herd immunity and protect children and adults from highly-infectious diseases.

Some children are unable to be immunised for medical reasons, such as immunosuppression or severe allergy. These potentially vulnerable children are provided with a circle of protection against most vaccine-preventable diseases if other children are fully vaccinated. The commonwealth enacted no job no pay legislation in 2015 to improve vaccination coverage. The no job no pay act directly impacts parents who receive the Family Tax Benefit Part A supplement and the Child Care Subsidy. Under the no job no pay act parents are still able to send incompletely immunised children to early childhood services, but they are unable to receive the usual government benefits.

New South Wales, Victoria and Queensland have enacted no job no play legislation. Both New South Wales and Victoria require parents or caregivers to provide evidence that the child is fully vaccinated for age prior to enrolment in early childhood services. Queensland legislation permits early childhood education and care services' discretion regarding whether or not they will allow attendance of undervaccinated children.

Western Australia has recently commenced regulations to require caregivers to provide their child's Australian immunisation register statement upon enrolment in child care, kindergarten and school. This is the first step of Western Australia's proposed three-part process. The second part, which will require children to be fully vaccinated for age to be eligible for enrolment in child care and kindergarten, is currently undergoing consultation. The third part of the proposal will involve policy initiatives aimed at improving childhood vaccination coverage.

The Marshall Liberal government is committed to improving South Australia's overall immunisation coverage and reducing pockets of underimmunisation. The government is going to consult on the best model for South Australia. Our starting point is to legislate to exclude children from early childhood services if they are not vaccinated. We are not considering the Queensland model.

The other two models, from New South Wales and Victoria, differ. Victoria provides a greater range of exemptions—for example, if the child is descended from an Aboriginal or Torres Strait Islander, or the child is in the care of a parent of a parent who is the holder of a Health Care Card, pensioner concession card, gold card or white card, or the child was a multiple birth. An issue that will need to be considered is if the role of preschool childhood education in maximising beneficial health and development outcomes for children during their school years is supported by strong evidence.

The Royal Australasian College of Physicians highlights the importance of affordable and accessible early childhood education, raising concerns that lack of access to early childhood education is highly detrimental, especially from three to four years of age and especially if compounded by financial vulnerability.

The South Australian Child Development Council has provided in-principle support for the measures, which focus on improving immunisation coverage rates, recognising the complexity of the issues around no jab no play legislation and the potential impact on human rights, such as the child's right to health and education. The council cautioned against the blunt nature of such a policy instrument that might violate some of the core principles of the United Nations Convention on the Rights of the Child.

Given the complexity of the issues, this government has determined to adopt a two-step approach. This bill is the first step. The government bill seeks to take the opportunity to facilitate a swift public health response to vaccine-preventable disease outbreaks ahead of full implementation of a no jab no play policy, pending further evaluation and consultation. Under the second phase of no jab no play, it is proposed that children must be appropriately immunised on an immunisation catch-up program or be exempt for medical reasons in order to enrol or attend early childhood care services. The government will now go to community consultation on a further South Australian bill on that aspect.

The government will shortly release a discussion paper that will draw on input received and assessments of the impact of interstate legislation. We want to ensure that we get our laws right. We are committed to protecting children and believe that South Australia should have the best childhood immunisation rates in the nation. I commend the bill to members and seek leave to have the explanation of clauses inserted into *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of South Australian Public Health Act 2011

4—Insertion of Part 12A

This clause inserts new Part 12A into the *South Australian Public Health Act 2011* as follows:

Part 12A—Immunisation and Early Childhood Services

96A—Interpretation

This clause defines key terms used in the measure. For the purposes of the measure, an *early childhood service* is defined as a service for the education or care (or both) of a child under the age of 6 years but does not include the following services:

- (a) the provision of primary education provided at or in connection with a primary school;
- (b) a service comprising a person engaged by a parent or guardian of a child to babysit the child in the child's home;
- (c) a babysitting, playgroup or childminding service that is organised informally by the parents of the children concerned;
- (d) a service provided for a child by a family member of the child or friend of the family of the child personally under an informal arrangement where no offer to provide that service was advertised;
- (e) a service principally conducted to provide tuition to 1 child or a number of children who ordinarily reside together;
- (f) a service principally conducted to provide instruction in a particular activity (such as sport, dance and music);
- (g) a service where a parent or guardian of each child remains on site and is available to care for their child if required;
- (h) a service comprising out of school care;

- (i) care provided to a child by a person in accordance with a parenting order under the *Family Law Act 1975* or *Family Court Act 1997* of the Commonwealth;
- (j) care provided to a child under the Children and Young People (Safety) Act 2017;
- (k) any other service, or service of a kind, prescribed by the regulations.

Immunisation record is defined as any of the following:

- (a) an extract, or extracts, from the Australian Immunisation Register under the *Australian Immunisation Register Act 2015* of the Commonwealth;
- (b) a document of a kind approved by the Chief Public Health Officer;
- (c) a certificate in writing issued by the Chief Public Health Officer.

96B—Requirement to provide immunisation records to service provider

This clause provides that the parent or guardian of a child that is enrolled or attends at premises for the purposes of the provision of an early childhood service must provide immunisation records relating to the child to the provider of the service in accordance with the requirements of the Chief Public Health Officer.

The clause further provides that a provider of an early childhood service must take reasonable steps to ensure that the parent or guardian of a child complies with the requirements to provide the records and must also keep a copy of all records provided to the provider under the clause.

96C—Provision of information to Chief Public Health Officer on outbreak of vaccine preventable disease

This clause provides that the Chief Public Health Officer may, if satisfied that there is an outbreak, or a risk of an outbreak, of a vaccine preventable disease at premises at which early childhood services are provided, require the person with responsibility for providing the service at the premises to provide to the Chief Public Health Officer—

- (a) the name and date of birth of each child that is enrolled, or routinely attends, at the premises for the provision of an early childhood service; and
- (b) immunisation records relating to each child referred to in paragraph (a) provided pursuant to clause 96B(1); and
- (c) the contact details for a parent or guardian of each child referred to in paragraph (a); and
- (d) any other prescribed information.

If the Chief Public Health Officer requires the provision of information under the clause then the information must be provided within 24 hours and a maximum penalty of \$30 000 applies for a failure to comply.

96D—Exclusion of children from premises on outbreak of vaccine preventable disease

This clause provides that the Chief Public Health Officer may, by notice in writing, direct that a specified child is excluded from attending at specified premises at which early childhood services are provided if satisfied that—

- (a) the child has been diagnosed with a vaccine preventable disease; or
- (b) there is an outbreak of a specified vaccine preventable disease at the premises and the child would, if the child attended at the premises, be at a material risk of contracting the vaccine preventable disease.

The clause provides for service of a direction of the Chief Public Health Officer on the person responsible for the provision of an education or care service at the specified premises and also on the parents of a child specified in the direction.

The clause provides that a person must not provide an early childhood service to a child at premises from which the child is excluded pursuant to a direction under the clause and a maximum penalty of \$30,000 applies.

96E—Exemptions

This clause provides that the Chief Public Health Officer may, by notice in writing, grant an exemption from this Part or specified provisions of this Part—

- (a) in relation to a specified child or children of a specified class; or
- (b) to specified persons or persons of a specified class; or
- (c) in relation to specified early childhood services or early childhood services of a specified class.

An exemption under this clause may—

- (a) be subject to such conditions as the Chief Public Health Officer thinks fit; and
- (b) apply for a specified period, until further notice or indefinitely; and
- (c) vary according to the circumstances to which it is expressed to apply.

A person who contravenes or fails to comply with a condition of an exemption imposed under this section is guilty of an offence and a maximum penalty of \$2,500 applies.

Mr PICTON (Kurna) (16:03): I rise to speak on what is an important issue and what would be an important bill if it actually had anything in it. The bill that has been provided by the government hardly contains anything new, hardly contains anything that the government does not already have the power to do and is not going to go very much further at all in protecting our kids and protecting our broader society from vaccine-preventable diseases, and that is such an important issue for this state.

We know that other states have progressed proper no jab no play policies in their early childhood childcare centres. We know that has happened both in Labor states and Liberal states. We know that has happened in those states with the support of both the Labor Party and the Liberal Party. But here in South Australia we see this Liberal Party, this government, bring to the floor this bill which does not include that, which does not prevent people who are unvaccinated without a good medical reason from attending child care and potentially putting at risk other kids. That is shameful and that is an issue on which South Australia, through this government, has dropped the ball. It is something on which this parliament should actually be taking some action.

In speaking on the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill, I indicate that I am the lead speaker. The minister has shown over the past year that he loves good spin. He has proved that time and time again. He says that this legislation is the first part of a no jab no play reform, but to label it as such is entirely false. It is entirely misleading because that is not what is going to happen here. There are no additional powers to make it no jab no play as we have seen in other states.

We did have a government that had the policy of bringing in no jab no play legislation to South Australia, and that was the last government. We brought in a piece of legislation, after extensive consultation that we did over 18 months ago, and it was brought to the other place. Unfortunately, it was not able to pass before the election, but that is no reason why we should not be using it and bringing it in here in South Australia so that South Australians can be protected.

It is important to note that an extensive level of consultation occurred prior to the introduction of that bill back in 2017, including a full public consultation process. The groundwork has already been done on asking for feedback on this bill. When the government keeps insisting that they cannot introduce no jab no play without going to consultation, it is completely false and also complete spin because that has all ready happened—that consultation has already occurred.

Unfortunately, that legislation could not be passed. What I did upon becoming the shadow minister for health was say that this was an important piece of legislation and that parliament needed to deal with it as soon as possible. It was unfortunate that it could not pass before the election, so I brought it here as a private member's bill. Unfortunately, it has been lapsing on the private members' legislation list week after week after week. There has not been any desire to debate it. There has not been any desire from the government to progress it. Meanwhile, they have been working on this weaker form of legislation that is not actually going to bring in any meaningful change whatsoever for South Australia.

We are now lagging behind other states. I think Victoria was the first state to bring this in. It was the first to bring in proper no jab no play legislation to prevent unvaccinated children from attending childcare centres. That was then followed by the Berejiklian government in New South Wales, which brought in legislation, and it is about to be followed by the Western Australia Labor government, which in July this year are going to bring in no jab no play legislation.

So we have three states that have taken strong action on this, and we are now unfortunately being left behind in this regard. There is no reason why we should be left behind. We have done the work, we have the legislation drawn up, we can debate it today and we can get it through as amended

today. I will be seeking to introduce amendments to do that to make sure that we have it in place here in South Australia.

We know what is happening here. Unfortunately, there are people celebrating the fact that the government has not done this work properly, the fact that the government has brought in this weaker bill—that is, the anti-vaxer movement, which is strong. Unfortunately, there is a strong minority of people who are very adamant about their distaste and their belief in pseudoscience. They are part of an anti-vax alliance, and they are the vast minority of people. They amplify themselves by the internet, they amplify themselves by writing letters and angry notes to members of parliament, but they are the minority. The vast majority of people support action. The vast majority of people support what is the established science, the established medicine, which is that vaccines save lives.

We on this side will be standing on the side of those scientists and doctors who support vaccines. We absolutely believe it is important that all children who can be medically vaccinated are vaccinated. In fact, it is an element of the laws we brought to the parliament that there would be medical exemptions in place, similar to the medical exemptions that were brought in under the federal Liberal government for no jab no pay.

No jab no pay is an important policy that has been in place at the federal level for some time, denying benefits such as childcare benefits or family tax benefits to families who do not have their children vaccinated, unless they have a very specific number of exemptions under that legislation. Of course, that tends to impact lower income families. If you are a higher income family, then you could probably ignore that. If you are a higher income family, you probably do not worry about whether you miss out on your childcare benefits. But if you are a lower income family, that obviously means a lot.

That is why having the no jab no play legislation is so important, because it is not just targeting lower income families but all families. In fact, it was so important that one of the first people to push for this was former prime minister Malcolm Turnbull. I know those opposite do not like to talk about him anymore, given what happened last year, but Malcolm Turnbull went to the states and said, 'We think no jab no play is absolutely important and needs to be brought in in every state in the country.' He took that to COAG and was adamant about the fact that this needed to be in place to protect kids across Australia. We agreed with that and that is why we sought to take action. Unfortunately, those opposite have not agreed with that. They have not agreed that action is necessary and are now lagging with this bill that is unfortunately nowhere near what we need.

Vaccines are important. Preventing the spread of vaccine-preventable disease is important. We have seen this in America recently where, unfortunately, there have been outbreaks of measles, a disease that should be taken out through vaccines. If people had their vaccines and if we did not have people believing pseudoscience along anti-vaxer lines, then we could eliminate diseases like measles. But if we continue to give credence to those arguments and allow those myths to become a reality in people's minds, then we will see the emergence of some of these diseases in South Australia that should have been eliminated a long time ago.

This is a policy that draws people's attention to the truth, the science, the medicine and aims to stop people listening to the anti-vaxer movement. We will not stand for those myths that the anti-vaxers are spreading and we want to actively combat those myths by making sure that it is very clear where our law stands on vaccinations.

I have to say that this is a law that is supported by the public. How do we know that? Before the last election, the *Sunday Mail* did a massive survey of its readers and asked the question: should unvaccinated children be banned from preschools and child care? To that, 90 per cent said yes, that the risk of spreading disease is too high. Unfortunately, 10 per cent said no, parents have the right to refuse to vaccinate. But here we have the government siding with those 10 per cent of people, rather than the 90 per cent of South Australians who think this is an important policy that needs to be brought in place.

The vast majority of parents such as mine, who send their children to childcare centres, want to make sure that every other child in that centre is vaccinated so that they can have herd immunity. A huge amount of the importance of this subject is that some people are unable to be vaccinated

because of their medical condition. It might be a child who has an immuno issue in terms of cancer, for example, who cannot get vaccinated. We want to make sure those kids are protected as well.

If there are kids who are unvaccinated, who could contract those potentially deadly diseases that can be prevented, then those other kids who cannot get vaccinated because of medical reasons could be at risk. That is one of the main reasons we are trying to address. We have seen it progressively and we are continually beating the drum on the importance of vaccination from this side of the house. We pushed for meningococcal B and dragged the government to that.

Members interjecting:

Mr PICTON: Absolutely. You were not going to do it at all. It was our policy to do that before the last election. You were dragged kicking and screaming to that policy, and likewise to free flu shots for under five year olds. We were continually pushing for that. It was just as we are seeing at the moment, where the government has had the most ham-fisted approach to flu vaccines that this state has ever seen. It has been completely despicable.

We cannot even get our front-line doctors and nurses, who are trying to protect South Australians, vaccinated against the flu under this hopeless government. Time and again, we will continue to push for vaccines, continue to push the importance of them and continue to dismiss the myths from those who seek to oppose them. The minister has already confirmed in the other house that, without this bill, as things currently stand in South Australia, at least 98 per cent of childcare centres are proactively collecting immunisation records.

The other element of this bill is whether a public health order can be issued to prevent children who are unvaccinated from attending a childcare centre in evidence of an outbreak. They already have the power to do that. The South Australian Public Health Act gives the power to make such orders already. They already have the information. The information is already collected. If there was an outbreak, they already have the power to stop unvaccinated kids from attending. What we are seeking to do is stop those outbreaks occurring in the first place, and this bill does nothing to make that happen.

This bill does absolutely nothing on that front. It brings in powers that essentially are already there in other pieces of legislation and packages them together so that they can get a grab on the TV news looking like they are doing something, but they are actually doing nothing. We will keep pushing for proper no jab no play laws in South Australia. It is pretty unclear exactly what the government's position on that is. On the one hand, they are out there criticising that policy, but on the other hand they are saying, 'We are going to consult on whether to bring in that policy in South Australia.' So it is very unclear whether they believe that or not.

I hope that they come to the point of saying, 'We do need this policy in South Australia.' We will keep advocating for that but, ultimately, we need the government and its numbers to make that a reality in South Australia. I hope that happens sooner rather than later. I hope that they see the importance of doing that today in some amendments before the house. I fear that may not be the case. I hope that we do not see outbreaks in South Australia that are potentially preventable because we do not have strong provisions in place and because we are not doing everything we possibly can as a parliament to make sure that kids get their vaccinations and that kids who cannot because of medical reasons are protected from vaccine-preventable conditions.

With those words, I welcome the idea from the government that they are hoping to do something, but there is not much in this bill of any importance. We will seek to make this a much stronger bill. We hope that the government sees the light on this issue pretty quickly and makes sure that this happens as soon as possible because our kids need it.

Dr HARVEY (Newland) (16:18): Today, I rise to support the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019. This bill is the first of two no jab no play bills to be introduced into the state parliament. Undoubtedly, immunisation is one of the greatest medical advancements in human history. There are now numerous infectious diseases that had been, if not certain death sentences, the cause of lifelong serious disability that are now left to the annals of history.

Some examples include smallpox, which has been eradicated from the world. Within Australia, tuberculosis has been eliminated to the point where we do not routinely vaccinate Australians anymore, although it does still exist on our doorstep. Polio is an infection that has been almost eradicated from the world. I think it is worth acknowledging the work of organisations like Rotary International and the End Polio Now campaign. I know that my own local Rotary club, the Rotary Club of Tea Tree Gully, has done a lot of work in supporting that program.

There are also other groups of diseases that still pose a risk but have had significantly reduced incidence due to immunisation, such as whooping cough, hepatitis B and measles, mumps and rubella. Of course, this was not helped by the scientific fraud committed by Wakefield et al. in claiming a link between the MMR vaccine and autism. Of course, that work has since been retracted.

However, there are also now some relatively new vaccines that have been deployed in the last ten years or so. The vaccine against the human papillomavirus is one we should be particularly proud of in Australia as it is where it was developed and helps protect against cervical cancer. There is also the rotavirus vaccine, and now we are also seeing in parts of Africa large-scale pilot programs of a malaria vaccine, which will hopefully be promising in its ability to reduce that very severe and enormous burden of disease in many parts of the world.

I am very pleased that the vaccination coverage within South Australia is for the most part quite good, with more than 95 per cent coverage in some areas. However, there are deficiencies in other areas with some rates of coverage falling to as little as 86 per cent. I would like, though, to take this opportunity to commend my own local community where a number of the suburbs actually have amongst the highest rates of immunisation in the nation, and I am certainly very pleased to see that.

An increase in immunisation rates for children under five to as close as possible to 100 per cent is essential for protecting children from the diseases to which they are vulnerable and also providing lifelong protection. The high rates of immunisation in this age group is also important for providing herd immunity to protect those who are not protected. These can include people who are immunocompromised. They may have at some time in their life been immunised, but their immune systems are no longer able to respond to the infection, or there may be infants who are too young to have yet been vaccinated.

It is important to stress the critical point that immunisation is not just important for those who are protected, that individual who is being immunised, but that it is an important community effort to protect those around us. We have seen in recent times where, within pockets of the community, immunisation rates have dropped to below 95 per cent, and we have seen some outbreaks of measles. This is, of course, a highly contagious infection and a very serious disease, frequently requiring hospitalisation and frequently causing permanent disability and, in some cases, death.

Measles had largely been eliminated from Australia, but what is clear is that the virus is still out there. It still exists in the world, particularly given that there are outbreaks happening in other countries, and so this poses a continued risk to us in Australia and stresses the importance of ensuring that we have high rates of immunisation here.

This bill before us today aims to improve the ability to prevent and control outbreaks of vaccine-preventable diseases in early childhood services. Children, of course, are an important group in terms of the transmission spread of infectious diseases throughout the community. I know that, in a past life, when a vaccine became available for children with respect to the organism I used to work on, one of the first effects they saw was that it actually reduced the incidence of disease in their grandparents, so early childhood is an important target for the vast majority of immunisation programs.

This bill will require parents and guardians to provide immunisation records to their child's early childhood service—for example, child care, family day care and long day care. The bill also gives the Chief Public Health Officer the power to request those records from the service if satisfied that there is an outbreak or risk of an outbreak of a vaccine-preventable disease, and enables the Chief Public Health Officer to exclude a child from premises during an outbreak of a vaccine-preventable disease if the child has been diagnosed with a vaccine-preventable disease or is at material risk of contracting the vaccine-preventable disease.

These measures are largely consistent with most other jurisdictions in Australia where unimmunised children can be excluded from an early childhood service when an outbreak is occurring. It is worth noting, though, that this bill does not include a provision for routine exclusion of children who are not up to date with vaccinations or who are on a recognised immunisation catch-up program.

This bill complements the important work done at the commonwealth level that made the parents of incomplete immunised children ineligible to receive some government benefits. The commonwealth no job no pay act directly impacts parents who receive the Family Tax Benefit Part A supplement and the Child Care Subsidy. Under the commonwealth no job no pay act, parents are still able to send incomplete immunised children to early childhood services but they are unable to receive the usual government benefits.

As I mentioned earlier, this bill is the first of two bills in this area. Importantly, the second bill will be informed by consultation. This process of consultation will commence shortly following the release of a discussion paper that will investigate the experience of similar legislation in other jurisdictions within Australia to identify other options that could help strengthen our work to achieve the aim of immunisation rates in children as close as possible to 100 per cent. An important issue for investigation is the role of preschool childhood education in maximising beneficial health and developmental outcomes for children during their school years, which is supported by strong evidence.

The Royal Australasian College of Physicians has raised concerns that lack of access to early childhood education is highly detrimental, especially from three to four years of age, and especially in concert with financial vulnerability. In this area, it is important that we consider such decisions carefully to ensure that children are overall better off as a result of any changes and that such decisions are actually supported by evidence.

Of course, it is unsurprising that those opposite would carp and complain about this, as it is really quite commonplace over there. If we had said we would do A, those opposite would say we should do B. If we said we were going to do B, they would say we should do A. That is pretty much what happens on a daily basis. Almost every day we hear those opposite out there complaining about our health system despite the fact that they were largely responsible for the problems that we are facing.

This carping and complaining in this area has happened before, in the area of the meningococcal B vaccine program, when those opposite were pushing that we needed to move the bill through and immediately put in place their plans, but we said, 'No, we are going to listen to the experts. What is the best way of deploying our health resources to ensure the greatest outcome for our community?' We went away and talked to the experts in a working group.

Whereas the opposition were proposing that only children under the age of two should be vaccinated, we came up with a program supported by the experts that would target children up to the age of four, as well as late teens and early 20s—important cohorts responsible for transmitting that infection throughout the community. We did the work, we spoke to the experts and we came up with a better plan. What those opposite would have done was to go for the photo opportunity, the media press release, ram it out there so that they could jump up and down and tell everyone what a wonderful job they were doing, but in the end people would be worse off. That is not how this government has been operating or will operate.

Once again, we are trying to get the best outcome for our community. Given the immediate sense of urgency pushed by the member for Kaurua earlier and how it was so unfortunate that they could not pass their bill through the last parliament—and of course they had 16 years in government—it is worth pointing out that, whilst they found the time before parliament prorogued to ram through the legislation to remove the fairness clause, presumably because they thought they would get some kind of electoral benefit at some stage, apparently the immunisation of children was not quite as important an issue as they saw their electoral prospects. Of course, that is out there for everyone to see.

In closing, I would like to commend the Minister for Health and Wellbeing in the other place for his work in this important area and also more broadly commend him for his efforts in fixing up the

mess in health left to us by the former Labor government. I commend him for ensuring that our community is protected as best as possible from serious infectious diseases. This, of course, should be a priority for any government and it certainly is for this one. On this side, we will continue to work with the experts to ensure that we implement the best possible plan, supported by evidence, to ensure that the people of this state have the best possible health. I commend the bill to the house.

Ms LUETHEN (King) (16:28): I rise to support the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019, which is the first of two no jab no play bills that will be introduced into state parliament. The first phase of the government's no jab no play policy aims to improve the ability to prevent and control outbreaks of vaccine-preventable diseases in early childhood services.

The bill requires parents and guardians to provide immunisation records to the child's early childhood service, such as child care, family day care and long day care. It gives the Chief Public Health Officer the power to request those records from the service if satisfied that there is an outbreak, or risk of an outbreak, of a vaccine-preventable disease. It also enables the Chief Public Health Officer to exclude a child from the premises during an outbreak of a vaccine-preventable disease if the child has been diagnosed with a vaccine-preventable disease or is at material risk of contracting the vaccine-preventable disease.

It is important to note that most other states have the ability to exclude unimmunised children from an early childhood service when an outbreak is occurring. These new measures will help us reduce cases of vaccine-preventable diseases and facilitate a swift public health response to vaccine-preventable disease outbreaks. It is important to note that there is no provision for the routine exclusion of children who are not up to date with vaccinations or who are on a recognised immunisation catch-up program.

Immunisation is one of the most effective strategies to protect children and adults against serious diseases. Immunisation is also one of the most cost-effective health interventions and supported by the World Health Organization and all levels of government in Australia. Although immunisation coverage in South Australia is very good today, in most areas it falls short of the national aspirational immunisation coverage target set at 95 per cent. Statewide immunisation coverage in South Australia in the assessed age groups is between 86.83 per cent and 95.83 per cent, depending on the group. I hear that in the north-eastern suburbs it is actually quite high, and I commend the work done in our area and particularly supported by the local councils.

Increasing immunisation rates for children under five to as close to 100 per cent as possible is critical to ensure herd immunity and to protect children and adults from highly infectious diseases. The South Australian government is continuing to consult on further measures to improve overall vaccination rates, particularly on the proposed exclusion of unvaccinated children from attending an early childhood service. What we absolutely need to think about in this regard is the impact that might have on children and their early education.

We as a government will certainly be taking our time to make sure that we listen to experts in education and in health to make sure that we achieve the best outcomes for our South Australian community. Community consultation will be undertaken as well to inform the second no jab no play bill. A discussion paper will be released shortly that will investigate the experience of similar legislation in other Australian jurisdictions and explore potential options to further strengthen the protection of children against vaccine-preventable diseases.

An issue that will need to be considered is whether the role of preschool childhood education in maximising beneficial health and development outcomes for children during their school years is supported by strong evidence. The Royal Australasian College of Physicians raised concerns that the lack of access to early childhood education can be highly detrimental, especially from three to four years of age and especially if compounded by financial vulnerability. The South Australian Child Development Council has provided in-principle support for measures that focus on improving immunisation coverage rates, on recognising the complexity of the issues around no jab no play legislation and on the potential impact on human rights, such as the child's right to health and education.

Also being considered is the commonwealth no job no pay legislation. The Social Services Legislation Amendment (No Job, No Pay) Act 2015 provides that the parents of incompletely immunised children are not able to receive some government benefits. The no job no pay act directly impacts parents who receive the Family Tax Benefit Part A supplement and the Child Care Subsidy. Under the no job no pay act parents are still able to send incompletely immunised children to early childhood services, but they are unable to receive the usual government benefits.

Let's also consider Labor's bills, as on this side of the house we look to work and collaborate with our colleagues in this house on all important issues that affect the health of South Australians. On 27 September 2017, the South Australia Public Health (Immunisation and Early Childhood Services) Amendment Bill 2017 was introduced in the Legislative Council. However, the bill lapsed prior to consideration when parliament prorogued for the 2018 election. Amongst other proposed changes, the bill proposed that early childhood services could not allow the commencement and continuation of an enrolment of a child who was not age appropriately immunised, with the exception of those who met limited exclusion criteria.

On 4 July 2018, the member for Karna introduced the South Australia Public Health Amendment Bill 2018 as a private member's bill. On 2 April 2019, amendments were moved in the Legislative Council to the government's bill to prohibit an early childhood service from enrolling or providing service to a child who was incompletely vaccinated or for whom immunisation records had not been provided.

A child who was currently attending at a service and did not have vaccination maintained, or for whom the parents or guardians had not provided the immunisation records, would have to stop attending the service and hence interrupt their early education. The amendments were not supported by the Legislative Council. It is important for us as community representatives to reflect also at this time on the human rights perspectives, while deliberating the bill and the second no job no play bill.

The World Health Organization has stated that immunisation is a proven tool for controlling and eliminating life-threatening, infectious diseases and is estimated to avert between two million and three million deaths each year. It is one of the most cost-effective health investments. It has also stated that vaccines are very safe and that you are far more likely to be seriously injured by a vaccine-preventable disease than by a vaccine.

For example, in the case of polio, the disease can cause paralysis, measles can cause encephalitis and blindness and some vaccine-preventable diseases can even result in death. While any serious injury or death caused by vaccines is one too many, the benefits of vaccination greatly outweigh the risk and many, many more injuries and deaths would occur without vaccines. The World Health Organization states that vaccines are very safe, but not 100 per cent effective or risk free, and many parents remain concerned about a potential risk of any severe adverse consequence for their own children.

Having two children myself, I can certainly relate to parents' concern for eliminating any risk to their children's health, but I also wish every child to have every chance of a full education. That is why on behalf of King constituents I support the bill to enable the Chief Public Health Officer to exclude a child from the premises during an outbreak of a vaccine-preventable disease and if the child has been diagnosed with a vaccine-preventable disease or is at material risk of contracting the vaccine-preventable disease. I also support the important community consultation process that will be undertaken to inform the second no job no pay bill.

I will read carefully the discussion paper to be released shortly that will investigate the experience of similar legislation in other Australian jurisdictions and explore potential options to further strengthen the protection of children against vaccine-preventable diseases. This is an important bill, which we should work together on across this house for the benefit of the health of the South Australian community so that more children in South Australia can reach their full potential.

I note the support already today for the bill across our government, and I commend members for their caring approach to early childhood outcomes and the best health outcomes for South Australians.

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (16:39): I understand from the whip that the opposition would like to go into committee. I know that the shadow minister has some amendments filed that he wants to discuss, which is certainly his prerogative, and we are willing to do that. The government is not inclined towards the amendments as I understand them but is happy to hear what the opposition wants to put forward and have them discussed in committee.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

Mr PICTON: In relation to this bill, my understanding from what the minister said is that this bill is step 1, or bill 1, and there is going to be a bill 2, which may or may not include an actual no jab no play provision as part of it. Apparently, the second bill, which may or may not include no jab no play, is going to follow some consultation. My question to the minister is: has the government commenced consultation on bill 2 and, if not, when is that going to start?

The Hon. D.C. VAN HOLST PELLEKAAN: The shadow minister is quite correct in that we plan to do this in two phases. It is no mystery. It is no secret. The Minister for Health and Wellbeing has been very clear about that. The second reading speech that I just provided does exactly the same. The reality is that, while the South Australian opposition suggests that we do everything that is considered to be done in one go, other states have made other choices. In fact, one state—Western Australia, I think it is—is proposing a three-stage approach. We are participating in a two-stage approach.

We are very comfortable that the two-stage approach is the right way to go. Subject to the will of the parliament, we propose to have this bill pass parliament as it is and then move on to the public consultation. The things that the opposition would like to have considered immediately will be consulted upon. I heard the shadow minister say in his contribution that he believes that has already happened to his satisfaction. My interest is the satisfaction of the actual minister, the Minister for Health and Wellbeing.

To the question raised by the shadow minister in regard to when the consultation will actually start, the consultation papers are being drafted as we speak. I do not have an exact date, but I know that the Minister for Health and Wellbeing is not one to dawdle. He will try to get on with it as expediently as he possibly can.

Mr PICTON: Well, that fills me with a lot of confidence. My second question is: what form will this consultation to start at some stage take, and when does the government plan to conclude the consultation?

The Hon. D.C. VAN HOLST PELLEKAAN: The form of the consultation will be pretty standard. Public consultation papers will be put out for the public, whether they be parents, caregivers, medical professionals or educators, to consider and provide feedback on. It is pretty straightforward. However, I will remind the shadow minister of something I said in the middle of the third page of my second reading explanation: 'Our starting point is to legislate to exclude children from early childhood services if they are not vaccinated.' That was specifically with regard to the proposals that we put forward to be consulted on. That is what we will be putting out there. That will be our starting point for consultation but, of course, the end point will as always be guided by that consultation and the feedback that we get from it.

Mr PICTON: I will ask the second part of the last question again: when does the government plan to conclude the consultation, and also when does the government anticipate that parliament will be presented with the second bill that the government intends to introduce?

The Hon. D.C. VAN HOLST PELLEKAAN: I cannot tell the shadow minister when we will finish because, as he knows, I cannot tell him when we will start. I have already given him an assurance that the Minister for Health and Wellbeing will approach this in an expedient but sensible and careful fashion—

Mr Picton: Why doesn't he start now?

The Hon. D.C. VAN HOLST PELLEKAAN: —because that is exactly the way the Minister for Health and Wellbeing would want to go about it—sensibly. The shadow minister interjects and asks why does it not start now. He already knows the answer to that question. It does not start now because the public consultation papers are being prepared. It is very likely that if I had said to the shadow minister, 'We're ready to go; we're starting tomorrow,' he would accuse me of having pre-empted the will of the house.

Clause passed.

Clause 2.

Mr PICTON: I just have a couple more questions, which I will ask on this clause, then we can shoot right through to clause 4, if you like, where we have the amendments. This will not take too long, I promise. Can the minister outline what percentage of childcare centres already take steps to collect immunisation records?

The Hon. D.C. VAN HOLST PELLEKAAN: Around 98 per cent.

Mr PICTON: Can the minister clarify whether the Chief Public Health Officer already has powers within the Public Health Act that could enable him to request other records of immunisation from childcare centres?

The Hon. D.C. VAN HOLST PELLEKAAN: Other records? Other than what?

Mr PICTON: Does the Chief Public Health Officer have the ability to request and require the production of immunisation records from childcare centres under the Public Health Act?

The Hon. D.C. VAN HOLST PELLEKAAN: The Chief Public Health Officer can currently ask for immunisation records for a child with a notifiable condition.

Mr PICTON: Can the Chief Public Health Officer under the Public Health Act, at the moment, stop an unvaccinated child from attending a childcare centre in the event of an outbreak of a notifiable condition?

The Hon. D.C. VAN HOLST PELLEKAAN: The shadow minister asked whether the Chief Public Health Officer has the right to exclude an unvaccinated child. The information that I have is not specific to an unvaccinated child, but it does answer the question nonetheless because the unvaccinated child will be within the group of all children. The Chief Public Health Officer can currently exclude a child or children from an early childhood service if he or she has reasonable grounds to believe that a person has, or has been exposed to, a controlled notifiable condition and that a public health order is reasonably required in the interests of public health and that urgent action is required in the circumstances of the particular case, and counselling can be provided after action is taken.

While I understand the question was asking whether the Chief Public Health Officer can exclude an unvaccinated child, the Chief Public Health Officer, as I understand it, could, if he or she chooses, exclude an unvaccinated or a vaccinated child.

Clause passed.

Clause 3 passed.

Clause 4.

Mr PICTON: I move:

Amendment No 1 [Picton-1]—

Page 4, after line 15 [clause 4, inserted section 96A]—After the present contents of inserted section 96A (now to be designated as subsection (1)) insert:

- (2) For the purposes of this Part, a child *meets the immunisation requirements* if—
 - (a) an extract, or extracts, from the Australian Immunisation Register under the *Australian Immunisation Register Act 2015* of the Commonwealth indicates that the immunisation status of the child is up to date; or

- (b) a document of a kind approved by the Chief Public Health Officer indicates that the child meets the immunisation requirements within the meaning of the *A New Tax System (Family Assistance) Act 1999* of the Commonwealth; or
- (c) a certificate in writing issued by the Chief Public Health Officer indicates that the child meets the immunisation requirements.

This amendment sets up the definition of 'immunisation requirements'. Those requirements obviously follow through to the second amendment that I will move in relation to implementing a proper no job no play requirement. However, I will speak briefly to the immunisation requirements.

What was in our original bill that was introduced to the parliament in 2017, which I have introduced into this parliament as a private member's bill and is replicated here, is that those immunisation requirements should be the same as those the Turnbull Liberal government introduced in terms of the no job no pay legislation so that there are similar requirements under the register as there are for that. Obviously, I think the larger thrust of the debate will be with the second amendment, but the first amendment deals with the requirements that are needed for the second amendment to happen.

Amendment negatived.

Mr PICTON: I move:

Amendment No 2 [Picton-1]—

Page 4, after line 41—After inserted section 96B insert:

96BA—Prohibition on providing early childhood services to child not meeting immunisation requirements

- (1) A person who provides an early childhood service must not enrol a child for the provision of the service and must suspend the existing enrolment of a child if—
 - (a) immunisation records relating to the child have not been provided to the person in accordance with section 96B(1); or
 - (b) the child does not, according to immunisation records provided in accordance with section 96B(1), meet the immunisation requirements.

Maximum penalty: \$30,000.

- (2) A person must not provide an early childhood service to a child if—
 - (a) immunisation records relating to the child have not been provided to the person in accordance with section 96B(1); or
 - (b) the child does not, according to immunisation records provided in accordance with section 96B(1), meet the immunisation requirements.

Maximum penalty: \$30,000.

This is the major amendment that is being moved in my name. This really changes this pathetic excuse for a bill from the government into a bill that actually does something—an actual no job no play piece of legislation. It will prevent unvaccinated children from being able to attend preschool, which is, if you believe what the minister just said a moment ago, is the government's intention for a second piece of legislation to come down the track. However, I did hear some of the contribution from the member for King that suggested that that was a bad idea, so I am very confused as to exactly what the position of the government is and whether or not they want to do that.

Nevertheless, we know what the legislation is required to look like because the work was done back in 2017. It has been sitting there for 18 months for this parliament to debate. We believe we should do it now. We should put this in the legislation now. We should make sure that kids are protected now.

As I outlined in my second reading speech, this not only affects kids whose parents and families want their kids to be vaccinated and protected through herd immunity but also, importantly, those kids who cannot be vaccinated because of their medical conditions and who rely on the herd immunity of other kids to make sure that they are vaccinated against these preventable diseases. As was very articulately outlined in the speech by the member for Newland, they are diseases that have been cured through vaccines.

We can make sure that our children in South Australia are protected. We can move this amendment now. The government has not even written a consultation paper. They do not know when the consultation is going to happen. They do not know when they are going to bring back a second bill and they do not know what is going to be part of it. We did the consultation in 2017. We did the drafting back in 2017. It has been sitting here for 18 months.

Let's pass it now, just like the Liberal government did in New South Wales, just like the federal Liberal government did with no jab no pay laws, and just like the Liberal Party in Victoria has supported with no jab no play laws there. So I move the amendment standing in my name to bring in proper no jab no play laws in South Australia.

The CHAIR: The member for Waite wishes to speak.

Mr DULUK: If I may, I wish to ask some questions of the member for Kurna regarding his amendment.

The CHAIR: You have the call.

Mr DULUK: The member for Kurna, in relation to your amendment as tabled, I want to know which health and education groups or similar advocacy groups support Labor's amendments.

Mr PICTON: Thank you very much to the member for Waite. This is an area that was discussed in detail in 2017 when we did a vast public consultation. The government has access to all that information. You only need to ring the Minister for Health to get access to that information. All of those consultations occurred back then. The government has all that information.

Back then, the Liberal Party was supporting this. In fact, *The Advertiser* was running a story before the election in December 2017 saying that the Liberal Party would be the better bet to get proper no jab no play laws passed in South Australia. But here we have the government delaying the introduction of these laws to South Australia when we have had the consultation. The whole community was consulted in exactly the same way that the minister outlined he is proposing to do now, so let's get this legislation done and stop delaying it.

Mr DULUK: I have a further question. What health or education groups have come out in support of Labor's proposed amendments. I am not talking about 2017; I am talking about the ones tabled in the house right now. Who have they consulted with for these amendments?

Mr PICTON: The member for Waite will be delighted to know that these are exactly word for word what was proposed by the government in 2017. We did that consultation in 2017. We know exactly where everybody stands. There clearly is broad support in the community for this. There are obviously some people who do not support it, but I do not think that is a reason for us to delay action on this, which supposedly, according to the Minister for Energy, is something the government is minded to do. So let's get this done. Let's stop delaying it and bring in these laws that the South Australian community supports. It is in place in Victoria and New South Wales, and this is exactly word for word what was drafted and consulted on in 2017.

Mr DULUK: Can the member for Kurna please outline which groups were consulted in 2017?

Mr PICTON: The member for Waite knows full well because he is in the government and has access to all that information. All that information is publicly available. All those groups were consulted with.

Members interjecting:

The CHAIR: Order!

Mr PICTON: A wide variety of groups were consulted with, a huge number of people responded, and in fact—

Mr DULUK: You could at least say the AMA, surely.

Mr PICTON: The government has all that information. You only need to ask the officers here who will give you the bundle of files. Let's be clear: there were a huge number of anti-vaxers who opposed this, who did not like what the then Weatherill government was proposing in these exact

words. I do not think that that is the reason, member for Waite, that we should be stopping this. I do not think that is a reason we should stop doing what is in place in Victoria, what is in place in New South Wales and what is about to be in place in Western Australia.

Exactly the same thing is going to happen now when you do this second round of consultations on your supposed inclination to bring in a similar bill. You are going to get all the anti-vaxers coming out opposing it. You are going to get a huge number of people who are anti-vaxers from around the world. As I said in my second reading speech, I believe it is a very small minority of people in South Australia who believe this, but they are particularly noisy, and I do not believe that that number of people should be able to stop the vast majority of South Australians who believe in this and want to see action occur.

Mr PEDERICK: I am interested to know at least one body that the member for Kurna consulted with back in 2017. He is quite condescending about our plans for consultation, but at this stage he has not told us about one body—just one is all I want to know—he consulted with in 2017. He is telling us that there was broad consultation, yet I have not heard of one actual group he consulted with, and I would like to for the benefit of the house.

The Hon. D.C. van Holst Pellekaan: Not the one the member for Waite told you about.

Mr PICTON: A huge number of people were consulted with. You only have to go to the Department for Health to get access to the list of people who were consulted, if you have these particular questions on the 2017 consultation. I have replicated word for word what was drafted back then following the consultation that occurred and following what was a decision by the government.

As I understood back then, there was supposedly an indication from the opposition at that time before the election to say that they were supportive of this, so much so that *The Advertiser* then responded, back in 2017, to say that the Liberal Party might be the surer bet to get these laws passed. That has turned out to be completely bogus because here we have the Liberal Party not just holding up introducing these laws but now filibustering my attempt to bring in these laws through an amendment.

They clearly fear whatever anti-vaxer groups are ringing their electorate offices saying that they do not want these laws to happen. I think that is very concerning. I think this needs to happen now. I think these laws should be passed, just as supported by the Victorian Liberal Party, just as supported by the New South Wales Liberal Party, just as supported by Liberal prime minister Malcolm Turnbull and just as supported by the Liberal Party in Western Australia. Why is South Australia any different? Why are we behind the eight ball when we are seeing a movement to these nationally to protect children in other states but not here?

Mr PEDERICK: I am still intrigued that the former health minister cannot name one organisation he consulted with back in 2017. Please, just give us one group as the former health minister.

Mr PICTON: Well, I was never the health minister.

The Hon. D.C. VAN HOLST PELLEKAAN: Notwithstanding the fact that the shadow minister has been asked on five occasions to name one organisation that supports his amendment and he is unable to do that, the reality is that, in his own words not too long ago and based on the advice that I am given right now, amendment No. 2 requires the passage of amendment No. 1, which has already been defeated. Amendment No. 1 is not going to pass this house. I am advised that amendment No. 2 is not of any use without amendment No. 1.

I would also like to make it very clear that the comments made by the shadow minister, that we are avoiding action, are deliberately misleading. I have made it very clear that the Minister for Health and Wellbeing, his ministerial office and, no doubt, his department will take action on this matter expediently. The shadow cannot tell the house even one member, having been asked five times. In fact, one of them was even suggested to him to be the AMA, but he did not even latch on to that and say, 'Yes, the AMA,' so perhaps the AMA is not one.

The government does not support this amendment, and the shadow minister knows that. Even to seek for this amendment to be passed right now is really a waste of the house's time, given

that amendment No. 1 did not pass and, I am advised, that amendment No. 2 requires amendment No. 1.

The CHAIR: Member for Waite, you have had three questions already.

Mr DULUK: It was two. One last one, sir.

Mr PICTON: No. I do not get three questions.

The CHAIR: I have given you flexibility at times in the past, member for Kaurna.

Mr PICTON: Never.

The CHAIR: Yes.

Mr DULUK: Thank you, Chair, for your indulgence. As one final question to the member for Kaurna, has the Child Development Council raised any concerns with the shadow in relation to his amendments?

Mr PICTON: I will take that on notice and get the member for Waite an answer.

Mr COWDREY: Has the opposition member had any concerns raised with him by the Royal Australasian College of Physicians in regard to the amendment proposed?

Mr PICTON: I think that the Royal Australasian College of Physicians has been on the record, in fact, as saying that it is opposed to what the government is saying is its inclination to support in terms of restricting children from attending.

Mr Duluk interjecting:

Mr PICTON: I am sorry member for Waite; I will answer myself. What the royal college has said is that it does not support this in any form. It has said that to the government, it has said that to us. I disagree with that. There are a number of people who disagree with that. Clearly, the government has said that it is their inclination to bring in the restriction of unvaccinated children from attending childcare centres, so that would be in breach of what the Royal Australasian College of Physicians has said in its submission as well.

The committee divided on the amendment:

Ayes 17

Noes 23

Majority 6

AYES

Bedford, F.E.

Brock, G.G.

Hildyard, K.A.

Malinauskas, P.

Odenwalder, L.K.

Szakacs, J.K.

Bettison, Z.L.

Close, S.E.

Hughes, E.J.

Michaels, A.

Picton, C.J. (teller)

Wortley, D.

Boyer, B.I.

Gee, J.P.

Koutsantonis, A.

Mullighan, S.C.

Stinson, J.M.

NOES

Basham, D.K.B.

Cregan, D.

Gardner, J.A.W.

Luethen, P.

Murray, S.

Pisoni, D.G.

Tarzia, V.A.

Whetstone, T.J.

Chapman, V.A.

Duluk, S.

Harvey, R.M. (teller)

Marshall, S.S.

Patterson, S.J.R.

Sanderson, R.

Teague, J.B.

Wingard, C.L.

Cowdrey, M.J.

Ellis, F.J.

Knoll, S.K.

McBride, N.

Pederick, A.S.

Speirs, D.J.

van Holst Pellekaan, D.C.

Amendment thus negated.

Mr PICTON: There are a couple of other subsequent amendments. I accept the will of the house not to support those amendments, but I will continue to move them and be defeated without division. In that vein, I accordingly move:

Amendment No 3 [Picton-1]—

Page 6, after line 21 [clause 4, inserted section 96D]—After inserted section 96D(5) insert:

(5a) For the avoidance of doubt, a child may be excluded from premises under this section irrespective of whether the child meets the immunisation requirements or not.

The Hon. D.C. VAN HOLST PELLEKAAN: I thank the shadow minister for his efficient way of going about this. As previously indicated, the government does not support the amendment.

Amendment negated.

Mr PICTON: I move:

Amendment No 4 [Picton-1]—

Page 7, line 10 [clause 4, inserted section 96E(4), penalty clause]—Delete '\$2,500' and insert '\$30,000'

The Hon. D.C. VAN HOLST PELLEKAAN: The government does not support the amendment.

Amendment negated; clause passed.

Title passed.

Bill reported without amendment.

Third Reading

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (17:13): I move:

That this bill be now read a third time.

Bill read a third time and passed.

**SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND
IMMUNISATION) AMENDMENT BILL**

Final Stages

The House of Assembly agreed to the bill without any amendment.

At 16:51 the council adjourned until Tuesday 14 May 2019 at 14:15.