

Mr Zak Kirkup; Mr Dean Nalder; Mr Simon Millman; Ms Mia Davies; Dr Tony Buti; Ms Janine Freeman; Mr Donald Punch; Ms Jessica Shaw; Mr Chris Tallentire; Mrs Lisa O'Malley; Mr Reece Whitby; Mr Shane Love; Ms Cassandra Rowe; Ms Josie Farrer; Amber-Jade Sanderson

**WESTERN AUSTRALIAN FUTURE FUND AMENDMENT
(FUTURE HEALTH RESEARCH AND INNOVATION FUND) BILL 2019**

Second Reading

Resumed from 26 September.

MR Z.R.F. KIRKUP (Dawesville) [3.15 pm]: I rise today to speak to the Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. At the outset, I indicate that I am the opposition lead speaker on this bill. I have to say that I commend the minister for bringing a bill to this house that is much less complex and contentious than the one he previously brought here, although the title of this one is slightly more of a mouthful than the other. Perhaps next time he can produce a shorter title.

Mr R.H. Cook: Apologies for the marketing.

Mr Z.R.F. KIRKUP: That is right.

I am pleased to report to the house that the WA Liberals will be offering our support for this bill, an initiative that I believe is possible thanks only to the vision of the former Liberal-led government that established the future fund in the first place. It is my belief that such an important piece of legislation should attract such uniform support so that we can continue to foster and support the ambitious entrepreneurial spirit existing in the medical research community in our state.

This bill is supported by the WA Liberals and is being debated in this place off the back of a very successful Telethon weekend, which saw more than \$42.5 million donated to an important cause. A substantial contribution, of course, came from the Morrison-led government, which donated \$3.5 million to the charitable foundation that is Telethon and I think, as well, the Parliamentary Liberal Party also provided a donation to Telethon.

Telethon is a very special Western Australian institution that, I found out only recently, was created in 1968. Since that time, it has generated more than \$350 million in funds raised for medical research. It is a great example, I think, of a Western Australian initiative supported by eminent and everyday Western Australians who have donated money to help provide for the best medical research in the Federation. I am reminded that Telethon is much more than a weekend; it is obviously a much larger part of the landscape of Western Australia's ongoing support for the medical research community.

I would like to commend all those who were involved in the operation of Telethon over the weekend. I took the opportunity to look at some of the marathon broadcast and I have to say that it seems to be an opportunity for all of us to come together and show that Western Australians have very big hearts and, indeed, that world-leading, first-class medical research occurs in our state. In Monday's *The West Australian*, I think it was, Jenna Clarke wrote about Telethon —

WA is a magical state.

I could not agree more with that. She also states —

Telethon is one event where you really notice just how unique WA and its people really are.

She writes further on —

It is the embodiment of everything that is great about our State. We are people who are not afraid to look in the mirror and ask what is important to us as a community.

She also states —

Telethon not only raises record amounts of cash, turning our health and research centres into world-class hubs of innovation, it raises our awareness and expectation of what it means to be a good human.

I felt the need to include these quotes from Jenna Clarke of *The West Australian* because she has externally expressed sentiments that I think resonate within all of us as we think about the future of medical research, particularly in Western Australia. It is in that context that I think this chamber should expedite the passage of this legislation through the Assembly.

I note that more than 10 government speakers will speak on the second reading of this bill. I hope that is a reflection of their commitment to supporting medical research and not of this government's vacuous legislative agenda going forward, noting that it had to remove another sitting week of the calendar only to tack it on at the end in anticipation of the Voluntary Assisted Dying Bill being brought back to this house. I hope that all of us as parliamentarians can play our part and build off that goodwill we saw over the Telethon weekend and show our fellow Western Australians that we meet their exceptional level of giving that they have demonstrated. Perhaps we can match it with our own legislative attempt. It would be great to get through our second reading contributions at a rapid rate.

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From a mechanical process perspective, I note that the legislation seeks to end the Western Australian Future Fund and repurpose it to a dedicated medical research future fund. The fund will send the annual forecast investment income—the interest components—across to a funded special purpose account called the future health research and innovation account. This account will be used to provide funding to medical research, medical innovation and commercialisation projects. Those projects will be driven by an overarching long-term medical research strategy, and by short to medium-term medical research priorities, as suggested by the advisory group and agreed to by the Minister for Health to be implemented.

This is not what the future fund was designed for. When the Western Australian Future Fund Act 2012 was implemented by the former government, the idea was that there would an initial deposit, funded by one per cent of the state's royalty income, and the investment income that was earned on the fund would be locked away until 2032, or for 20 years after the bill received royal assent. The original intent of the 2012 future fund was to ensure that, much like a savings account, money was locked away for future use. The specific focus of the government at the time, as reflected in the legislation and the second reading speech, was investment in public works in metropolitan and regional Western Australia. I want to reflect on that savings account concept. I noted when I went through the second reading contributions from September 2012 that the member for Kwinana, the now Deputy Premier and Minister for Health, drew parallels with a savings account that he had established in 1977, on the advice of his grandmother at the time, and used that as a vehicle to deride the future fund that the former government was seeking to introduce into this place. The member for Victoria Park, the now Treasurer, called the future fund the equivalent of jam-jar economics. The member for Kwinana also said on 20 September 2012, and I quote —

The government has undertaken what I regard as the fundamentally political, rather than economic, exercise of creating a future fund. Is it good politics? That remains to be seen.

I say to members opposite that in making their contribution to the second reading debate on this bill, instead of re-canvassing what they perceive as the negative issues attached to the future fund, I hope they will exalt the virtues of what has been locked away and banked by the former government for future use. I hope to hear from all members opposite a tone of thanks and gratitude to the former government for having the vision to lock away that money for the benefit of the state going forward. It is important to note that the government is using the vehicle of the future fund to fund an election commitment that it made in February 2017; namely, that it would specifically repurpose the future fund. The government has obviously been aware of this for a long time. It has taken nearly three years for the government to introduce the bill into this place. That surprises me, given that I do not think the bill is particularly complex. The bill contains 17 clauses. I would have expected the bill would have been introduced in a more expeditious fashion. However, I realise that the government's priority has been the voluntary assisted dying legislation, which has taken a lot of the time in its legislative agenda.

This is an example of how the Labor Party, when in opposition in 2012, espoused political soundbites to criticise the then Liberal–National government, but now that the Labor Party is in government, it is building its policies on the exceptionally strong vision of the Liberal–National government at that time. I look forward to hearing each and every one of those 10-plus members on the government benches thank the Liberal and National Party members of this house for coming up with the future fund in the first place. I hope they will praise us for our vision and determination. I remind them that although they did not vote against the Western Australian Future Fund Bill in 2012, they certainly did not support it. They are now exploiting the vision of the former Liberal–National government for their own gain. The government is building off that good work and repurposing a fund that it did not agree with in the first place, but here we are.

As shadow Minister for Health, I have to say that, overall, I am happy with the state of this bill. I think that ultimately this type of mechanism could be used to broaden research and innovation projects across the state. I have spoken, as have a number of other Liberal members, about how I would like to see a vehicle such as this used in the future to fund other types of research and innovation projects that play on Western Australia's natural strengths. That would mean for you, Mr Acting Speaker (Mr R.S. Love), important projects like agricultural research. It would also mean defence industries research, and even an opportunity for autonomous vehicle research. A vehicle like this could be used going forward to fund important innovative ideas that go beyond medical research.

I note that parts of this legislation will require an absolute majority. That will not present an issue in this place; however, it will be a consideration for the Legislative Council. That shows us that the government is proposing to severely alter the original future fund. I will continue to remind Labor members that they will be voting on something that they did not agree with in the first place.

As I go through the intricacies of the bill, I flag that I intend to head into consideration in detail on this legislation. Although we support the bill, it is important that we scrutinise the bill thoroughly. I note that when the former government introduced the future fund in 2012, an amendment was moved by the former member for Kalgoorlie,

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who wanted some funds to be sequestered specifically into gold deposits. In seeking to go into consideration in detail on the bill, that is not an act by the opposition to try to stifle or slow down the debate; I suspect the government will do that itself. We want to thoroughly scrutinise and question the clauses in the bill. In particular, I will be seeking some examples from the minister about the reasons why the objectives of the fund are proposed to be changed, and the limitations of those objectives. I also have some questions about the advisory group that will be established, and how we can ensure that any conflict of interest issues are mitigated to the maximum extent possible. A lot of that is reliant upon regulation, and that is prudent, but perhaps there will be the opportunity in consideration in detail to explore that a bit more.

I note that there are some differences between this bill and the Infrastructure Western Australia Bill with regard to the structure of the board versus the advisory group. Both bills are about planning. In the case of this bill, a medical research advisory group will be established and make recommendations to the minister for expenditure. It is incumbent on all of us in this place to ensure that any vehicle that we set up is absolutely squeaky clean and has minimal capacity to be exploited by anyone. A significant amount of money will be set aside in this fund, in the order of \$40 million to \$60 million, depending on the investment income. That will be sent to the accounting fund to be spent on certain projects. It is obviously very important that the advisory group, and ultimately the Minister for Health and any future Minister for Health—hopefully me in 510 days—ensure that we guard against any exploitation or conflict of interest issues that might arise.

As part of the consideration in detail stage, I will also look at some of the longer term implications of the bill. During the briefings, I raised the issue of how the investment income will be decided upon, and the cyclical nature of what that might look like, and whether that might lead to some longer term projects not being funded. We do not want to see a number of short-term projects. I am sure the minister would agree that for the benefit of future medical research in Western Australia, we want as many long-term projects to be in place as possible. I note that the bill proposes a five-year plan. The National Health and Medical Research Council has a similar arrangement in place. It is a good idea to have a long-term vision and short to medium-term priorities. Medical researchers do amazing work. We would not want them to have to constantly provide updates on where they are at and to have to write grant applications every year to access funds. The cyclical nature of the fund means that the investment income will fluctuate significantly. I appreciate that Treasury and the minister's staff have provided me with information about similar funds in other jurisdictions. However, I lack knowledge about how exposed this fund might be to certain parts of the economy and the ongoing global financial situation, and that is worth exploring in the consideration in detail stage.

I also want to focus on the Aboriginal medical research element. That is very important for us to explore, and I will get to that in a moment.

There can be no doubt in anyone's mind about the importance of medical research. I have had conversations with people at the Harry Perkins Institute and the Telethon Kids Institute, and also with smaller research bodies, and universities. Recently, the Minister for Health and I were at an event at the University of Western Australia, which is considered a top-10 medical research university. We want to make sure that we foster those institutions to continue their good work and endeavours to support Western Australians and change the future of disease and life-threatening illness that many of us face globally.

One of the biggest challenges that researchers speak with me about is that they are constantly writing grant applications and providing updates. Truth be told, that is not something I had ever considered. The health portfolio is new to me and I am grateful to be the Liberal Party's spokesman for this area. It is something I had never considered. It is probably a reality in a liberal democracy. We expect there to be good transparency and accountability for funds that are expended, particularly from taxpayers. In Western Australia, and nationally, a lot of researchers have to spend a lot of their time writing grant applications. If I had been asked six months ago what I thought the bulk of the work of a medical researcher is, I would have said that they spend 95 per cent of their time on medical research. The fact is that they spend maybe two-thirds or, for some, half of their time on research. The remainder is spent on writing grant applications. The institutes themselves spend time supporting grant applications. In addition to applications, some grants require that researchers provide constant updates about how projects are going. I underline the need for and importance of maximal levels of accountability for how funds are expended and awarded. I think there will be a good sense of Westminster accountability with the Minister for Health having to sign off on that. I think that is a very prudent exercise, because the minister will be responsible and answerable for that in this place. The government will be in a position to answer questions from an opposition about how those funds are being used and where the projects are at. I want to make sure that we do not create a situation that is too onerous for research institutions to access, so that they will not have to provide hourly or daily logs of their work and things such as that. I look forward to the minister's engagement on that during the consideration in detail stage.

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I know that a lot of the implementation will be dealt with by the Department of Health as it pulls this together. I think this legislation will empower an intent and a spirit from this place to support the foundations of medical research, but we do not want there to be too many hurdles. Checks and balances should be put in place, but I do not think it should be too onerous for those institutions, which we know and trust to do good work. We should support that as much as we can. It is my hope that as part of the process of enabling this, we make sure that medical researchers in Western Australia are well supported. The prospect that the legislation as it stands will allow that to happen is a very good one. The legislation is very noble in its intent to make sure that Western Australia has a medical research sector that is viable and well invested in. A number of Liberal members want to ensure that medical research is fostered and supported, and that there is the opportunity for that to be expanded into a range of areas. There should be rigour and competition, but the department, which will help put this together, should take a commonsense perspective to make sure that the grant application process is straightforward and understandable and, at the same time, can be scrutinised.

One of the things I was particularly pleased to see in the legislation was that there will be a relationship with Aboriginal health and Aboriginal research. One of the people who will join the advisory group will have to be an individual who has experience in Aboriginal health research in some way, shape or form. I have spoken a number of times in this place about the importance of Aboriginal health, as have other Liberal members, government members and Nationals WA members—in fact, all of us. I raised this in the briefings with the department and the minister's staff. I think it is important that there be a dedicated Aboriginal health research focus. I also think it is important that there be a regional focus. I will go through in a bit of detail issues that, unfortunately, impact upon Aboriginal Western Australia or regional and remote Western Australia in particular. It should not just focus on those areas, but also support Aboriginal researchers and regional researchers so that we do not have QEII-centric funding that is focused just there. The Telethon Kids Institute and the Harry Perkins Institute of Medical Research fund very diverse projects. Indeed, there are a lot of projects, in particular by Telethon, to help Aboriginal or regional children with issues that they have and in which they are over-represented. I would like some of the funds to fund institutions, organisations or individuals who live in those environments. We have the opportunity to make sure that funding goes to those outstanding scientists and researchers who are not used to getting the same amount of funding—or any sort of funding—or being part of a large institute such as Harry Perkins. They are doing their own work on country or in regional communities. If taxpayers are to be the primary sponsor of and investor in these medical research opportunities, I think it is important that a fair share be spread to the regions to help those who are suffering in Aboriginal communities.

I refer to that suffering. In Western Australia, Aboriginal people make up four per cent of the population, yet in nearly every key indicator of health and welfare, and, ultimately, death, they are over-represented in a negative way.

At the moment in Western Australia, the infant mortality rate for an Aboriginal child is 2.7 times higher than it is for a non-Aboriginal child. Aboriginal children are 10 times more likely to have a mother who consumed alcohol or drugs during pregnancy compared with non-Aboriginal children. Aboriginal children make up 89 per cent of all foetal alcohol spectrum disorder diagnoses at this time. They are 11.2 times more likely to be subjected to substantiated reports of harm or abusive violence in childhood. Aboriginal adults and young people comprise 26.8 per cent of all suicides that occur in our state. Their mental health is a significant concern. We have spoken about that a number of times in this place. The grievance that the member for Kimberley made last week was very important, and I appreciated the Minister for Mental Health's response.

Undoubtedly, some of these issues will be fleshed out in some of the medical research that will happen as a result of this legislation. It is important that we do not stop striving to fund areas of interest and important research to help address the situation that has been inflicted upon the Aboriginal community in Western Australia. They are not only concerns and issues for Aboriginal children; the issues continue into adulthood. Aboriginal adults are 2.7 times more likely to suffer from psychological distress compared with non-Aboriginal adults. They are five times more likely to be victims of a violent crime. They are 14 times more likely to be hospitalised due to assaults and bodily harm. They are 3.5 times more likely to have diabetes and 70 per cent more likely to die of cardiovascular disease. This leads to Aboriginal Western Australians having a life expectancy that is 13.4 years less than that of non-Aboriginal Western Australians. At this time, this state's gap in life expectancy is the worst in the Federation. Any project or initiative that can help reduce that gap is something that we should all be in support of and is eminently important. The legislation we are about to put in place should help complement government priorities to reduce the mortality gap that exists between Aboriginal and non-Aboriginal communities. I know that all of us are very concerned about that.

Presently, \$1.3 billion is set aside, and investment income will be earned off that. Millions of dollars will be accessed by medical research projects. We have to make sure that there is a level of accountability and exposure that ensures that a number of dedicated Aboriginal medical research projects are funded. I would argue that there

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should be a reporting regime so that we can get better insight into what that looks like. Perhaps we can consider that during consideration in detail, but I think there should be reporting to this place about how the fund has been expended. I know there will be something similar to an annual report process. This is a slight tangent, but I think it is very important that we not get stuck in the same situation as we are in with palliative care funding and exposure and have to play catch-up. It is important we get an understanding of how much of this future health research and innovation fund has gone into funding projects that improve health outcomes for Aboriginal Western Australians. It is a great opportunity to make sure that one of the legacies of this legislation will be greater investment into Aboriginal health and medical research. There should also be a level of exposure and accountability so that this government and future governments will know that we are not going backwards in funding medical research for Aboriginal people and that we are making strong steps towards it.

I have to say, we see that level of exposure and accountability play out in the federal space as well. The federal Minister for Indigenous Australians, Hon Ken Wyatt, very regularly updates the commonwealth Parliament on how much medical research has gone into helping Aboriginal Australians, generally speaking. We have seen some really important strides being made there. He is part of the constant Closing the Gap initiative, in which the minister—in this case, the Minister for Indigenous Australians—provides a regular update. I cannot say with confidence how regular the update is, but it is certainly the intent of the federal government to ensure that it provides the Parliament with information about how its medical research fund is going. I think that is something we could do here; it is a good opportunity. There are obviously no politics in that. I think all of us are concerned about that. It is part of all of us wanting to do more to help address this situation.

I had not intended to go on much more than that. I am not one to draw out the second reading debate just because I am the lead speaker, colleagues! I think the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019 is an important bill. It absolutely builds on the initiatives of the former Liberal–National government. I again throw the challenge open to each and every government member opposite, the 10-plus members who will be speaking on this bill—which will undoubtedly take us into the evening and possibly into tomorrow before we start consideration in detail, just so that we can draw out this week!—to consider what this Parliament will be enabled to do with the medical research fund that will be set up. It has been made possible entirely because of the vision and determination of the former Liberal–National government. It is something that we put together. This bill is not a vehicle that is consistent with our intent at the time. The shadow Treasurer and I have spoken a number of times about this legislation, and it has to be recognised that the Western Australian Future Fund was not supported by members opposite and that the government is fundamentally repurposing the intent of the future fund. In this case, it is going towards medical research and it builds on an achievement of the former Liberal–National government, and I think that should be recognised as part of the bipartisan support for the legislation in front of us.

As I said, there are some areas of interest that I will hopefully be fleshing out during consideration in detail. I do not anticipate that to be onerous; it will just reflect the genuine intent of the opposition to make sure we get this legislation right. I know from conversations I have had with the Minister for Health's staff that the government intends to make sure that this bill is in good shape so it can go to the Legislative Council for it to do its work on it; that is very important. Ultimately, it goes to the spirit of this Parliament's intent to support medical research in Western Australia, hopefully with an important focus on supporting regional and Aboriginal Western Australians to help improve their lives, their life expectancy and the overall living conditions that we all face together in Western Australia. It also builds on the spirit of Telethon, which I know is something that is very well supported in the community—seeing more funding for medical research. On behalf of the opposition, I commend the bill. I look forward to its expeditious passage through this house and to consideration in detail, in due course.

MR D.C. NALDER (Bateman) [3.42 pm]: I also rise to talk on the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I want to raise a couple of questions or concerns with the minister and seek his response. Although the opposition supports this legislation, that does not mean we do not have concerns about it. The first point I would like to raise is around the need to raid the piggy bank. Although the opposition is definitely supportive of medical research being undertaken, I am not clear about the government's justification for accessing the Western Australian Future Fund. I look forward to hearing some more from the minister on that.

The future fund was set up for future generations; not for us or for our time, but for some time in the future. I am concerned about the government's justification for accessing this fund, particularly given the financial circumstances it finds itself in. I would like to reiterate a couple of points. Firstly, we know that iron ore royalties have recovered dramatically, over and above budget. We have a budget forecast price of \$US73.50 a tonne for iron ore, and we know it is tracking above that. This year alone, we are sitting at \$500 million above budget. In addition, there was \$814 million this financial year from the federal government's GST fix, and that is forecast to be \$1.824 billion

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next financial year. On top of that, there were the asset sales. The government made an election commitment that it was not going to sell down assets, particularly those that generated revenue streams for the state. There was then the commercialisation of Landgate and the capitalisation of that revenue stream; there was \$1.4 billion from the sale of Landgate. That was not in any election commitments, so it is an additional revenue stream to the state, of which \$640 million to \$650 million has been allocated to the National Redress Scheme. There were no other allocations, which means that the government is currently sitting on an additional \$750 million from the sale of Landgate that has not been utilised. This year alone, there was \$750 million from the sale of Landgate, \$814 million from the federal government's GST fix and about \$500 million above budget from iron ore royalties. When I look at that, I question the government's need to put this legislation through and raid the piggy bank to fund this important research. The opposition has no problem with the research, but I still have not heard any justification from the government about why, to fund this research, it is raiding a future fund that was set up for future generations. I can see that the government has plenty of funds available to fund this research at its discretion, going forward. That is an important question that I would like the minister to answer. Although the opposition supports this legislation and will not hold it up, I think it is important for the government to explain to the community why a fund for future generations is being raided to fund this important research.

The Minister for Health recently visited Israel and had a look at what that jurisdiction is doing to grow and enhance its economy, particularly with regard to research and innovation. Australia has been very good at funding academic research in a number of fields, but I fear that our academics have become experts at writing papers for governments, federal or state, to seek access to research funding. When one lot of research is finished, they are on to the next paper, seeking additional funding for further research. I believe governments in Australia need to reconsider that and look to other jurisdictions, like Israel, to see how they are better capturing the benefits of research for the community as a whole. We do not want to see pharmaceutical and medical companies from around the world benefiting from the research we fund here at the expense of our future generations. We do not want the patients of the future paying overseas medical companies for research that was undertaken here in Western Australia. I ask the minister to explain what steps the government is undertaking to ensure that Western Australians benefit from any outcomes of this research. We all like to see positive outcomes from research. We know there are risks involved in investing in research, but at some point there will be a medical breakthrough; we have had that in the past. The government is utilising the future fund for this research, and I think that is potentially a great use of the future fund if there is some return from it to continue funding research in the future, so that it becomes self-funding.

Mr R.H. Cook interjected.

Mr D.C. NALDER: Correct. One of my fears is that we are raiding the future fund to plough money into research. Previous governments, at both federal and state level and on both sides, have ploughed money into research, and there has been some fantastic research and fantastic outcomes. My plea to the government is to put processes in place to ensure that anything that comes out of this research will actually help to fund more research, that it is captured for Western Australia as a whole and that the Western Australian community receives the benefits of those outcomes. As I said, I fear that the risk is that that will translate to some pharmaceutical company in a far-off land getting the benefit of it financially into the future, and then the community here ultimately pays for it. This is a plea to see whether there is something on the back end to ensure that this is sustainable, but also, given the minister's experience and what he witnessed, as I did earlier this year in Israel, seeing what different economies are doing to better utilise private equity, capital and research and innovation to help grow an economy, I am making that plea to better protect our community going forward so that the benefits are captured here for Western Australians into the future.

They are the two issues that I would like to raise. I suppose there is a third one off those. If the Western Australian Future Fund is utilised in a way in which it is sustainable and can be recycled back into future innovation and research, there is an opportunity for future governments to broaden this and not be specifically focused around medical research. I would like to think that the governments of tomorrow will be thinking much more broadly about how we will support universities, start-ups and newer businesses being established in Western Australia that have come off the back end of some of the fantastic research work that goes on in Western Australia, such that we can create future jobs and future benefits for Western Australia.

They are the three elements that I am therefore raising. I will repeat them quickly. The first one is: why are we raiding the piggy bank at a time when billions of dollars are coming into the state in windfall revenue streams? As I said, \$814 million this year has come in from the GST fix, and it will be \$1.824 billion next year. I see that iron ore royalties are way above budget this year. In the first three months, there was around \$500 million of additional royalty revenue to the state. When I look at \$750 million that is currently unallocated from the sale of Landgate, I think there is an opportunity for this research to be funded and to not necessarily raid the future fund at this point. I look forward to that explanation and that back end so we can make sure that research is sustainable and can be

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potentially broadened, and there is a way of capturing the benefits of that research for all Western Australians into the future.

MR S.A. MILLMAN (Mount Lawley) [3.52 pm]: I also rise to make a brief contribution in support of this excellent bill, the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I note that it does the member for Dawesville no justice to cast aspersions on what the contributions might be from the government benches. Perhaps he could reserve his judgements until after he has heard those contributions before deciding what the —

Mr Z.R.F. Kirkup: History is usually a good indicator of future behaviour.

Mr S.A. MILLMAN: All I would say is that perhaps the member could reserve judgment on the quality of the contributions until after he has heard them.

Mr Z.R.F. Kirkup interjected.

Mr S.A. MILLMAN: Yes! In that case, let me say this: WA has a long and proud history in medical research. We have Australians of the Year, Fiona Stanley and Fiona Wood. We have Nobel laureates, Robin Warren and Barry Marshall. As the minister said in his second reading speech —

Research and innovation can improve health care through advancing medical and health knowledge, translating new treatments or techniques into practice, and developing innovative technologies. I am sure members will be familiar with the use of spray-on skin to treat burns, the benefits of folate supplementation to reduce the occurrence of birth defects, and the ability to treat stomach ulcers with antibiotics. These Western Australian-based discoveries would not exist without research and innovation, and tens of thousands of lives would be much poorer for it. It is possible that the next spray-on skin invention is just around the corner, but it will falter without access to funding, expertise or infrastructure.

It goes without saying that pioneering work in research, development, innovation and commercialisation delivers wonderful benefits into our already world-class health system. By strengthening our health system, we will pave the way to create more jobs in that system. Our health and caring sectors, as members know, are already our third largest employer in WA. Imagine the better, more highly skilled and more highly paid jobs of the future that can be unlocked through innovation in this crucial sector. As I have said on many occasions previously, the jobs of the future in the caring and health sectors are not those sorts of jobs that are susceptible to automation. These are jobs that cannot be done by robots.

Although there is a medical and social imperative to invest in our health research endeavours to discover the best treatments for our patients, this government is also faced with an economic imperative to diversify our economy. By investing meaningfully in health innovation and research, the McGowan government is once again demonstrating its commitment to WA jobs and to creating sustainable, meaningful, well-paid jobs in vital sectors. But our world-class health system will not be the only source of new employment opportunities. Our outstanding tertiary institutions will be called upon to participate in a collaborative effort. New lecturers, teachers and trainers will be required to deliver courses and classes in new and innovative techniques and treatments. Scholars and academics will continue their endeavours in the labs of our world-class research institutions. Our already highly regarded research capacity will be enhanced. In short, our world-class educational system will combine with our world-class health system to drive economic growth. I am incredibly confident in these projections because of two pre-existing attributes of WA: one, our entrepreneurial spirit; and, two, our demonstrated appetite for scientific inquiry.

I want to pause to reflect on a couple of entrepreneurs from my community—entrepreneurs like Irwin Stein. Irwin Stein came into my office recently and talked about a couple of fascinating and exciting ventures He brought in a sample of his smart nano body wash, which was incredible. It is a hospital-grade hygiene wash that thoroughly cleans and refreshes but uses barely any water. We also talked about his great community wellness platform, Uniper, which is focused on helping the elderly live more meaningful lives.

I also want to mention the terrific work of Brian Leedman, whose mum and dad are constituents of mine. Brian is a fantastic entrepreneur. He is a biotechnology entrepreneur who has founded four ASX-listed companies, including ResApp Health and NeuroScientific Biopharmaceuticals, and he was a former chairman of AusBiotech, WA, the industry biotechnology association for biotech companies in Australia. His company, NeuroScientific Biopharmaceuticals, is presently awaiting CE marking and Food and Drug Administration approvals following large clinical studies conducted at prestigious Australian and US hospitals. NeuroScientific is developing novel new treatments for neurological diseases, with a particular focus on dementia and back-of-the-eye degenerative diseases. This is another fantastic entrepreneur working in the biotech industry.

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Then we have the professional services jobs that are going to be created by this investment in health sector innovation. I want to talk about two fellow lawyers whom I met with and discussed this issue. I met Todd Shand and Penny Farbey, who are both intellectual property lawyers at Wrays Intellectual Property. These two people are passionate about their profession and about how we can set a regulatory regime to get the best out of the competitive tension in our pharmaceutical industry. They spoke to me about innovations like the informally named Hatch-Waxman act in the United States and Pharmac in New Zealand. If members were not aware, the Hatch-Waxman act was designed to encourage generic pharmaceutical makers to make applications for the registration of their patents in the market, so they were taking on the established pharmaceutical makers. The trouble was that there was no incentive for them to bring these applications to market because of the significant costs involved, particularly with litigation. Therefore, in 1984, the Hatch-Waxman act incentivised companies to file certifications, and then the first generic company that made its way onto the market was rewarded with 180 days of administrative exclusivity if its application was approved. So, a generic pharmaceutical manufacturer would come into the market and win a period of exclusivity, which would then drive down prices. This is the competitive tension in the pharmaceutical industry, aided and assisted by intellectual property lawyers who are prepared to conduct litigation, to make sure that prices for consumers are driven down.

If the federal government were to pursue an equivalent agency in Australia, it could be like the pharmaceutical management agency in New Zealand, which Penny and Todd told me about. Pharmac is a crown entity that decides on behalf of district health boards which medicines and pharmaceutical products are subsidised for use in the community and public hospitals. Bear in mind, members, that New Zealand is a very small market, so it is very difficult to get that competitive tension that would ordinarily drive down prices. If there is a common-user agreement or bulk purchaser like Pharmac that can go directly to the pharmaceutical companies and drive down the unit price, it will deliver a benefit to every consumer in that market. An article that refers to Pharmac states —

Pharmac has been hailed for its success in controlling New Zealand's expenditure on pharmaceuticals. A British Medical Journal article from 2010 cites Pharmac as the key reason for New Zealand's low pharmaceutical prices.

In addition to the entrepreneurial spirit that we have in Western Australia, we also have fantastic existing professional services that can develop and assist researchers and innovators in marketing and commercialising their intellectual property so that we can distil those benefits for the Western Australian community.

Members would be well aware of my passion for Royal Perth Hospital. It is a fantastic institution that is so important to the people in my electorate of Mount Lawley. I commend the wonderful work that Lyn Beazley is doing as chair of the Royal Perth Hospital Medical Research Foundation, ably assisted by the CEO, Jocelyn Young. I commend the medical professionals I met recently, including my good friend George Eskander, who is the new medical co-director at RPH. I congratulate him on his appointment. My constituent Dr Nicholas Pachter, who came and saw me the other week, is a clinical geneticist and director of the Genetic and Rare Diseases Network. I know that other members on the government benches will talk about the importance of genetics, genomics and phenomics in their meaningful and worthwhile contributions. I acknowledge my friend from university, with whom I was involved in the University of Western Australia Student Guild, Dr Michael Winlo, who is now the CEO of Linear Clinical Research Ltd, which is the clinical trials arm of the Harry Perkins Institute of Medical Research. Other members have already cited the institute as a beacon of the excellent medical research being conducted in Western Australia.

Finally, I have referred to the incredible standard of medical professionals we have in Western Australia and I must include the organisation Chemo@home, which I visited last year. For members who are not aware, Chemo@home is an innovative Western Australian health service provider run by Julie Adams and Lorna Cook. Julie ran a home chemotherapy service in the public sector for 12 years before establishing Chemo@home with Lorna Cook in 2013. The company's staff specialise in coordinating cancer therapies and treatments for chronic conditions. The approach reduces the risk of patients becoming febrile or developing infection. Less well established is the company's belief that patients have reduced nausea and vomiting, improved appetite, improved sleep patterns and reduced fatigue levels when treated at home. The company believes that home treatment may decrease the financial impact on patients and their families.

All of these propositions could be the subject of research fostered by the initiative carried in this legislation. The potential unleashed by this investment will not be confined to the few examples I have outlined; it will be spread amongst our whole community. In my own electorate of Mount Lawley, I am excited about the wonderful opportunities for increased academic and intellectual collaboration between North Metropolitan TAFE, Mt Lawley campus, which specialises in providing training in nursing and associated care industries, and the Edith Cowan University school of nursing. ECU is a wonderful institution. Cutting-edge medical research is commercialised into real-world application, supported by the necessary training packages and information to get it out onto the

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ward or into the GP surgery. That takes innovation out of the lab and into the surgery via the classroom or lecture theatre. At the end of the day, local GPs can use cutting-edge technology developed in WA.

This tale becomes even more important as GPs enhance their position playing a central role in our integrated health network. We can already see the manifestation of that in wonderful McGowan government policies such as urgent care clinics. I spoke before about jobs that cannot be automated. These jobs in the caring industry—in the medical and health professional industries—cannot be automated or sent offshore. These are good local jobs that will stay in Western Australia.

Many members opposite would have us believe that the role of government is to get out of the way. They are so terribly wrong. This bill does not introduce entrepreneurialism and innovation into our economy; we already have that. Rather, this bill is a clear and unequivocal sign that this government is working shoulder to shoulder with innovators, researchers and entrepreneurs. I have always maintained that the best form of government participation in an open market is driven by an activist state—that is, government support to diversify the economy and to create more sustainable jobs in a more sustainable domestic economy. Even those laissez faire free-market economists opposite cannot deny that proposition is a worthwhile objective. When WA Labor launched this policy in the lead-up to the 2017 state election, we cited the excellent example of Alberta in Canada. But, members, there is another shining example of an activist state intervening in the market to provide the ecosystem for innovation to flourish—that is, Israel. I travelled with the minister to Israel earlier this year and saw firsthand the extraordinary impact of proper, thoughtful and considered government intervention and participation. With incubators, accelerators, collaboration platforms, biolabs and so much more, Israel provides an excellent template for the way in which an activist government can create the ecosystem to allow innovation to flourish. For those acolytes of Milton Friedman opposite, I say this: now is not the time for the government to get out of the way. Now is the time for the government to roll up its sleeves and get in there and help. That is just what this government is doing and plans to keep doing.

Finally, this bill delivers on a WA Labor state election commitment. It is imperative to the transparency, accountability and credibility of our democratic institutions that we do what we say we will do. The people of WA are now beginning to see, after just 2.5 years in office, that the McGowan Labor government delivers on its election commitments. This bill in fulfilling an election commitment does precisely that and it is why I am so pleased to commend it to the house.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [4.06 pm]: I rise on behalf of the Nationals WA to contribute to this important debate on the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I want to go back a bit and talk about how and why the Western Australia Future Fund was created. For members who were not in the chamber at the time, of which there are many, there was quite a significant criticism of the previous Liberal–National government that we were not doing enough to create a legacy for future generations off the back of an unprecedented boom being experienced in the mining sector. We could argue the semantics of whether it was a “mining construction” boom or a “mining” boom, but everybody would agree that significant royalties were flowing into the state’s coffers, along with some very big changes that came with the expansion of the sector. Obviously, we see ongoing investment that is creating some wonderful opportunities in the mining sector, but the future fund was about setting aside some of that funding for future generations—recognising that at the time we had some significant challenges to meet. We had record numbers of people moving to the state. Almost the equivalent of the population of Tasmania was lobbying into Western Australia. Before the GST fix, all the GST was flowing to the eastern states and the state government had limited financial levers to pull to meet the infrastructure needs to accommodate that population. We had infrastructure spending in and around water, power and teachers and nurses. We were competing with the rates of pay in mining jobs to hold onto our public servants. That was the environment in 2012–13 when we were talking about the creation of this Western Australia Future Fund so that future governments would have an ongoing pool of money to call on to make sure we were never again in the position we found ourselves in in dealing with an extraordinary expansion of our state’s economy.

I go back to the then Treasurer’s remarks on 15 August 2012. The future fund was established with seed capital from royalties for regions. In 2012, it had been in place for nearly four years. The fund was created to reinvest royalties that were generated in the regions in the communities that assisted in the generation of those funds for the state. Although I accept that some of the predictions about what the total sum in that fund would be at the end of the period when it would be accessible are likely to have changed, given the ups and downs of royalties, I think it is worth going back and having a look at what the then Treasurer predicted at the time. He said —

The future fund will be established with seed capital from the royalties for regions fund, totalling an estimated \$1.04 billion over the period 2012–13 to 2015–16. From 2016–17 onwards, the future fund will be credited each and every year with a minimum one per cent of the state’s annual royalty income ... Earnings on the future fund balance will be retained and reinvested in the future fund over the first 20 years

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of its operation—that is, to 30 June 2032. During this 20-year accumulation period, drawdowns from the future fund are prohibited. The balance of the future fund at 30 June 2032, indicatively estimated at around \$4.7 billion, will be maintained in perpetuity. The income earned on the balance of the future fund after 30 June 2032, indicatively estimated at around \$230 million per annum, may be applied for the purpose of providing public works and other public infrastructure in the metropolitan and regional areas of Western Australia.

He referred to potentially applying those earnings “to industrial infrastructure, technology infrastructure, science and education infrastructure, health or research infrastructure—whatever is in the best interests of the state at the time.” It would be up to the future Treasurer and Minister for Regional Development, given the genesis of the future fund, to decide where those moneys would be spent. Because there was such criticism at the time, this was the centrepiece of that state budget—that we were going to put away some of the earnings for future generations to make sure that they understood that we had gone through an unprecedented period and that we were thinking about them during that period, so that future generations would be able to benefit from that.

It has been mentioned that at the time, the Labor Party, although it supported the concept, did not speak kindly of it; in fact, members of the Labor Party railed against it in all of their second reading contributions. The Treasurer, the member for Victoria Park, was particularly critical and the Deputy Premier was very derisive of the intent of the future fund. However, as has been pointed out by previous speakers, the government is now very excited to commandeer those funds for its own purposes. In fact, it brazenly said that in the second reading speech: “Aren’t we lucky; we can use this for our own purposes!” It should not be surprising to us that this is how it has come about. The Labor Party has a bit of form on this. I go back to when we were negotiating at a federal level the sale of Telstra and the ongoing benefits for regional Western Australians, who were very concerned about access to future funding to make sure that they were looked after by future governments with telecommunications infrastructure investment. The National Party at the time negotiated \$2 billion to go into the future fund that was created by the Howard government specifically for expenditure on regional telecommunications. Then the opposition leader at the time, Kevin Rudd, said, “We’ll be having that, thanks very much”, far earlier than the fund was going to come to maturity, and certainly not for the purposes for which it was intended. At the time, Peter Costello, who had a very nice turn of phrase and was a relatively entertaining individual, made comments in the house along the same lines that I have just outlined; that is, it is a raid on our future generations. On Kevin Rudd’s intent to put his hands into the future fund that had been created at a federal level, Peter Costello said that every raid on that future fund steals from future Australian generations. He said —

The Coalition is the party that has the long-term vision to face up to Australia’s greatest economic challenges. The Labor Party, like bears to a honey pot, Mr Speaker, have got their paws into this and once they’ve developed a taste for that honey there will be no going back.

Peter Costello went on to say that they were tomb raiders, stealing from future generations and digging into something that had been set aside for the future. I can imagine that although state Labor Party members vehemently opposed this in Parliament, their eyes were probably lighting up: “Well, here’s an opportunity for us to fund some of our future commitments going into the next election.” No doubt, they had no intention of letting the future fund come to its full value and using it for the purposes laid out in the legislation, despite having voted for it, I might add. Five years later, we are having a debate about something that they agreed with back then, at least when it was time to vote. From our perspective, that is very disappointing. Although we think that it is very noble to put funding towards research for health and medical purposes—I do not think any member of this house would disagree that that is an unworthy fund for a government to create—I pick up on comments that have been made previously that the government could do this anyway. Certainly, we have done our own assessments on this. It does not need to raid the future fund to achieve the outcome that it is trying to achieve. Turning to the government’s 2018–19 *Annual Report on State Finances*, the first highlight on page 1 of that document states —

- A general government sector operating surplus of \$1.3 billion was recorded for 2018–19. This:
 - is \$851 million higher than the estimated surplus of \$466 million ...

We see from the government’s own documents that a surplus has been achieved, and it has certainly not held back on announcing unbudgeted spends in the last couple of months on hospital maintenance and school maintenance, the \$11.2 million in funding that was announced today by the Minister for Health to combat violence in our hospitals and the \$53.5 million for the lower fees, local skills policy. This is about priorities. If this was an election commitment, this amount should have come before those commitments. The government could have done that without raiding the future fund, leaving it for our future generations.

Minister for Health, we have some concerns about how this future fund is being repurposed—not about where it is going, which is admirable. But we think the government can do that without having to take the money from the

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future fund. We will consider supporting the bill if some of our amendments are considered. I will foreshadow some of the amendments in a moment. Our proposed amendments go to the point that because this future fund was created by royalties for regions—from funds that were designated for regional Western Australians—we think it is not unreasonable to embed in this legislation that funding and research innovation is to be directed and dedicated towards solving some of those really complex issues that the shadow Minister for Health has already highlighted. To that end, I would like to go through some of those reasons.

We have spent a lot of time in this house talking about regional health challenges and concerns. We do not need to go any further than the WA Country Health Service's annual report to see some of the concerns that it raises about the very poor health outcomes of regional communities. I turn to tab 5 of the annual report titled "Significant Issues" and the section titled "Addressing disadvantage and inequity". The report states —

Life expectancy for Western Australia's country people is around two years lower than for WA's metropolitan people, but in remote and very remote communities across Australia the mortality rate is 30% higher than in our cities. Life expectancy is also much lower for Western Australia's Aboriginal peoples and people suffering from chronic and persistent mental health conditions.

The burden of disease is higher in people living in socio-economically disadvantaged areas.

The report goes on to state that there is a very high percentage of those. In fact, Nationals WA members know that the areas that we represent, which are regional areas, are typically some of the lowest socioeconomic areas in the state, notwithstanding some pockets around the state.

The WA Country Health Service recognised that it has needed to develop and innovate. It was certainly given that opportunity under the previous Liberal–National government, with a huge injection of funds to innovate the delivery of services into regional WA. We looked at things such as telehealth, the expansion of infrastructure and technology, and partnering with other research organisations to look at how we might improve some of these outcomes. Some of the key facts listed in WACHS' annual report around its health profile for its patients are very challenging. It states —

- 41 per cent of WACHS residents (217,491 people), live in areas classed as the two (of five) most disadvantaged types of localities in Australia, compared with seven per cent of metropolitan residents.
- All Kimberley residents ... live in areas of highest disadvantage. In the Midwest 86 per cent ... of the region's population live in the two most disadvantaged areas.
- ...
- The data demonstrates that the health of country people is significantly poorer than the health of metropolitan people.

Mr P.C. Tinley: It's lucky we're doing health research. We're lucky the Minister for Health is onto it, working in the electorate you are talking about.

Ms M.J. DAVIES: That is right. I am saying that the government's own documentation highlights some significant issues in regional Western Australia. From that perspective, when the minister talks about creating a fund that looks at innovation of services and research, we think that we should apply some of the funding that has been taken or repurposed from the future fund to make sure that we can address some of these serious concerns.

We are putting forward a minimum amount, not a maximum amount, because we think that if anybody with a reasonable assessment of some of our raised concerns looks at this analytically, they will say that a great percentage of those funds should be directed towards trying to overcome some of these challenges. The report continues —

- WACHS residents are more likely than the metropolitan residents to have potentially preventable hospitalisations ... (1.2 times the State rate), suffer an avoidable death (1.3 times the State rate) and have reduced cancer survival rates in remote areas (up to 1.7 times greater than Perth residents).

We can almost treble or quadruple that for our Aboriginal population. These are some very distressing statistics. The report makes great note of Kimberley residents who have the greatest health needs for both the whole population and the Aboriginal population. The region also has one of fastest growing older populations. As the member for Central Wheatbelt, it is very concerning to me that wheatbelt and Kimberley residents have the highest rates of avoidable deaths for external causes of morbidity and mortality, and goldfields and wheatbelt residents have 1.5 times more alcohol related deaths compared with the WA state rate. The wheatbelt is shown as having a very high percentage of motor vehicle accidents. When it comes to dental and oral health, there is a 2.8 times higher admission rate for a dental condition in Aboriginal children compared with non-Aboriginal children. They cannot

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get access to a dentist or an affordable dentist, and it is the cause of so many of our ongoing or chronic disease concerns in regional Western Australia. Just being able to access those health services is a concern.

Research published on 19 April 2009, titled “Aeromedical Retrievals of People for Mental Health Care and the Low Level of Clinical Support in Rural and Remote Australia” shows some concerning outcomes. It states —

Rates of suicide and of mental health problems are higher in rural and remote regions than in metropolitan areas of Australia. The misuse of ... drugs, including amphetamine and methamphetamine, is also widespread ... and a disproportionate number of hospital presentations related to amphetamine-type stimulants ...

[Member’s time extended.]

Ms M.J. DAVIES: It is quite a detailed report that shows that during the time of the assessment, the Royal Flying Doctor Service retrieved more than 2 000 patients for treatment of mental and behavioural disorders. A person from regional Western Australia who is retrieved for a mental or behavioural disorder and is suffering an acute presentation is more than likely to be sedated, catheterised and accompanied by a police officer and a medical professional plus the RFDS professionals. That is an extraordinary use of resources. Although we are grateful every day of the week that the RFDS exists, we have to do better in delivering mental health services into our regional remote areas. We think that these types of reports go to the fact that we need to direct specific amounts of funding, or quarantine funding, into trying to innovate and research better outcomes to address some of these concerns. In addition to an Australian government report that was updated on 22 October, these reports also show similarly shocking statistics that our health outcomes in regional and remote areas are far greater than the metropolitan areas. There is a desire for us to look for solutions through innovation, technology and research and make sure we have people who, as the shadow minister stated, are living in these regions to be contributing to this research. This is job creation, decentralisation and making sure that we all do not end up talking about the problem from a very remote location in Perth.

From our perspective in the Nationals WA, we are very keen to see the government support our amendments to allocate a minimum amount, at least 25 per cent of the forecast expenditure from the future health and research innovation account, into research and innovation of regional health services to benefit regional Western Australia. That goes towards the fact that royalties for regions was based around 25 per cent of royalties collected to go back to regional Western Australia, from whence it was collected, and that about 25 per cent of the population, give or take, lives outside the metropolitan area. We do not think it is a big ask; we do not think we are overreaching. We think it goes further than the minister outlined in his second reading speech, when he acknowledged through the advisory group that there will be someone with regional and Aboriginal expertise. I understand that. We want to do more than have it acknowledged; we want to see it embedded in the legislation so that if we are to support the repurposing of something that we do not particularly agree with, we can be sure that it guarantees some serious benefits locked in for future generations of regional Western Australians.

We have a number of amendments that will make sure that the regions are defined appropriately in the bill in and around the Regional Development Commissions Act 1993, and that the principles of the bill advance health outcomes for regional Western Australia. But the primary amendment that I foreshadow will make sure that at least 25 per cent of that forecast expenditure into the account will be allocated to research and innovation of regional health services to benefit regional Western Australians. We will listen with interest as we go through this bill and will be participating at the consideration in detail stage. As previous speakers have said, we think it is very important legislation. We are talking about something that we absolutely agree with, but we also think there is a bit of cost shifting going on, whereby funding coming out of the Department of Health will be shifted across or into this repurposed future fund. I suspect that that is something to do with being able to pay for the palliative care promises that were made as part of the government’s voluntary assisted dying commitment and to free up funds within the Department of Health. Regardless of whether that is true, the government has the ability to fund this in perpetuity, without the future fund, given the state of its finances. If we look at the government’s *Annual Report on State Finances*, we can see that with a surplus of \$851 million, which is more than the estimated surplus of \$466 million in the 2019–20 budget, we do not see any necessity to go anywhere near the future fund. It could be left for future generations and certainly for the purposes that it was created in 2012, when we debated how to make sure that there was a legacy for future generations out of an exceptional and probably once-in-a-lifetime moment in our state’s history, when there was an inordinate amount of activity in the mining sector and we needed to make sure that we never found ourselves—in the government that we were in—in the position of having to struggle to meet the infrastructure needs for a state as vast as WA. The opposition of the day agreed with that; it voted for it at the very least. Although the opposition said that it did not agree with it while it debated the legislation, it voted for it at the end of the day. Looking back with 20–20 hindsight, it was probably more that the opposition could see an opportunity to grasp a chunk of money to fund some of its commitments.

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However, this is about priorities for us. If this is a priority, it is a priority in advance of the announcements we have heard about investment in school maintenance and health maintenance and the initiative the health minister announced today around violence in hospitals because it is an election commitment. The government has shown that it is willing to make commitments off budget, so it certainly could have done the research contribution off budget as well, given the finances allow it to make all these other announcements. I understand that part of the argument is to give an ongoing commitment to assist in delivering certainty to the sector and to form long-term partnerships. However, I do not think that overcomes the fact that it is going against something that five years ago everyone agreed with and that it was created for a purpose quite different from the purpose we are seeking to use it for now.

We will put forward those amendments during consideration in detail. We have outlined that there is significant concern from a regional perspective about the health outcomes we are experiencing, which certainly have been raised again and again in this house by us on this side. We would very much like the minister to consider them. We, of course, understand that the government can get an absolute majority to pass the legislation in this house. I wonder what will happen when the bill goes to the other house, where the debate will be slightly more complex and where there might be some sympathy for the amendments we will move. It behoves the minister to at least consider them. I do not think they are unreasonable, so I look forward to the minister's response to where the National Party would like to land with this legislation.

DR A.D. BUTI (Armadale) [4.32 pm]: I also rise to contribute to the debate on the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I thank the Leader of the Nationals WA for her contribution. I found it really interesting. Of course, she has a great passion for the country and for the people who live in country regions. Yes, obviously, there are some major health issues pertaining to people who live in the regions, particularly in remote regions. There is often a tendency of the Leader of the Nationals WA's colleagues who sit next to her to divide the city and the country. The Leader of the Nationals WA refers to the city as one homogenous body and the country as one homogenous body. As she knows, that is not true. As the member for Warren-Blackwood will know, the concerns of the people in the Margaret River region would be very different from those of the people in the remote communities of the Kimberley. The concerns of people living in Peppermint Grove would be very different from the concerns of people living in suburbs in the Armadale region. There will be statistics on outcomes for certain areas of Armadale and even Dawesville and Mandurah that would probably be very similar to those in some of the remote areas of Western Australia. We need to be careful when we give a simplistic view of country versus city and argue that therefore the country region is much worse off than the city as a whole.

Obviously, there can be a danger trying to quarantine X amount of money to be spent on research for just the regions because a lot of research will cross over and we would need a comparative study between the regions and the city. It is a bit simplistic. It would be restrictive in the scientific pursuit by our scientists and health professionals to have to quarantine a certain amount of funding purely for research in a particular region. If we are going to do that, X amount of funding also should be quarantined for certain metropolitan areas.

It was interesting to hear the Leader of the Nationals WA talk about the need for this government to spend X, Y and Z on mental health in the regions. She talked about when the WA Future Fund was established—I will go back to that shortly—when there was an incredible mining boom and the funds were available. During the eight and a half years of government, why did the Liberal-National government not spend an increased amount of money to try to fix the health issues in the country?

Ms M.J. Davies: We did. Goodness me!

Dr A.D. BUTI: In what way?

Ms M.J. Davies: With the Southern Inland Health Initiative, the North West Health Initiative and on nearly every regional hospital.

Dr A.D. BUTI: What did they actually do?

Ms M.J. Davies: What did they actually do?

Dr A.D. BUTI: Yes.

Ms M.J. Davies: If we had not spent anything —

Dr A.D. BUTI: What benefit did they have?

Ms M.J. Davies: Talk to the workforce out there—far easier to attract doctors, nurses, telehealth.

Dr A.D. BUTI: You just said that there was a major problem in the country areas.

Ms M.J. Davies: It's not just me. It's an ongoing and challenging area.

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Dr A.D. BUTI: Maybe if there had not been so much money spent on swimming pools and buildings that the local government authorities in the regions cannot service now, there would not be such a problem.

Let us now get back to the establishment of the future fund.

Ms M.J. Davies interjected.

Dr A.D. BUTI: I did not interrupt the Leader of the Nationals WA.

Ms M.J. Davies: Undermining what we put forward.

Dr A.D. BUTI: I am not undermining; I am presenting a different point of view.

Ms M.J. Davies interjected.

Dr A.D. BUTI: They can be.

Let us move on to the motivation for the establishment of this future health research and innovation fund. I want to refer to a report in a newspaper article headed “WA Treasurer’s future fund clouded by emails” reported in PerthNow on 22 May 2012. I think it is important to read the totality of this article. It states —

AN investment firm suggested to Treasurer Christian Porter that a future fund might “make sense” to divert attention away from the state’s increasing debt, an email exchange reveals.

In claiming credit for the idea of a future fund—the centrepiece of last week’s State Budget—the firm, Gresham Investment House, argues that it should act as an advisor on the multibillion-dollar fund.

Mr Porter announced last week that he would establish a so-called future fund that would see an estimated \$4.7 billion accumulate over 20 years for future generations of West Australians to spend.

The future fund would be created by \$1 billion in seed capital between now and 2015–16—money that would not be spent as part of the Royalties for Regions Fund.

Labor treasury spokesman Ben Wyatt released a series of emails today between Mr Porter and an unnamed Gresham employee that he obtained using Freedom of Information.

The emails suggest that Mr Porter might have discussed the idea of creating a State Sovereign Wealth Fund, which is another name for a future fund, at least one year before announcing the project as part of last week’s Budget.

In one email, dated Thursday, February 24 2011, the Gresham employee writes to Mr Porter saying: “The purpose of the short note is to gauge from you whether there might be a political will for a SSWF (State Sovereign Wealth Fund) in WA”.

“There is a chance for national thought leadership here which might be attractive,” the employee writes. “Also, I know you are being lined up for a debate on the State debt and an SSWF if it made sense might re-orient the debate a little.”

Leader of the Nationals WA, I am not so sure that the rationale and motivation behind the establishment of this future fund is all pure because, as we know, these email exchanges between an employee of Gresham Investment House and then Treasurer, Christian Porter, deliberately state that this might prove a diversion from the mounting state debt. Let us just be careful here. The article states further —

Another email sent at 9.06am on Wednesday, February 22, 2012, from Gresham to Mr Porter states: “Hi Christian—So I’m going to claim to all and sundry that this was my idea: ... Seriously though, as you know I have some ideas as to how a SSWF should be standing and run. I would like to present a case for Gresham to act as independent counsel to the State Government on the establishment of the fund.”

Mr Porter replies at 12.32pm the same day: “(Redacted) this is my private email let’s get together in about two weeks times so I can get some view from you. Fund-CCP”.

In releasing the email today, Mr Wyatt today said: “I am not making any allegations. I am raising some issues that I have some concerns with regarding this email exchange, and I am giving the treasurer the opportunity to hopefully clarify issues.”

“This email exchange highlights the fact that Gresham claims ownership for the idea for the future fund,” ... Gresham suggests to the treasurer that a Future Fund may be a good idea to distract from rising state debt.

Did the former government need a distraction! It definitely needed a distraction from the rising state debt for the next five or six years leading up to the 2017 state election. It continues —

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“Gresham seeks to obtain some fees as a result of potentially providing advice to the treasurer and the State Government. Further, it appears that emails outside the normal processes of government ... are being used and it seems to me the treasurer has a number of questions to answer.

We know that maybe one of the rationales behind the establishment of the future fund was to provide a distraction from the mounting state debt, which showed how inept the Liberal–National government of the time was in managing the state’s finances.

It is interesting to look at the Western Australian Future Fund Bill and the matter of manner and form. Back in 2012, the now Treasurer and I wrote an article for *Brief*, which is a journal for the legal profession of Western Australia. The article is headed, “Entrenchment of the Future Fund Bill: A Matter of Manner and Form”. The article commences —

In September the Western Australia Future Fund Bill 2012 ... was introduced into State Parliament. The Bill establishes a “future fund” in which earnings on the fund are to be retained and reinvested in the fund over the first 20 years of the fund’s operation. Clause 5(2) of the Bill stipulates: “The Future Fund is taken to have been determined by the Treasurer to be a Treasurer’s special purpose account under the Financial Management Act 2006 section 10(e).”

In the article, we do not go into the economic and political arguments for or against a future fund. The article deals with the manner and form provisions.

The article states also —

Clause 10 of the Bill attempts to entrench clauses 6, 7, 8, 9 and of the Bill. These clauses are the operative parts of the Bill and by applying the manner and form provision to itself, it is attempting, effectively, to double entrench the manner and form requirement.

The manner and form provision (clause 10) requires that any Bill:

To repeal or amend the relevant sections must not be presented for assent by or in the name of the Queen during the accumulation period unless the second and third readings of the Bill have been passed with the concurrence of an absolute majority of the whole of the members for the time being of the Legislative Council and Legislative Assembly respectively.

[Quorum formed.]

Dr A.D. BUTI: The article continues —

During the second reading debate, in response to doubts raised about the binding effect of clause 10, the Treasurer advised that he had sought advice from the Solicitor-General of Western Australia in relation to the clause.

The Treasurer at the time was Hon Troy Buswell—“the Kamikaze Kid”.

Several members interjected.

Dr A.D. BUTI: I can tell members opposite that they could use Troy on their side now. They would love to have him over there at the moment.

The then Treasurer sought advice from the then Solicitor-General. The Treasurer would not give us the whole of that advice; he read out only the part that he wanted to. The advice that he read out was as follows —

*In my opinion, an attempt in the future to repeal or amend sections 6, 7, 8, 9 or 10 itself of the **Western Australian Future Fund Act** would be a law ‘respecting the powers or procedures ... of the State Parliament,’ within the meaning of s6 of the **Australia Act** and thereby be required, by reason of s6 of the **Australia Act**, to comply with the manner and form prescription of s10 of the **Western Australian Future Fund Act**.*

The article continues —

The Treasurer also read into *Hansard* other comments from the Solicitor-General; summarising what he believes would be the view of Professor Anne Twomey of the University of Sydney:

*The intent of the **Colonial Laws Validity Act 1865** of the **Australia Act 1986** was not to extend powers to the States such that any law could be entrenched, which is evidenced by the fact that the term ‘constitutes, powers and procedures of the Parliament’ qualifies the manner and form power enacted under the relevant sections.*

State Parliaments generally have much greater scope and flexibility than the federal Parliament with regard to enacting legislation. As we know, the Commonwealth Constitution places greater restrictions on the commonwealth

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Parliament than the plenary powers that are given to state Parliaments. There are obviously some restrictions. One is that as a result of section 109 of the Australian Constitution, if there are any inconsistent laws between the states and the commonwealth, the commonwealth will overrule the states to the extent of the inconsistency. Therefore, there are some limitations.

I come back to the manner and form provisions. Professor Twomey stated in one of her articles that there seems to have been a tendency for a greater number of manner and form entrenchments to have been passed by state constitutions over the last three or four years. That was in the early part of the century. When it comes to manner and form provisions and the ability of one state Parliament to restrict the ability of a future state Parliament to enact laws, we need to be very careful.

It is interesting that with regard to what can be part of a manner and form procedure, the then Treasurer referred to the advice of the Solicitor-General, which countered the view of Professor Twomey as follows —

Professor Twomey pays insufficient regard to an important decision of the High Court which touches on these matters; *Attorney-General (NSW) v Trethowan [1931]*:

- his Honour's conclusion that a Bill that imposes a manner and form requirement is one "respecting the powers and procedures" of Parliament;
- ... implications of widespread exercise that Parliaments do not as a matter of course entrench "every day" statutory provisions, This is not a question, however, of power or validity or efficacy but of inclination and good sense; and
- thirdly, and most importantly, the express terms of the provision, understood having regard to the Australian constitutional tradition, are contrary to Professor Twomey's assertion ... the Parliament in enacting the manner and form requirement, has sought to affect its power and modify its procedure; this is what a manner and form requirement is.

Manner and form provisions in legislation are supposed to be restricted to constitutional issues. The article then refers to the case of *Attorney-General (WA) v Marquet* and states —

In *Marquet*, the majority, comprising Gleeson CJ, Gummow, Hayne and Heydon JJ, introduced a new element to the meaning of "constitution" by relating it to "features which go to give [the Parliament] and its Houses, a representative character".

[Member's time extended.]

Dr A.D. BUTI: It continues —

Their Honours noted that:

On its face, the expression 'constitution, powers or procedure' of a legislature describes a field which is larger than that identified as 'the constitution' of a legislature ... it is not necessary or appropriate to explore what is encompassed by the reference in S6 of the Australia Act to 'powers and procedure' of a legislature, whether in relation to the ability of a legislature to entrench legislation about any subject or otherwise. It is enough to focus on the expression the 'constitution' of the Parliament.

The Western Australian Future Fund Act dealt with the finances and the economy of the state. It did not deal with the Constitution or the powers and procedure of Parliament. Therefore, it is very questionable whether the manner and form provision in the future fund act binds this Parliament to that manner and form provision to amend the act. We are not going to challenge that manner and form provision with regard to the majority that is required, but the question has to be asked whether the previous government, when it enacted the future fund act and put the manner and form provision in section 10, restricted this Parliament in amending the future fund act. I raise that issue, but I know that we are going to seek to have the majority we need to pass this legislation. The then Treasurer was never able to provide an adequate answer to the question we raised about whether the manner and form provision was required.

I will get to the substance and merits of the future health research and innovation fund. I have a report from the Australian Medical Association titled "Business Case for WA Health and Medical Research Funding" from May 2012, and not a lot has changed since then. It is interesting to read through this report because in his second reading speech, the Deputy Premier; Minister for Health stated —

Sustained investment is now required to realise the benefits of research and innovation, some of which may take many years to materialise. We are talking about the need for a sustainable transformation of research and innovation in Western Australia. We cannot rely on others to do this for us. Western Australia's share of funding from the National Health and Medical Research Council, the major funder of research in this

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country, is well below what could be expected on a population basis. Further, we are yet to see significant funding from the Australian government's Medical Research Future Fund flowing into Western Australia.

In comparison with Western Australia, other Australian jurisdictions perform better in competing for limited Australian government funding.

That is corroborated by this report from the Australian Medical Association, which compares the funding we received from the National Health and Medical Research Council. Having been an academic in two universities in Western Australia for a number of years, it is quite clear that Western Australian universities do not receive the amount of funding per population that is received by universities in the eastern states. Part of the problem is that the majority of the assessors, who are fellow academics, are from over east. If you are an academic from Western Australia, one thing you will notice is that you are out of the loop of Sydney, Melbourne, Canberra and Brisbane in regards to academic connections. That puts us at a significant disadvantage. Therefore, it is a lot harder for us to attract funding in a very competitive funding situation. It is very competitive. Trying to attain funding from the National Health and Medical Research Council or the Australian Research Council is incredibly difficult. It is much more difficult for those in Western Australia. I have been through the process of applying, not to the National Health and Medical Research Council, but to the Australian Research Council for funding, and it is really, really difficult. The amount of time that academics have to spend on the grant application is enormous. I hope that the process to obtain funding under this program will not be as laborious and time-consuming as is required to get funding under the National Health and Medical Research Council. What ends up happening is that very qualified scientists—usually young scientists—have to spend a large part of their time writing research applications rather than doing the research that their skills would allow them to do. If they have to spend time writing up applications, it is not as productive as if they were doing the actual base or pure research that is needed. We all know that the benefits to our community from appropriate research in the health and medical field will benefit our society for many years to come.

The Leader of the Nationals WA mentioned the need for increased health research funding for the regions. That is true, but it is needed for all Western Australians. It is not just a special case for the regions. As I said, certain regions in the metropolitan area have health statistics that would not be unlike certain areas in the regions. We should try to get away from this divide. The member for Warren–Blackwood is always going on about this divide between us and them. We do not want that divide. He is the one that brings in the divide.

Mr D.T. Redman: You need to acknowledge the challenge —

Dr A.D. BUTI: Does the member ever talk about the challenges of those in the outer regions of the urban area? No, he does not. He never does that. We talk about the country and we talk about the city. The Nationals WA is the greatest sectarian party in Australia. All its members care about are the people who live over the other side of the divide that they talk about. We care about them. We govern for all Western Australians. We are not going to take any more crap from you, because you are the one who always seeks to divide us. We do not want to divide.

Withdrawal of Remark

Mr Z.R.F. KIRKUP: I believe the member for Armadale, in his passion, made an unparliamentary remark and I ask him to withdraw.

The ACTING SPEAKER (Ms S.E. Winton): I think that might be the case. Could you please withdraw?

Dr A.D. BUTI: I did not refer to anyone, but I will withdraw. Is “crap” an unparliamentary term?

The ACTING SPEAKER: I would like you to withdraw.

Dr A.D. BUTI: Okay. I withdraw it.

The ACTING SPEAKER: Thank you, member for Armadale.

Debate Resumed

Dr A.D. BUTI: We acknowledge that there are some incredibly important issues in the regions, especially in the health area. There is no doubt about that, but there are also issues in certain pockets of the urban area. A lot of the research will flow over either way. Some research that is particular to the regions will have a flow-over effect on the metropolitan area and vice versa. To try to put in an artificial quota of funding that has to be spent in the regions is misplaced.

Naturally, there will be researchers who will concentrate on the regions. If the member had spent time at a university, he would know that there are many university research projects that are based on the regions.

Mr D.T. Punch: They're passionate about the regions.

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Dr A.D. BUTI: They are very passionate.

Mr P.C. Tinley: We're the biggest party in the regions.

Dr A.D. BUTI: Yes. The Labor Party is the biggest party in the regions, so of course we are concerned about people in the regions. Let us try to work together. This is a very worthwhile bill that tries to increase the funding pool for health research and innovation. It is very important and will be of great economic benefit to Western Australia and, even more importantly, it will benefit the health of our residents. Whether people are in the country or in the city, everyone will benefit from this fund. As I said, to try to put in an artificial quota of 25 per cent—I think that is what the member said, because that is what was used for royalties for regions—is very misplaced. There will be sufficient ability for researchers who have a particular interest in remote health to come up with great projects that will receive funding under the scheme, as there will be in urban areas.

To summarise, I appreciated and agreed with much of what the Leader of the National Party said, but I think we need to be careful to stop trying to divide the city and the country by saying that the city is always better off than country areas. Member for Warren–Blackwood, there will be certain parts of Margaret River that are much better off than certain areas of the metropolitan region—very much so. Let us be careful about going down that road.

Ms J.M. Freeman: Come to Mirrabooka!

Dr A.D. BUTI: Mirrabooka and certain parts of the south-east metropolitan area—but we do not want to start to stigmatising certain areas.

The Leader of the Nationals WA also mentioned the rationale for the setting up of the future fund. As we know, one of the reasons was to divert attention from the debt issue the former government had to deal with. The email exchanges between the then Treasurer, Christian Porter, and Gresham show that it was not properly thought out because the previous government never thought about the future. The former Premier did not believe in the forward estimates, and that was only three or four years of forward estimates. The future fund was just a thought bubble of the former Treasurer before he went off to Canberra. He was followed by a Treasurer who brought in a bill that had this manner and form provision that I do not think actually holds up to scrutiny, but obviously we are not going to challenge that. This bill should be passed. If the Nationals WA's amendments are not passed, it would be a shame for this bill to not pass through the other place as a result; it would be an absolute shame. This is very good legislation and it is something that is very important. I can tell members that the scientists out there, particularly the young scientists, will have a reason to stay in Western Australia rather than drifting to the eastern states or overseas, if we can provide a better source of funding, because it is very hard for many of them to access funding under the National Health and Medical Research Council. Thank you.

MS J.M. FREEMAN (Mirrabooka) [5.01 pm]: I also rise to speak to the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I acknowledge and congratulate the Minister for Health and the government for repurposing the future fund. I was in this place during debate on the future fund legislation, and it was clear that it was a conjuring act by the previous government to say, "Look over here, don't look at our debt; don't look at what we're doing." It would be worth the while of new members of the current opposition to look up the debate from the then Labor opposition on that legislation, particularly the contributions by the current Treasurer. It really was revealing of the purpose of the future fund. Repurposing the future fund to give it a fit and considered place in our state budget to provide a secure, long-term source of funding and to support medical research, health innovation and commercialisation activities is to be welcomed. I know it will be a great legacy of this WA Labor government.

I particularly want to acknowledge the contribution the fund will make towards employment. Many members in this place know that I have an active interest in employment, given that I represent an area with one of the highest rates of unemployment. Medical health research has a great knock-on effect. We do not just have the whizzy-dizzy machines that go "Ping"! I think that is a *Monty Python*-ism, is it not? I do not think they said "Whizzy-dizzy", though, they just called it "the machine that goes 'Ping'"!

Mr R.H. Cook interjected.

Ms J.M. FREEMAN: Yes! There is also all the employment around that.

About a year ago, I met with an old school friend of mine, Tony Macintyre, at Admedus, which is a medical technology company that produces skin for hearts. It is a structural heart company that develops, commercialises and distributes next-generation medical technologies and devices. It adapts the tissue and then treats it to remove any RNA and DNA, leaving behind a raw collagen bio-scaffold. It takes the bio-scaffold and cross-links it to make sure it is durable and can be used in high-pressure environments within the body. The bio-scaffold is cut to size,

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depending on product requirements, and is detoxified to ensure it is safe and can enable a reparative healing environment. It is then packaged and shipped worldwide to be used.

I visited this medical technology company and it was the cleanest place I have ever been. To carry out such high-level technological procedures on tissue, there clearly has to be a safe and sterile clinical setting. There were very high-level, smart medical technologists and university-qualified people working in this business, and also all the people, including cleaners, who maintain sterility standards to ensure that this product can be sent all over the world. They make sure that the technology is safe to be shipped all over the world. For me, this fund is not just about high-end medical research and technology; it is about all the other things that go around that to make sure we are at the forefront of enabling all levels of employment in our community so that these sorts of businesses can deliver. I really welcome that.

Anglicare recently put out a report that showed a reduction in low-skilled and semi-skilled entry-level employment. This morning I attended an event called “Insights into Action” by WA Social Research Network and opened it on behalf of the Premier. I could not stay for long because I had to come to Parliament, but I had a chat with Paul Flatau, a researcher from the University of Western Australia. We were talking about employment and unemployment, because that is an area on which he does a lot of research, and he talked about our high level of youth unemployment in Western Australia.

I really want to commend the WA Labor government for seeing this as not just an area of health, but also as an area of wellbeing for our whole community. A really important part of our wellbeing is employment. I used to argue strongly with the previous Minister for Health that unemployment should be considered a health issue. I have not had that argument with the current minister, but I am sure I may do at some stage in the future.

I turn now to the federal government’s “Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015”, and the summary from 2015 to 2019. It states —

Australians suffered more burden from living with illness (50.4% of total burden) than from premature death (49.6%)

We have debated voluntary assisted dying in this place, and the whole issue of premature death from incurable diseases is really important to us. It is very core to giving people control over their health.

A greater proportion in our community—a much larger proportion of it—are living with ongoing illness. We need to make sure that their lives, as they cope with their illnesses, are the best that they possibly can be, and that can be assisted through good medical research. Due to the modifiable risk factors, which are included in the “Australian Burden of Disease Study”, thirty eight per cent of those illnesses are preventable. The risk factors that contribute the most burden are tobacco use, being overweight or obese, and dietary risks. Additionally, the rate of disease burden is experienced in the lowest socioeconomic group, which is 1.5 times greater than those in a higher socioeconomic group. This is an issue of fairness and equity. We should be talking about this issue in our communities, because the issue of preventable diseases and illnesses is about what is fair in our community.

I absolutely commend the objectives of the bill, which are to improve the financial sustainability of our health system. I believe that can be done if we look at the preventability aspect of the burden of disease to improve the health and wellbeing of Western Australians. That is only fair, given that the lowest socioeconomic group experiences the burden of disease at a rate 1.5 times greater than that of those in higher socioeconomic groups. Another objective of the bill is to improve our state’s economic prosperity, which can be the case only when we address preventive health. Clearly, the bill will also advance Western Australia as a medical, health research and innovation state. I note the minister’s ongoing concern about federal government funding for health and research in Western Australia, and his strong view and argument that when we set up this fund and inject funds into health and research, the research will create more research and collaboration and attract more money.

I want to spend some time focusing on type 2 diabetes in particular. People in this house know that in April this year the Education and Health Standing Committee reported on the role of diet and type 2 diabetes prevention and management. The objectives, from our point of view, were to understand the extent of those suffering the effects of type 2 diabetes and to give hope to those with a diagnosis and not simply resign them to years of illness. Our aim was to give them the agency, decision-making capabilities and options and to address type 2 diabetes not as a lifestyle issue or an individual issue but as a public health concern. We wanted to do that because type 2 diabetes is in the top 10 leading causes of death. It causes cardiovascular disease, kidney failure, limb amputation, blindness, and erectile dysfunction. Because I am a good feminist, I say that often in this world that is powered by the male machismo. Many men who make the decisions may be listening so I say to them, “Look! You really need to act on this because it all might go flaccid if you don’t!”

Mr R.H. Cook: We’re listening! We’re listening!

Mr Zak Kirkup; Mr Dean Nalder; Mr Simon Millman; Ms Mia Davies; Dr Tony Buti; Ms Janine Freeman; Mr Donald Punch; Ms Jessica Shaw; Mr Chris Tallentire; Mrs Lisa O'Malley; Mr Reece Whitby; Mr Shane Love; Ms Cassandra Rowe; Ms Josie Farrer; Amber-Jade Sanderson

Ms J.M. FREEMAN: Yes, that is right! We might get some change.

But what is of most concern for me around type 2 diabetes is that there is an increased risk of dementia, and sometimes dementia and Alzheimer's have been called type 3 diabetes.

We also need to be really concerned about the impact on our Indigenous community. Aboriginal people are three times more likely to have type 2 diabetes than non-Indigenous Australians, with the likelihood even higher for those living in remote areas. Aboriginal people in the Kimberley are 2.8 times more likely to be hospitalised from type 2 diabetes, and 5.6 times more likely to die from it than others in Western Australia. In Australia, 24 people a day die from type 2 diabetes complications. Type 2 diabetes consumes three per cent of the state budget. The cost to the community is that 10 per cent of the health budget is allocated to treating this disease. It has an economic impact as well as increasing health impacts on Western Australians. It is important to respond to the type 2 diabetes crisis if we are to improve our state's economic prosperity. The annual cost of the diabetes is \$1 billion. Again, that is three per cent of our state budget and 10 per cent of our health budget. For me, one of the really interesting things about having released this report is how many people have contacted me and other members of the committee to say that they are so glad we have raised this as an issue. We are at a critical point in our response to type 2 diabetes and we need to respond to the broader community.

Yesterday, I met with award-winning WA pharmacist Ms Amanda Bryce in Melville. She emailed me saying that she really welcomed the "The Food Fix: The Role of Diet in Type 2 Diabetes Prevention and Management" report and congratulated us. She also asked me a really important question. We talked about how many people were hospitalised and that 50 per cent of all the women who have gestational diabetes will develop type 2 diabetes. We talked about the impact of what she sees every day when she walks into her pharmacy. She asked what would happen if we did not respond to this. Frankly, I had forgotten that we wrote in the report that doing nothing is the most costly option. That was based on a report by PricewaterhouseCoopers in which it considered the cost of implementing a set of interventions such as weight loss management programs, GP interventions, parental or school-based education, labelling, reformulation, taxes on unhealthy foods, bariatric surgery and pharmaceuticals. PricewaterhouseCoopers estimated the cost of doing that from 2015 to 2025 to be \$1.3 billion and that it would lead to a saving to society of \$2.1 billion in 2015 present-value terms, which is a one to seven benefit–cost ratio.

The Baker Heart and Diabetes Institute report "Diabetes: The Silent Pandemic and Its Impact on Australia" explains that intensive early intervention for people with prediabetes can reduce the risk of developing diabetes by nearly 60 per cent over a three-year period, with an estimated lifetime health care cost saving of around \$1 087 a person. The report goes on to state that the consequences of the unchecked rise in the number of people with type 2 diabetes may be that children of today will be the first for many centuries to have a shorter life expectancy than their parents or grandparents.

[Member's time extended.]

Ms J.M. FREEMAN: That is really concerning. We did not have that information yesterday when I met with the fantastic pharmacist, who is so committed to being able to assist her patients that she took it upon herself to qualify to become a credentialed diabetes educator, specifically to educate type 2 diabetes patients on the value of a low-carbohydrate, high-fat diet—basically, the way that has been demonstrated in the UK. She does not simply say, "It's a progressive disease. Let's just medicate." It is interesting that research is coming out quite frequently now about low-carbohydrate diets for the treatment of type 2 diabetes.

In a new study, the findings of which appeared in the journal *Diabetic Medicine*, researchers from the University of Cambridge analysed data from 867 people aged 40 to 69 with newly diagnosed type 2 diabetes. They found that the participants who had achieved at least 10 per cent weight loss within five years of a type 2 diabetes diagnosis were more than twice as likely to experience remission at the five-year follow-up compared with individuals who had not lost any weight. I am talking about people going into remission and reversing the impact of type 2 diabetes through diet and from being given proper and good dietary information. In fact, as recently as 26 September 2019, the CSIRO recommended a low-carb diet for long-term weight goals. An article on the Seven News website reports Professor Grant Brinkworth as saying —

"The research continues to evolve, and it shows that eating a dietary pattern that's lower in carbohydrates and higher in protein and healthy fats is an effective way to sustain long-term weight loss and improve your blood glucose control and heart health."

Later in the article, he states that people with type 2 diabetes have enhanced improvements with their blood glucose control if they follow a low-carb diet. He says very clearly that his claims are based on evidence and that he would not make them without that evidence. The belief that the trajectory of people with type 2 diabetes cannot be reversed is not supported. That is really dangerous, given, I remind members again, this disease costs \$1 billion, or three per cent of our state budget or 10 per cent of our health budget a year. The number of people diagnosed

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with diabetes is growing and 24 people a day die. At the moment, four to five per cent of the Western Australian population has this disease and the prediction is that that number will continue to increase.

There is a challenge around medicine versus health. Medicine seems to shroud itself in the doctrine, “You can’t possibly understand the difficulties of this.” Laypeople feel they have no control or capacity to make decisions about their illness versus making decisions about their health. I say this because whenever we look into the area of medical research, we have to be really aware that we make sure that we do it in a collaborative process, with the people we are trying to assist—that is, the people of Western Australia. It is not because we are removed from them, but because of them, that we want to do this research. Health is a state of being. Individuals know themselves. They have commonsense knowledge. When they are given a low-carbohydrate regime, it really fits with their commonsense. A massive patient-led response to type 2 diabetes has taken off. People thought they should not simply medicate the disease. In doing that, people have shown the efficacy of the research around the disease and diet.

We really need to make sure that this fund does not reinforce elitism driven by medical technocrats, specialists and experts because, in the end, it will undermine the research. I have heard many stories about people who have used low-carb diets as a way to remission. Why am I raising this issue? It is because there is so much fear about talking about this advice. Questioning the appropriateness of the Australian Dietary Guidelines for a type 2 diabetes diet is considered dangerous. I went to a doctor’s surgery in Victoria Park where the doctor also advocates a dietary response to type 2 diabetes. The doctor actively works with patients to assist them to change the way they eat and to eat a low-carb, high-fat diet. They see the results. However, when we talked to them, and I talked to the pharmacist, there was a real fear that they thought they could be struck off—because it has happened! The Australian Health Practitioner Regulation Agency banned orthopaedic surgeon Gary Fettke from giving dietary advice to his patients. Dietitians have been banned from giving advice to people because there is this idea that people cannot question the appropriateness of the advice that the biggest part of our diet should be from the carbohydrates at the bottom of the food pyramid. Gary Fettke was a vocal advocate of a low-carbohydrate, high-fat diet. After concerns were raised about him giving specific nutritional advice, Dr Fettke was investigated by AHPRA. Every time someone says that, I think of a different APRA. I think, “What’s the Australian Prudential Regulation Authority doing in this?” He began giving nutritional advice after amputating the limbs of patients with diabetes. He was reacting to something that he could no longer bear. In 2016, AHPRA ruled that he was not qualified to give nutritional advice and ordered that he stop talking about the contentious low-carb, high-fat diet. Thankfully, in October 2018, AHPRA lifted that ban on surgeon Gary Fettke. However, it took a massive campaign. As well as that, the Medical Board of Australia confirmed that it reconsidered its decision to caution Dr Fettke and decided that no further regulatory action was needed to protect or manage risk to patients. Interestingly, this case sent a shiver through a community trying to deal with a major illness that has a major impact on our health system and ramifications for families as a whole. People were fearful, but, hopefully, now that Dr Gary Fettke has been exonerated, more people will come out and say, “Actually, this is an appropriate way to treat type 2 diabetes.”

As I said in the Education and Health Standing Committee’s annual report, New South Wales dietician Jennifer Elliott applauded the committee and the excellent research, and urged WA to lead the way in providing correct information on this metabolic disorder. Indeed, Ron Raab, OAM, past president of the International Diabetes Federation and a university lecturer in Victoria, also emailed me to congratulate the committee on its report. He was really excited because, as a university lecturer, he can now give student doctors an after-hours elective lecture on using a low-carb diet to treat type 2 diabetes. I have read the research and diet is a way we can respond to this disease, but for some reason we are stuck with the idea that we have to medicate an illness, not be proactive around wellness or allow people to take control of their own health. Between four and five per cent of the WA population suffers from type 2 diabetes; a new diagnosis is made every hour. This disease is not one of individual lifestyle; it is a significant community health issue. If we address it properly, that will benefit all our community. The committee recommended —

... the Department of Health investigate how a low carbohydrate program developed by the CSIRO can be made readily available to WA doctors as part of the treatment guidelines for people with pre-diabetes and type 2 diabetes.

That recommendation has to be taken seriously. There has to be a way to address what is really a bane on our community. We could do research, and I applaud the minister for this legislation. We know that in Britain, which was at the forefront of accepting the revolutionary notion that type 2 diabetes could be put into remission and, some would argue, cured through dietary programs, the government has supported and encouraged people to adopt these programs.

I note that the Public Health Act will come into play. It does not advantage us in this place to have members of Parliament criticise local governments that try to make changes to the food that is presented at fairs, markets or other places to reduce the amount of harmful and sugary foods and try to give people options so that they are not compromising their health. It is not helpful when members make offhand comments. I am speaking about the

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member for Nedlands, when he went after the member for Cockburn. The member for Nedlands should know better. He was part of preparing this report; he should know better. He should know that we are not trying to be some sort of nanny state. We are trying to make sure that people have the best health outcomes possible, knowing what we know about the consumption of too much sugar and carbohydrates. The local council acted appropriately. For a journalist to say, “I don’t believe in body mass index, so it can’t be true, because it doesn’t fit me”—come on! Let us be serious. Let us have a serious and considered debate on how we respond to what is one of the most critical illnesses in our community at this time. We need to act to prevent type 2 diabetes.

MR D.T. PUNCH (Bunbury) [5.31 pm]: I, too, would like to speak in support of the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. In doing so, I would like to start by saying how alarmed I was at some of the descriptions of symptoms of type 2 diabetes in men. As someone who has experienced high sugar levels and has subsequently had to take fitness and diet action to ward off the consequences of that, it is quite alarming. The member for Mirrabooka is quite right: it is a critical issue, driven by research, with enormous application in the field of health promotion, as we try to raise awareness of the consequences of some of the diseases that people can self-manage and do something about with appropriate guidance from medical staff.

I am really passionate about this amendment, because it is about research. When we think about research from the past and where research has brought us to today, humanity has come a long way, based on scientific inquiry—that is, the creativity of people who had a burning question to ask and did so on the basis of advancing human interest and knowledge. That is a really important legacy. I think about the legacies that we have inherited from the researchers of the past, such as the discovery of antibiotics by Alexander Fleming and the enormous impact that has had on the way we live today. Another is the discovery of anaesthetics. I do not think that medicine in the 1840s was a particularly pleasant thing to experience. The advance in anaesthetics and surgical treatments and how it has evolved to what we have today has been based on quality research, scientific inquiry and people collaborating globally to answer fundamentally important questions about medicine and the human condition. I think there is an important place in research for Western Australia, as we have seen in some of the more recent innovations, like spray-on skin technology for burns victims. It is important for Western Australian researchers to be able to engage and collaborate on the global stage and to be supported by a government that is seen to value research. That is why I am so excited by this amendment, which gives us the capacity to support research from a Western Australian perspective, not necessarily from a regional perspective or a metro perspective. That is something I will return to shortly, member for Roe and Nationals WA members. I refer to a Western Australian perspective, because medical research is not based on geographic boundaries. The question may relate to particular areas, but the knowledge that is gained has applicability at a state, national and international level.

The proposed amendment in this bill is specifically to repeal section 9 of the Western Australian Future Fund Act, which provides for the use of income derived after 30 June 2032—so well out into the future. That is what it was designed for. I was not a member of this place when that bill first came before it, but I can remember the publicity around the notion of setting funds aside and leaving a legacy for the future. In my view, legacies can take all sorts of conditions. All sorts of outcomes can leave a legacy. We can leave environmental legacies and we can leave infrastructure legacies for future generations, but the most important legacy is the knowledge and the foundation that we leave so that the next generation and the generations that follow can build on that knowledge and ask questions that take human knowledge and understanding forward. That is a critically important legacy.

I understand the desire to leave a pool of money to gather this capital base and then to use the interest for future generations, but I was pretty enlightened to hear the member for Armadale describe what seems to be the backroom stuff that led to the genesis of what should have been a really positive step forward: the notion was that it was entirely driven by the thinking, “Let’s do something really good over here to distract from the fact that we are absolutely stuffing up the state finances over there.” That seems to me a pretty poor reason to set up the Western Australian Future Fund as it was—particularly poor when we think that there are critical issues that we face as a society, whether in the field of medicine or climate change or many of the other fundamentally challenging questions for us today. Resources are scarce because while money was being put into the future fund, members opposite were busy ramping up expenditure, forgetting the revenue base and ramping up the record debt that this government now has to deal with. This government has to apply innovative ways to deal with the issues that we face into the future.

I heard the Leader of the Nationals WA mention that there is plenty of money in the finance statements. The government has plenty of money! We have a surplus! There is an overall surplus there, but it is not a cash surplus. There is still a cash deficit. We are still dealing with the legacy of debt. We still have to exercise discipline and make decisions that advance the state as a whole. But this particular amendment to this particular fund will unlock the capacity to undertake fundamental research and support that research into the future, and, importantly, to build the collaboration and opportunities for commercialisation that can flow out of the research.

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This bill sets up the Western Australia future health fund and an account for the administration of funds that flow into it. It will have four important outcomes. It will enable research work that will contribute to improving the financial sustainability of Western Australia's health system. The member for Mirrabooka spoke about the advantages of that research in improving overall health outcomes and having an impact on the way that health is conducted within the state at the moment, and looking at the ways that we can improve sustainability of outcomes and better outcomes for Western Australians. It will contribute to improving the health and wellbeing of Western Australians, not only through applied research with the delivery of medical outcomes, but also in how health practitioners undertake their work with Western Australians. The opportunities that flow from commercialisation will improve Western Australia's economic prosperity—we have seen examples today of innovation and research that have come out of Western Australia that have had enormous application in terms of commercialisation—and will advance Western Australia to being, or maintaining its position as, a national or international leader in many of the qualifying activities.

It is important to recognise that research is a global issue; it occurs globally and nationally. There is a solid block of research capability in the eastern states. We have enormous capability within our state, but from my point of view, linking that into the national and global capacity to deliver is really significant. This fund will provide a potentially significant boost to our research capability, and will sit alongside our existing research funding. That covers that research funding and many of the other areas of interest that we have as a state to make sure that this state is at the forefront of technology, climate change, renewable energy and all those sorts of parameters. We have research funds for that. But importantly, this legislation will deliver on an election commitment that we made clear right at the beginning, prior to the election. I was therefore pretty astounded to hear what was a pretty cynical comment from the Leader of the Nationals WA—that somehow this had been dreamed up to offset the government's additional contributions to palliative care. We were absolutely clear from day one that we were going to establish this fund and we were absolutely clear about recognising the importance of research and research capability to Western Australians.

Mr D.T. Redman: But you will agree, member, that the funds that are currently going to health research out of consolidated funds reduces it. This is just picking up that gap.

Mr D.T. PUNCH: No, I will not agree to that or accept that at all.

I want to talk about some of the advantages of this amendment bill. One is that it will retain the capability of our health researchers and innovators. It also has the potential to attract leading researchers and partners to our state. When we have a scenario in which more of our research capability has to apply for increasingly competitive funding, being able to add to the funding pool and demonstrate the government's commitment to and support for research will provide a basis for researchers to say, "This is a state where things are happening. This is interesting; I want to be a part of that." The ability to attract people to and retain people in our state, build our capability and be recognised globally for that is a very important consequence of what this bill is to trying to achieve. It will provide WA with a much bigger seat at the table in global research, and help to ensure and maximise potential innovation and commercialisation for local opportunities. I know that the member for Warren-Blackwood would agree very strongly with the notion of leverage and how we can put funding into a scenario and use that to trigger additional funding. Certainly, at the national health medical research level and at the global research level, that is what this amendment will enable us to do more effectively. It will provide our health practitioners with the opportunity to practise in an environment that is driven by research, with the ability to access cutting-edge healthcare solutions and look at the application of those right across Western Australia.

Yes, Western Australia is an incredibly diverse state. It has incredibly different conditions in the delivery and challenges of healthcare services and it has pretty diverse experiences for people living in Western Australia, from the remote desert locations right through to urban centres and the sorts of conditions in our south west. It is a very diverse area with very diverse health challenges as a consequence, and, from that point of view, it is an ideal opportunity to look at not only the research that drives cutting-edge innovation in the delivery of healthcare services and the content of health care, but also the manner in which healthcare services are delivered across a state such as ours. In fact, for many health practitioners and health researchers, I would think that a state with our geographic diversity has enormous opportunity in terms of some of those challenging research questions we face. It is a matter of getting the decision-making right, because, as we know, in research there is an old saying that one should not stand between an academic and research grants, because they are liable to get run over in the rush! There is enormous competition for research funds and the potential for conflicts of interest in this space are pretty significant.

I was very impressed with the bill's arrangements for overall governance. It sets out quite clearly the roles of the minister, the Treasurer and the CEO of the Department of Health. The advisory committee that it will create will have an important role in establishing the priorities and strategies for how this research fund might be used into

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the future. I was pleased to see that the principles of the governance framework were informed by the Public Sector Commissioner's "Principles of Good Governance for Boards and Committees". The key principles out of that are that the roles and responsibilities of decision-makers and advisers in the governance structure are clear and understood; a culture of responsible and ethical decision-making is promoted; the decision-making processes are transparent and explicitly deal with potential, perceived and actual conflicts of interest; accountability is appropriately assigned and understood; and relevant risks are identified and managed. That is what I think this governance framework informed by the amendment is based on. The Minister for Health has overall responsibility for the WA health fund and its enabling legislation, and the minister will also be the government state sponsor of the fund, with a role in presenting the strategy to cabinet. The minister will approve the strategies and priorities, but those strategies and priorities will be on the recommendation of the advisory committee. Programs, initiatives and the evaluation framework will be approved by the minister based on the recommendation of the chief executive officer of the Department of Health. The minister will also approve the evaluations conducted in accordance with the evaluation framework upon the recommendation of the advisory committee. Both research and evaluation components are built into the governance framework, which, I think, is critically important. The Treasurer will retain the role of engaging with the Western Australian Treasury Corporation to manage the overall investment of the Treasury fund's capital. In essence, a framework will look after the capital, and a clear governance framework will look after the process of administering the funding.

The membership of the advisory council itself is really interesting, because it will involve a person with experience representing the community, a person considered to be expert in research, a person considered to be expert in innovation, a director general or nominee who is non-voting, a chief executive or nominee of the state government department who the minister considers is most relevant to the needs of the fund who is non-voting, and at least three other individuals, who, taken together, the minister considers will provide a suitable blend of expertise and experience. Interestingly, there is recognition in this framework of the importance of Aboriginal and regional input. That is in this framework. I find it difficult to accept the Leader of the Nationals WA's assertion that we need some structures that cut across what is a very clear governance framework, and that there should be a construction within the fund itself that provides—it is a bit like running home to mum, in a sense—that 25 per cent has to be set aside within the fund for the purpose of regional research. It could well be that 50 per cent of the fund is committed to regional research. The priorities and strategies will be set by the advisory committee, and there is no shortage of research questions both regionally and right across the board in Western Australia.

[Member's time extended.]

Mr D.T. PUNCH: I think it is a very artificial divide and one that is fundamentally counterproductive. It is grounded in the base politics of the National Party—that the country is always duded by the metropolitan area. It goes out and creates this anxiety amongst country people that the metro is out to get them. I experienced some of that last week when the Leader of the Nationals WA came to my electorate. There was a big headline, "Regions being robbed. Regions being duded", yet when I look at the research, I see that in the first two and a half years of the McGowan Labor government, in the south west alone, when it comes to royalties for regions expenditure, we are virtually matching the per capita basis of the eight and a half years of expenditure of the previous Liberal–National government. When it comes to those sorts of statements, the National Party spreads mischief, fear and distortion, and it is trying to put that in through its proposed amendments to the advisory committee. I think that will be a fundamental error when we are trying to come up with something that recognises the value of independent, peer-reviewed research based on scientific inquiry and on the creativity, imagination and innovation that comes out of Western Australia as it stands today.

I would like to move on a bit, because there is research capacity in regional Western Australia. Some fantastic research has been undertaken by a foundation in my electorate that covers the south west—namely, the Lishman Health Foundation. This foundation was established in recognition of the inspirational work of Dr Val Lishman, the first specialist surgeon to practice in south west Western Australia. He came out from Europe and arrived in Australia in the mid-1960s with the intention of practising medicine. He had been attracted to the wildflower state and the prettiness of the state. He arrived in the middle of summer after a fairly lengthy period of no rain, so he arrived in a pretty parched country, but he decided to stay anyway. That was very good for us because he was an incredibly skilled surgeon.

The Lishman Health Foundation has been operating for a number of years. Its vision is to improve the health and lives of regional Australians, and its mission is to advocate for and provide health research, and give health organisations opportunities to deliver better health outcomes. This is a charitable foundation with a great deal of local support within the south west. It has been conducting some quite interesting research that has been funded, I might add, by royalties for regions under both the previous government and the current government. One of the pieces of very pertinent research is into quality in end-of-life care. This research project is in the second year of

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implementation and aims to develop a cost-effective mechanism to obtain palliative care data from general practices in regional and rural areas with minimal burden on service providers. Its aim is to look at how to support general practitioners in improving the quality of care at end of life in a rural-practice setting. Here is a foundation quietly getting on with the job. This is a piece of work funded under our Local Jobs, Local Projects program. It is doing some really inspirational work right at the cutting edge of how we build community care practice in relation to end-of-life and palliative care. That is one example.

Then there is methamphetamine and alcohol prevalence in the emergency department at Bunbury Regional Hospital. Over a 15-day period, attendees at the Bunbury Regional Hospital accident and emergency department were invited to fill in a de-identified survey inquiring about methamphetamine and alcohol usage. Forty-one per cent of all attendees responded. Of those who responded, 1.7 per cent identified as methamphetamine affected and 4.8 per cent as users of the drug. That compared with 9.1 per cent of the same group who were alcohol affected and 49 per cent who were alcohol users. It is no surprise that alcohol remains the primary drug of choice. However, in the subset of male attendees aged 18 to 25 years, 20 per cent reported as methamphetamine users, and analysis demonstrated that methamphetamine use was far more likely than alcohol to result in attendance at A and E. That research has been confirmed recently by the sorts of trends we are seeing. Another project funded by royalties for regions was familial hypercholesterolaemia, which, essentially, is about inherited cholesterol.

Mr Z.R.F. Kirkup: Great pronunciation.

Mr D.T. PUNCH: Thank you very much. It concerned the development of a model of care for GPs to use for patients who may have the inherited condition. I will question the member for Dawesville at some point in his role as shadow spokesperson on this very condition.

Mr Z.R.F. Kirkup: I'm looking forward to it.

Mr D.T. PUNCH: Good. The model of care outlines the most effective ways to identify and treat people with the condition in a primary care setting. It is looking at something that has the potential to end up as an acute issue and a hospital admission, and looking at primary care options through GPs to identify and then provide the appropriate advice to people so that they can manage that inherited condition effectively. The research referred to a number of methods of case detection—pathology laboratory database search, workplace health checks and general practice database searches. People identified at risk by each of the three screening methods were offered detailed assessment using the Dutch Lipid Clinic Network Score. The Lishman Health Foundation is grounded in research occurring in regional Western Australia and doing a great job of utilising our existing medical resources.

The final piece of research I want to comment on amongst a long list of research is something I think is very appropriate in the current context—that is, the concept of mindfulness among student doctors. It was an interesting pilot program delivered online for medical students at the WA Rural Clinical School funded by the Lishman Health Foundation. It looked at how to reduce student stress levels and increase levels of self-compassion, which, essentially, is being kind to ourselves when confronted with situations in which we feel we should do more. We know from experience that students in the rural health school are certainly working, generally, in a very supportive environment. However, some young doctors end up in general practice in more isolated areas of regional WA. The responsibilities they feel in delivering a healthcare service is quite enormous. Looking at ways to support and assist those people, in my view, is a critical part of the future of our healthcare service delivery, particularly as the issues people face become more complex and more involved.

They are some examples of work that is happening now by a very good foundation, which is well supported at the community level and getting on with the job. The opportunity to be supported by an effectively governed, well thought out fund that can support medical research and its commercialisation and, in the process, expand that into opportunities for new research-based industries, I think is pretty enormous. However, I am pretty disappointed that the Nationals would seek to undermine that by the notion that 25 per cent of the future health research and innovation fund should go into the regions regardless—just 25 per cent! When we start to constrain it like that, we put a block on the opportunities that can unfold by an advisory committee taking a broad view. The notion that that is driven out of the view that regional people are duded and are always behind the eight ball of Western Australian medical health services is continually perpetuated by the National Party. For example, the Langouant report outlined the levels of governance applied by the previous Liberal–National government and took apart some of the projects that were good ideas of the Liberal–National government at the time. The previous government said, “This is a great idea; let’s do this”, but very little was done in the way of research and there was very little understanding of what the outcome should be, and some communities are living with the consequences of that today.

A government member interjected.

Mr D.T. PUNCH: Yes. The Liberal–National government left us with a very tough environment in that sense, because we are paying for that with the projected forty-thousand million dollars’ worth of debt that the National–Liberal

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government left us. Forty-thousand million is a big number. Imagine if we could put that sort of money into the health system nationally. It would make an amazing difference. Most of the time we are struggling —

Mr Z.R.F. Kirkup: That's not the figure.

Mr D.T. PUNCH: That was the Liberal–National government's budget forecast. The good work of this government has been very effective at reining in expenses. The government has managed to negotiate with the member for Dawesville's colleagues at a federal level for revenues and started the process of budget repair. We are now on track with that, but I think it would be really superb if members opposite could talk with their national colleagues and get behind this research fund and look at the opportunities for partnership and embrace them. They could look at the unique opportunities within Western Australia, given its geographic diversity and the diversity of its population and given the various living circumstances of people. It is a great opportunity for the federal government to come and talk to us about the opportunities here.

Mr Z.R.F. Kirkup interjected.

Mr D.T. PUNCH: Yes, but whenever I talk to the member for Dawesville's federal colleagues, there seems to be —

Mr Z.R.F. Kirkup: How often do you talk to them?

Mr D.T. PUNCH: Pretty frequently. Whenever I talk to them, there seems to be a view that the world stops at the Western Australian border. We have a national view and a state view. We do not get into this sort of idea of divvying up the state into areas and that one is missing out and another should not. We take a balanced view on our responsibilities as a government. This fits in very neatly. It was an election commitment. We were clear about what we were going to do. The amendment has been crafted very effectively, and I am very pleased, minister, that there is such a focus on governance and that that governance arrangement recognises the importance of Aboriginal and regional input into research. That gives me confidence that that advisory committee will do an outstanding job in providing advice to the minister on strategies and priorities, and with the support of the chief executive officer of the department, that will lead to some very good outcomes for the delivery of research here in Western Australia. Well done to the minister, the Treasurer, the cabinet, and, I think, to the leadership team that had the foresight to put this together right back at the pre-election period.

Sitting suspended from 6.00 to 7.00 pm

MS J.J. SHAW (Swan Hills) [7.01 pm]: I rise to speak in support of the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. This is a very significant piece of legislation for Western Australia, and I am very pleased to speak to it tonight. There are a couple of aspects of the bill that are very directly related to it, but perhaps not obviously so. I really enjoyed researching my speech this evening and considering in a broader context the economic development potential offered by this future fund, and I will expand upon that.

The bill will enable funds to be made available to support activities that contribute towards improving the financial sustainability of Western Australia's health system; improving the health and wellbeing of Western Australians; improving Western Australia's economic prosperity, and I intend to expand upon that; and advancing Western Australia to being, or maintaining its position as, a national or international leader in any qualifying activities. It will do this by repurposing the Western Australian Future Fund, which was established back in 2012, to create a new Western Australian Future Health Research and Innovation Fund, and a new agency special-purpose account to be called the Western Australian Future Health Research and Innovation Account. Essentially, the bill intends to secure a source of ongoing funding to drive health and medical research, innovation and commercialisation. It is a very exciting bill.

[Quorum formed.]

Ms J.J. SHAW: As I was saying before a quorum was formed, the bill gives effect to WA Labor's 2017 election commitment, in which we sought to provide ongoing research and innovation funding by repurposing the existing Western Australian Future Fund.

I suppose the overarching, or the underpinning, principles for the legislation are that it is designed to facilitate a sustainable, efficient and effective health system. The bill was very much driven by the outcomes of the Sustainable Health Review and its recommendation to support research and innovation. A series of work streams is associated with that recommendation, which I will discuss later. It seeks to encourage the promotion of a research and innovation culture, to ensure that clinicians are aware of and can apply cutting-edge approaches, and to attract those best in their field to our jurisdiction, supporting our ability to conduct research and to innovate and form networks right around the world.

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In a past life, when I worked in foreign affairs for the British High Commission, I had the science and innovation portfolio. I was always astonished at the ability of the medical and scientific community to form incredible global networks of association. That was far more effective than governments or corporations ever are, and very collaborative. Hopefully, the funding that will come from the introduction of this bill will elevate even further Western Australia's position in the global research community. The bill will also provide opportunities to upscale breakthroughs and new ideas and potentially commercialise them. That is something that I will go on to talk about.

The bill will also have a range of economic benefits that I intend to go into. That is particularly important following the end of the mining boom, because in Western Australia we need to look for opportunities to diversify our economic base. The fund will also support the modernisation or further improvement of our healthcare and education systems and help Western Australia to contribute towards a geopolitical environment that is stable and to a climate and culture that is the envy of the world. These traits that we have in Western Australia and that will be supported by this fund will underscore our position in the global healthcare market, if you like, and underscore the jobs of tomorrow. Without doubt, Western Australia already has some fantastic facilities and infrastructure and some world-leading scientists and medical practitioners, but this will go a long way towards improving our excellent track record.

The economic diversification opportunities presented by this fund are worth discussing in quite some detail. I am very interested in commercialisation and economic potential, and particularly the sorts of things that could flow from the establishment of a fund such as this. Over the last 12 months, I have been involved in a project run by Deloitte called "A new WAY". The project is led by Matt Judkins and Michael McNulty from Deloitte Australia in Perth. It is very much focused on looking at opportunities to diversify and grow Western Australia's economy and expand our economic base. There is a very interesting part of the "A new WAY" project that is directly relevant to this fund. One of the things the project looks to do is expand the range of opportunities for collaboration between industry, government and academia, recognising that we can achieve far more when we work together. One of the work streams that is associated with that project is directly relevant to this bill. The advisory panel comprises a pretty interesting group of people. I am on it.

Mr W.J. Johnston: That is interesting!

Ms J.J. SHAW: Yes! I find it very interesting! Being on it and participating in it is interesting.

The panel comprises John Atkins, the chairman elect of Anglicare Western Australia, and the former Agent General of Western Australia; Rebecca Brown, the director general of the Department of Jobs, Tourism, Science and Innovation; Frank Cooper, the non-executive director of Woodside and South32, and St John of God Health Care; Nicky Firth, the vice president of human resources at Rio Tinto; David Flanagan, the Chancellor of Murdoch University; Darren Foster from the Department of the Premier and Cabinet; Professor Dawn Freshwater, the Vice Chancellor of the University of Western Australia; Elizabeth Gaines, the chief executive officer of Fortescue Metals Group; Richard Goyder, the chairman of Woodside; Professor Colleen Hayward, the Pro-Vice Chancellor of Edith Cowan University; our Chief Scientist, Professor Peter Klinken; Nicole Lockwood, the chair of the Westport Taskforce; Rowan Munchenberg, the managing director of Bankwest; Senator Reynolds; David Singleton, the chief executive officer of Austal; Erica Smyth, the non-executive director of National Energy Resources Australia; and John Van Der Wielen, the chief executive officer of HBF.

There really is a broad number of people on the panel from a range of different industries. I can tell members that some of the conversations we have had have been absolutely fascinating, and very well supported by the team at Deloitte. The group has identified nine collaborative clusters that we think will help Western Australia grow, thrive and accelerate. The modelling that the Deloitte Access Economics team has done indicates that if we pursue these nine clusters, we could add billions to the WA economy, and that just by focusing on these clusters of opportunities, we could potentially create more than 75 000 additional jobs of the future by 2029. This is a really exciting project.

The "A new Way" project recognises WA's extraordinary potential. Western Australia is situated geographically in the world's most populous time zone. We have some of the world's best new renewable energy resources and we have a technologically advanced, highly skilled and very well educated workforce. WA leads the globe in remote and autonomous operations and is rich in resources and minerals. We have strong trading relationships around the world, particularly with the world's economic-growth powerhouses across Asia and the emerging powerhouses throughout Asia. WA is also politically stable, with very strong legal, banking and regulatory structures, which are so important. We also have an ethical and transparent environment in which to operate, and very highly ranked global universities and technical training schools. We also have the oldest continuous culture anywhere on the planet. Probably the most important point is that we have a business and government environment that has massive potential to collaborate.

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We have identified nine clusters in which we think the opportunities are particularly strong. Each opportunity exists in response to a global need. We thought about the pull factors for the development of these sectors, and they are aligned with our comparative strengths. We looked around the world and around the country at what other jurisdictions are doing and identified where our comparative strengths lie. We believe that at the intersection of the global drivers of change, our opportunity lies in WA's comparative advantages. These clusters are a result of either an existing natural advantage, being in the right place at the right time, or us leveraging the technological developments of the resources boom. However, we recognise that these clusters go above and beyond what has already been done. They have the opportunity to drive prosperity, but they are not business as usual; they will require an intent to deliver and a dedicated focus. Initiatives like this health fund will potentially be able to drive one of these clusters in particular. As I said before, the clusters also require true collaboration. Government, academia, business and the community will need to work together to realise the benefits of these clusters. The clusters are the battery supply chain, hydrogen energy, Indigenous-owned businesses, space industries, Indian Ocean defence, industry education, digital operations, integrated energy solutions and biodiversity products.

The cluster I am most excited about in the context of the future health research and innovation fund is biodiversity products. Australia is one of 36 biodiversity hotspots on the planet. Of Australia's 15 individual hotspots, eight are located in Western Australia, being Fitzgerald River–Ravensthorpe, Busselton–Augusta, central and eastern Avon–wheatbelt, Mt Lesueur–Eneabba, Geraldton to Shark Bay sand plains, the Carnarvon basin, Hamersley–Pilbara and the north Kimberley. The “A new Way” project is considering how we might commercialise products that could be derived from the unique biodiversity in Western Australia, with much of that biodiversity in those eight of 15 Australian biodiversity hotspots. This information is all available on the website for the “A new Way” project. The biodiversity products' workstream looks at a new way to commercialise products that could be produced from our unique biodiversity. The vision is of new medical products designed, developed and tested in Western Australia that make use of our unique biodiversity and highly skilled workforce. Already, WA scientists, in collaboration with a number of international pharmaceutical companies, are making breakthroughs in cancer drugs and antibiotic resistance utilising biodiversity products. There are also opportunities in biodiversity prospecting, providing incentives to conserve the environment and Indigenous culture while sharing the benefits of innovation. Recognising the biodiversity values that we have, we have an opportunity to not only develop economically but also preserve our environmental values and ensure that we respect Indigenous culture. We need to share the benefits with Indigenous Australians whilst we bring those opportunities to bear.

Globally, unique natural compounds are underpinning game-changing advances in scientific research and the development of new treatments and cures. That is happening right around the world. However, WA is a unique biodiversity hotspot that offers a plentiful opportunity for research, discovery and product commercialisation. At the moment, about 60 per cent of anticancer drugs and 25 per cent of all modern drugs are estimated to be derived from natural products. More than 50 per cent of the south west of Western Australia's 5 570 vascular plants are found nowhere else on the planet, so we have a real, untapped resource. The global market for products derived from plants is estimated to be about \$118 billion. How wonderful it would be if the funding from this program were applied to enable WA to grab some of that action. The global pharmaceutical and medical manufacturing industry generated \$1.2 trillion in revenue last year. Again, Western Australia's ability to insert itself into that market would be fantastic.

A focus on biodiversity products does underscore the need to take meaningful steps to preserve our biodiversity. I am very pleased that the McGowan government has its climate change policy out for consultation, because that is a key measure to protect Western Australia's unique ecological systems and biological forms. Globally, ecosystems provide around \$100 billion of free economic services per year. Every good we produce and consume is a transformation of a natural product. This is sometimes through very complex supply chains, but nonetheless a natural process is involved. The ability for Western Australia to benefit economically from its unique biodiversity and develop medical products here depends on meaningful steps being taken to protect and preserve that biodiversity. Of course, it is impossible to have a discussion about protecting biodiversity without discussing climate change. I think the fund has a role here, too. Part of the sustainable health review was an extensive examination of the impacts of climate change on health. One of the recommendations of the review was that this fund should be applied towards further research into climate change. As part of the sustainable health review, a working group was formed to specifically consider climate sustainability in the health context. It made several recommendations about the future health research and innovation fund. The group states in the report that its starting point was acknowledgment that —

... climate change has serious implications for the population of WA and the WA health system. The impacts from climate change are already being observed here in Western Australia, and they will become more significant in the future.

That is a very significant acknowledgement from the working group. The report further states —

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Climate change represents a series of risks to human health and the WA health system. The potential responses identified by the Forum to climate change issues provide a range of opportunities to drive innovation in the WA health system ...

This is directly related to the innovative initiatives that could come out of this fund. These initiatives include that we could —

... make the health system more resilient to climate impacts, reduce the climate and environmental impacts of the health system, be influential in community and Government, and in the process help reduce health system costs.

The United Nations sustainable development goals recognise the importance of the broader relationship between the environment and health and wellbeing. Climate change has a number of direct effects on health, including increasing numbers of injuries and cases of physical and mental illness and death.

[Member's time extended.]

Ms J.J. SHAW: The impact of climate on health is related to the greater frequency of more intense weather events, such as floods, droughts, hurricanes and storms. Increasing temperatures and heatwaves have an effect as well. Extreme weather events can lead to increased pressure on healthcare services and facilities, and also significantly damage those facilities. Indirect effects on health include changes in environmental systems—this is quite interesting—which causes alterations in the distribution of vector-borne, water-borne and food-borne infectious diseases, air pollution patterns and the availability of safe drinking water and adequate nutrition. Right across Australia at the moment, we are seeing the impacts of drought on our food supply, which has flow-on consequences for global agricultural commodity prices. That can have significant impacts on health right around Australia and the world. As health impacts relate to changes in economic and social systems, people may migrate or we could see conflict over scarce resources, such as water wars. I have read quite a bit about the threat of water wars, which could have significant health impacts. Climate change health impacts vary, based on the vulnerability and adaptive capacity of individuals and populations. The working group went into quite some detail about that. Several well-recognised vulnerable groups include women, children, the elderly, those with pre-existing medical conditions, those living in rural and remote areas, and those in outdoor occupations in poorer marginalised communities. We really need to consider the health impacts of climate change on those vulnerable groups.

The science is in and it is irrefutable. Western Australia's climate has changed over the last century—probably more so over the last 50 years. Again, the sustainable health review working group made that observation. Average temperatures have increased by one degree since 1910, and the average number of days over 35 degrees in Perth has increased from 12 to 28 since 1958. There have been some significant shifts in our climatic patterns already.

The Minister for Water would be aware that the advertising campaign the Water Corporation is undertaking at the moment highlights the decline in rainfall in the south west since the 1970s. There has been a 50 per cent reduction in streamflow and a 60 per cent reduction of inflow to metropolitan dams since the 1970s. There have clearly been impacts on the availability of water.

An issue that is particularly important to the people of Swan Hills is fire risk, fire weather and the length of fire seasons, which have increased since the 1970s. These all have mental health impacts on my community. Whenever I happen to be down here in the city and see a plume of smoke rising from the scarp, I worry. Stay-at-home mums who are at home with their kids worry when they hear bushfire alerts. This is an underlying stressor in the community of Swan Hills. We experienced the devastating impacts of the Parkerville bushfires. There have been a number of tragic and fatal fire events in the hills. Unfortunately, these are all potentially going to become more prevalent as the impacts of climate change become more extreme. This makes the need for the government to come up with a meaningful response to climate change and the health impacts of climate change much more pertinent.

I have discussed the health impacts of climate change. The sustainable health review states —

Human health is dependent on the health of the planet and its ecosystems. Climate change is ultimately a major health threat because the effects of future climate projections represent an unacceptably high and potentially catastrophic risk to human health by undermining the environmental and social foundations of health.

The link between health and climate change is really important. I would argue that it is a real imperative to undertake research to ensure that we understand the links between climate change and health. The responses to health impacts generally come in two forms: adaptation, which is how we cope with the impacts of climate change and climate change events; and mitigation, which is how we try to reduce them. That relates to the greenhouse gas intensity of the health sector generally. The sustainable health review goes into quite some detail about those two factors.

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The sustainable health review held a number of forums looking at climate change and health impacts, and listed some of the feedback in its report. A section entitled “There are significant opportunities for innovation in Climate and Health Research” lists some of the comments that some participants in those forums made. A question posed by a participant was —

“The Future Health Research and Innovation Fund—could this be a source of funds for climate change adaptation research?”

I say that the answer to that question should be a very firm yes. Another participant said —

“We need to develop modelling on impacts of adaptation (how much, when and where).”

We should absolutely understand that. Another participant stated —

“Recognise uniqueness of WA in adaptation challenges and opportunities”.

That is most certainly a challenge here in Western Australia, where we have a range of climatic and geographical diversity. The sheer expanse of Western Australia affects the ability to get health services out into the regions, particularly those that may be disproportionately affected by climate change and its health impacts. How do we support research that can improve the delivery of those health services? Telehealth is a key part of that, and an interesting part of the whole debate. Another participant said that we need to —

“Develop a Climate Change Adaptation Plan for the health sector”.

Again, I think that is a very interesting part of the research agenda. The next piece of feedback is very interesting. It stated —

“Publish health impact scenarios for WA against different global temperature rise trajectories (i.e. 2°C, 4°C, 6°C), looking at health costs including from migration etc.”

That recognises that under the different temperature elevation scenarios that we are facing, there will be differential impacts on health costs. I attended a climate change and energy course at the Harvard Kennedy School last year. We spent quite some time looking at the outcomes under two-degree, four-degree and six-degree change scenarios. Unfortunately, and quite depressingly, I must say, a lot of the experts who were delivering the content were of the view that we are probably going to see a rise of at least two degrees. That is tragic and it means that we need to look seriously at mitigation and reducing our carbon footprint if we are to have any hope of successfully adapting.

The consultation exercise itself was very interesting. It led the working group to establish recommendation 4 of its report, which reads —

Ensure that the Future Health Research and Innovation Fund is established in a manner that encourages, supports and allows for investigation, research and development on climate change and health, and environmental sustainability, solutions.

When discussing this recommendation, the working group notes the —

... minimal investment at a state or federal level or by philanthropic sources into researching the health impacts of climate change and attendant health system responses.

This fund could be a great way to address that low level of investment. It also provides us with an opportunity to be at the forefront of climate change and health research. The working group makes that point. As I said earlier, we could be leading the world in research into biodiversity impacts and biodiversity products. We could be leading the world in research into health impacts and share that learning with the rest of the world. Given our unique geography and our weather systems, we could do some really interesting work about our vulnerability to increasing climate change impacts. Given the increasingly extreme climate events we are seeing, the relationship between climate change and health is likely to be a growing area of research. The report acknowledges that. Communities across the world are facing increasingly worsening climate change impacts and are seeking solutions. We could lead the world in that.

The report notes that the sustainable health review interim report listed direction 9 as —

Harness and support health and medical research collaboration and innovation

We could do that around the world in the area of climate change and health.

The climate change and sustainability working group found that researching climate change would contribute to three of the four areas of research in the review interim report—public health research, basic research and health service research. The report notes that the future health research and innovation fund will provide \$1 billion to drive medical research and innovation, and the investment in the fund could help us to establish and quantify the health impacts and costs of climate change, particularly around mental health and the impacts on rural communities;

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research adaptation responses to the health impacts of climate change, particularly in identifying measures for protecting the health of the population and vulnerable groups in extreme weather events; and investigate measures to reduce greenhouse gas emissions and waste in the health system. The healthcare system is particularly energy intensive and produces a range of greenhouse gas emissions, so perhaps there is an opportunity to look at how we could make the health system more efficient and cost-effective.

We could think more broadly about researching the health effects of sustainable cities, and how we can plan our environment with green space, urban heat islands and better public transport. The Acting Speaker (Ms J.M. Freeman) spoke about diabetes. If we think about it broadly, more active routes that encourage people to cycle or walk to work have positive health benefits and would also address climate change. All this research would be a really important part of the state government's overall response to climate change and go a considerable way towards improving the overall health of Western Australians and reducing the costs of our health system. I believe the working group did a really important piece of work there and has really highlighted the importance of further research into the health impacts of climate change. I certainly hope that the future health research and innovation fund will consider investing in that particular research stream.

This fund presents us with a fantastic opportunity to capitalise on our unique biodiversity. There is a wealth of opportunity out there. It underscores the need to protect that biodiversity. As we feel the impacts of climate change, this fund could also play a major role in how we ensure that the negative health impacts of climate change are effectively managed here in WA. It can also contribute to how we generate further economic opportunities from the development of what no doubt will be an exciting, innovative and dynamic range of solutions produced by our scientific and health community.

MR C.J. TALLENTIRE (Thornlie — Parliamentary Secretary) [7.33 pm]: I am very pleased to speak to this repurposing bill, the WA Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I am very pleased that it is here because I recall well the debate in 2012 when the initial Western Australian Future Fund was set up. There was much talk about whether the state was effectively putting money in a term deposit, but at the same time letting debt mount up. It just did not seem to make any sense. All the research and reading that we can do about sovereign wealth funds says that we have them when revenue exceeds expenditure. That was not the case when this fund was set up in 2012. It was a very different scenario. Yes, we had revenues, but we had very significant expenditures, so we entered into this spiralling debt phase, with a budget in continual deficit and mounting debt. The idea of a future fund at the time made no real sense.

Perhaps inspired by the actions of the former Barnett Liberal–National government, we have seen reference made to this in a number of very insightful comedy programs. Episodes of *The Hollowmen* talk about the wonderful idea of some sort of investment innovation fund. More recently, there was a lot of amusing commentary about a future fund in an episode of *Utopia*. They called it an infrastructure fund and it was said to be a visionary future Christmas surprise—a gift to the nation. The episode had Tony, the voice of reason in the *Utopia* team, say, “Well, what’s the point of taking and stashing away money if we can spend it on infrastructure now? What’s the point of that?” Jim, the fellow who liaises between the minister’s office and the NBA—National Building Authority—says, “Oh, but it is for the future.” It is that phase of government expression when it is all about sloganeering and capturing people’s imagination, but in a very cheap and insincere way. That is, I think, where we were at in 2012 with our future fund. It was very interesting. I had a look back at some of the debate in 2012. The late Hon John Kobelke quoted from an email from Gresham Investment House to the former member for Bateman, who was the Treasurer at the time. The email commenced with “Hi Christian” and stated —

There is the chance for national thought leadership here which might be attractive. Also, I know you are being lined up for a debate on the State debt and an SSWF if it made sense might re-orient the debate a little.

The email stated that the person would start putting together a pitch. This is the mentality of these people with some of their sovereign wealth fund ideas. It is about a sales pitch. That is where we were at in 2012. I really welcome this repurposing of the future fund, because it says that we are taking this very significant amount of money, but we are focusing it on a specific set of tasks around health research and innovation. That is very welcome. With that specificity of purpose, I am sure that we can allay those problems that we had with the WA sovereign wealth fund in the past and ensure that it achieves things. I see in the legislation, and in the fund governance framework, a lot of measures to ensure the right governance of that money, making sure that there will not be abuses and misexpenditure.

Before getting to any of that detail in this speech, I want to talk about some of the innovation that I am aware of in the health space. It is not an area that I am particularly familiar with, but it is certainly one in which I have seen some very exciting opportunities for government. One is around the potential use of this money for looking at things such as sudden infant death syndrome. In this state, we have a lot of information about those very tragic events

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when young babies die. We have gathered much information and we have the capacity to do data analysis to match up things, such as what sort of medication the mother was on prior to the death of the child with pharmaceutical benefits scheme data, to learn and see whether there are any connections. That is one example of how this kind of information could be used in a very useful way. There is an issue with how we share data with other states. Bear in mind that PBS information is commonwealth data and of course all this has to be de-identified. That is a very important part of doing data analysis. Because very personal and very powerful information is being used, it has to be de-identified. That has to be matched with information held by a commonwealth government agency through such things as the PBS.

To share data, we need to ensure that it will not be lost to Western Australia or misused, that we get the return on investment that we need from it and that it will be appropriately correlated with information from other states. There is ongoing discussion about what sort of model we use for sharing it. The Western Australian government is most keen on a federated model. After all, we are a federation. We would retain the ownership of the information; we would not just hand it over to a commonwealth government agency to do the analysis. We would retain ownership and be very much involved in how that information was used. That is just one example of how this research fund money could be used. It is an important example because it would impact on the lives of many young people and families into the future.

The work of the Telethon Kids Institute's WA Child Development Atlas is a further example of how we can gather data and use geospatial analysis to see what is going on in terms of air quality factors and how that can be influencing different health outcomes. The whole area of geospatial analysis is something that I am very interested in. In many cases, Western Australia is performing quite well in that the various electronic maps, if I can describe them that way, are owned by government and are being made available to the general public. Members of the public can access the data and begin to do the analysis. It is very important that members of the community have the ability to access the data. It is not always the case, though. Some of the worst offenders are a couple of government agencies that are not very free thinking or open to the idea of the public gaining the information. They often throw up barriers by saying, "Yes, we hold the dataset, but we don't own it, so we'll have to refer to people who might be the owners." My view is that once it is submitted to government—perhaps submitted through an approval process of some sort—it becomes the property of government and there should not be any barriers to people accessing the data. I can assure the minister that it is not in the health space at all that I have had that complaint; it is very much in the province of the Department of Biodiversity, Conservation and Attractions. I will be taking that up with the minister in coming days. The whole idea is to use geospatial information to look closely at what sort of environmental factors are at play, both social and economic, and then work out what could be some of the underlying factors causing particular types of health complaints.

Air quality is something that interests me enormously. Western Australia works on the assumption that it has a low population density. Even in the Perth metropolitan area, we assume our low population density will mean we have high air quality and good easterly winds and sea breezes that ensure that the air is moving around. We have such a thing as an air quality management plan for Perth. I believe there are testing sites at Caversham, Duncraig and South Lake. I am not convinced that the testing sites at those locations pick up the impact, say, of diesel emissions on youngsters as they are walking to school. When they walk past cars idling at a set of traffic lights, they are breathing in all those fumes. There are definitely things that need this sort of analysis. The fund would provide us with the capability to do some really important work.

We have had some very interesting information around burns victims. Many members would be aware of the pioneering work of former Australian of the Year Fiona Wood and her spray-on skin, which has the ability to help deal with the burns that sometimes are an emergency problem and require emergency treatment. There is work suggesting that following the treatment of the initial burn, there are other problems. The likelihood of that person who has received the treatment actually suffering further complaints, perhaps not at all related to a burn but nevertheless very serious, seems to increase. Their likelihood to contract cancers and other complaints seems to increase. This is the sort of stuff that we can look at through careful analysis of the available data. It all depends on us being able to keep the data, analyse it well and work out the options. It can be an expensive exercise to do that. It is an exercise that requires very extensive data gathering and analysis.

I am now looking towards some of the detail of the bill and the definition of research. It is very pleasing to see that this encompasses all those topics that I just touched on, including research to understand human health and wellbeing, disease, and biological behaviour, and the social and environmental factors that contribute to these. Looking at social and environmental factors, in a multicultural area such as mine, sometimes people are struggling to find the time to do the level of physical activity that will keep them well. Sometimes they have come from a country where their diet was fine in their country of origin but when it is adapted to the Western Australian situation, it is not so healthy. They find that they are putting on weight because of a combination of poor diet and lack of exercise, all

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brought on because they are working very hard to make ends meet and not finding the time to exercise. They have not got into the habit of a strong exercise regime. There are the attendant health problems. I notice amongst some of my friends in various ethnic communities a tendency towards putting on weight. In conversation, they sometimes reveal to me that they have to watch their sugar intake and that their doctors have warned them about their diabetes risk. It is a real concern. Something we can explore further is looking at this connection between social and environmental factors that people have to deal with. In spending the research money that will be available through the health research and innovation fund, we can look at ways of countering the problem as well. Whether that is partly through an education program or providing more opportunities for people to ensure that they fit in a well-practised exercise regime, that will be very important to them as well.

I want to look at some of the other details of the legislation.

[Member's time extended.]

Mr Z.R.F. Kirkup: That is a very polite way to get to that.

Mr C.J. TALLENTIRE: Thank you, member.

The repurposing of the future fund will set aside and accumulate a portion of the revenue earned from the state's finite mineral resources for the benefit of future generations. It is worth reminding ourselves that so much of this state's wealth comes from the resources sector. I certainly acknowledge that and realise that this is a good way of spending the money earned from that finite resource. It therefore seems very germane that we think about where our economy and our human activity will go when that finite resource expires. The idea of innovating is very attractive because it is about working out what the jobs of the future will be. It enables us to commercialise the benefits of the research that we undertake. That is a very important part of this legislation. I am pleased that there will be opportunities for the commercialisation of the outputs of the research and development and the delivery of improved health policies, systems and services.

I am very pleased that we have some good governance arrangements in place. It is always a risk in a state such as ours with a relatively small population—we hope that people with experience in health, research and innovation are appointed to the advisory council that is so much a part of the future fund—that there is a conflict of interest. If that arose, it would undermine the credibility of the fund in a very serious way. I am pleased to see a provision in the bill relating to the disclosure of interests. There would be ways of ensuring that members of the council are aware of somebody's potential conflict. I assume that they would step aside from the deliberations of the council while that conflict was in train.

It is important to remember that so much of the inspiration for this legislation comes from the commitment we made at the 2017 state election and acknowledge that we have really thought this through, with the very best of inspiration. This legislation involves developing a cancer research plan, and improves cancer research and treatment for the next decade. It will establish a health research innovation fund to drive medical research and innovation that looks at cancer and other areas. An innovative hub at Royal Perth Hospital will provide collaborative accommodation and services to start up and establish medical innovation and research companies linked to other state and regional medical technology centres. It is important to realise that the future fund will have benefits right across the state. I was with friends recently in the regions. We had cause to use a telehealth facility in Nannup Hospital. It was a very interesting experience. Someone who fractured an arm —

Mr R.H. Cook: Who came off their bike?

Mr C.J. TALLENTIRE: One of my friends did. Something like that can be analysed and assessed through the telehealth capability. The jury is still out on whether using telehealth was a totally satisfactory experience but there are ways that it can be done better. It is not feasible to access an orthopaedic surgeon in a country town at 7.00 pm on a Saturday. It was good to get that initial assessment via a telehealth capability.

The legislation does a great job of ensuring that we have the parameters well set for the repurposing that will make this future fund applicable to an area that is so important to all of us. Ensuring that our health service is backed up, enhanced and developed through this future fund is so important. It takes us a long way from the vagaries of the 2012 system and the unfortunate ambiguity about what that sovereign wealth fund was really for. I am very pleased to see that we have so much of the essential detail in this legislation. We are fulfilling an election commitment. We have two streams of funding around medical research and innovation. We will be able to commercialise as well as do pure research and we will be able to have a direct impact on the wellbeing of Western Australians. This builds on the tradition of such strong medical research that we have already seen. I think of our Nobel laureates in Robin Warren and Barry Marshall and our Australians of the Year, Fiona Stanley and Fiona Wood—world leaders in their fields. We will be able to direct more funding for research into entities such as the Harry Perkins Institute of Medical Research and the Telethon Kids Institute, making sure that the funding is available when they are able to demonstrate that their research and innovation projects are of benefit to us all. There is no doubt that there is

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a need for these bodies. There is also no doubt that we have the opportunity to develop further research and draw people to Western Australia for medical research. These are exciting times when we know that Western Australia's future could well be as a medical research or health research centre.

I certainly commend the minister for having the vision to set the state up as a location where people will come because they know that there is excellence in health research here. It means that we will get global recognition but perhaps, more importantly, we will be able to direct that research towards preventive health. That is the issue on which I want to conclude. So many of the health conditions that we see can be avoided in the first place simply by helping people choose to be in the right environment, choose the right diet and ensure that their level of physical activity is such that they will keep themselves vibrant and strong. We have only just begun preventive health research to enable people to appreciate the benefits. There is much more that we can do because I see too many Western Australians ignoring all the messages that are already out there. Perhaps they are not yet fully convinced. That is something we can work on, and through this fund we can ensure that people are given more direction, guidance and encouragement for living that quality of life that will mean they can avoid many of the ailments the plague those of us who live in a modern society where it is all too easy to fall into a trap. Consumption of alcohol and sugar, high consumption of salt and other dietary imbalances can lead them on a fairly destructive path when coupled with a very sedentary lifestyle. Those are directions that I think this health fund can take them in by providing not only the research and innovation, but also the education that will enable people to draw on the findings of great research. They can pick up and use the benefits of innovation and then be educated enough to realise that there is something big and useful in it for them. I commend this bill to the house and look forward to being a beneficiary of this future health research and innovation fund.

MRS L.M. O'MALLEY (Bicton) [8.01 pm]: I rise to add to the debate on the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. This bill serves the important purpose of amending the Western Australia Future Fund Act 2012 to provide a secure long-term source of funding to support medical and health research, medical and health innovation, and commercialisation activities in the state. The object of the amendment bill is to provide a secure source of funding to support activities that improve the financial sustainability of our health system, improve the health and wellbeing of Western Australians, improve our state's economic prosperity and advance or maintain Western Australia's position as a national and international leader in qualifying activities, including medical and health research and innovation. It is this last point that I will explore in more detail as part of my contribution.

In 1948, the World Health Organization defined "health" as being a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity. In 1986, WHO said that health is a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. According to the World Health Organization, mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. The definition of "health" in the *Collins English Dictionary* says —

A person's health is the condition of their body and the extent to which it is free from illness or is able to resist illness.

Further it says —

Health is a state in which a person is not suffering from any illness and is feeling well.

Although definitions may vary and are open to subjective assessment, the one thing we can agree on is the importance of good health. The passing of this bill enabling the establishment of the Western Australian future health research and innovation account will be a vital step towards better health for all Western Australians. The features and benefits of the bill are many, from commercial opportunities for economic diversification and prosperity through support of health innovation activities and research, ensuring that this support is financially sustainable, to the very real health outcomes for ordinary Western Australians. The McGowan government is committed to better health outcomes across the state. We know the importance of equity and access for all, whatever people's postcodes and wherever they live, be it Bicton, Broome, Baldivis or beyond. The future health research and innovation fund is a mechanism by which this commitment can be better achieved. The challenges to better health across our state are big. Chronic disease and injury remain the leading causes of illness, disability and death in Western Australia. Obesity, smoking, harmful levels of alcohol consumption, physical inactivity and poor diet are major contributors. We are a big state. Delivering better health across a state as vast as ours brings great geographical challenges, and a life expectancy gap of around 10 years between Indigenous and non-Indigenous Western Australians is entirely unacceptable. We must do better, and this bill will go a long way towards helping close that gap by providing secure source funding to support health and medical research and innovation to get on with the work needed to improve health outcomes for all Western Australians by making the most of the opportunities in medical and

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health research, health innovation and commercialism. These are opportunities that Western Australian researchers and scientists are ready and vastly capable of realising should they be given the necessary resources and support. There is a thriving and exciting research and innovation industry already active in WA, and with the passage of this bill, we will ensure not only their ongoing contribution to the better health of Western Australians, but also an expansion of this contribution. Importantly, we will see them and their vital talents more likely to remain in our state.

I had the privilege of learning about the groundbreaking work of some of these talented and passionate researchers when they recently visited the Parliament. It is research that has the potential to change, and in some cases even save, the lives of Western Australians. It is research such as that being undertaken by Dr Eleanor Quested, senior research fellow at the school of psychology in the health sciences faculty at Curtin University. Dr Quested's research area lies within the all-important preventive space. The title of her current research topic is "Effective motivation techniques to promote physical activity: A cost-effective and sustainable way to improve quality and longevity of life among those experiencing at-risk or lifestyle disease". Some of the findings of her research and information that Dr Quested was able to provide me with during that opportunity was the background of what she did—the point of the research. Dr Quested developed a 12-week physical activity and healthy eating program for overweight and obese WA men with a passion for sport. Aussie-FIT, or AFL Fans in Training, is the organisation that Dr Quested partnered with in delivering the research. In other words, it provided the activities for the research group. Why did she do it? More men than women in WA are overweight or obese, yet only 20 per cent of research on this topic currently focuses on men. Men are less likely to take action on their health. There is a gender stereotype on taking action, with losing weight often seen as a female activity, which creates a further barrier. Sport was seen as a potential hook to engage men in health behaviour change. The men worked with Aussie-FIT, which provides physical activity and healthy eating programs for men who are sports fans. The program is theory and evidence based. It includes educational and practical components. The focus was on small but sustainable changes that fit with the men's interests and lifestyles. Fun banter and the development of a supportive peer network of "men like me" are key features. Who took part? There were 130 overweight or obese male AFL fans who participated. They had an average blood pressure of 138/87. They had a waist circumference of 116 centimetres. Aussie-FIT successfully attracted men at risk of cardiovascular disease and ill health due to elevated body mass index. After attending assessment sessions at various football clubs, which is how the men who took part in the project were able to be engaged, men were randomly allocated to one of two groups. Following that, they undertook various activities. They found that the men who took part in Aussie-FIT increased their physical activity by 8.54 minutes more a day than those in the control group who did not participate in physical activity. There was weight loss. By the end of the 12-week program, the men who took part in Aussie-FIT had lost an average of 2.3 kilograms. They had overall improved health outcomes and, really importantly, they experienced an improvement in psychological wellbeing. The men who took part in the program reported improvements in self-esteem, positive feelings and emotions by the end of the 12-week program, which is incredibly important given we all know the statistics around suicide risk and men.

The future directions and findings of the program are —

- Develop programs for delivery for clinical populations (e.g., cardiac disease, cancer) to **improve outcomes for those diagnosed with life threatening diseases**.
- Before, during and after our research activities, continue to engage with stake holders, consumers and policy-makers ...

It also wants to ensure the long-term impact of the focus of Dr Quested's research—her topic. It is really, really important that it is cost-effective and scaleable and ensures long-term sustainability.

I also learnt about another really interesting research topic being undertaken into pancreatic cancer treatment by Dr Alice Domenichini, a research associate at the Curtin Health Innovation Research Institute, in the faculty of health science at Curtin University. Dr Alice's—let us call her that because it is easier to pronounce—research topic is "Pancreatic Cancer: Perspectives for a Brighter Prognosis". The background and findings of her research so far are also really quite fascinating given that this is a particularly different cancer to treat. The summary states —

Pancreatic Cancer is currently in Australia the **5th most common cause of cancer-related death**. Mortality-to-Incidence Ratio ... in pancreatic cancer has been fluctuating close to 1 for the past 40 years. In 2019, it is estimated that **3,599** people will be diagnosed with pancreatic cancer of which **3,051** are the estimated number of deaths. At present the **5-year survival rate is only about 8.7%**.

Without really overemphasising the importance of this kind of vital research being undertaken right here in this state, the fact is that with the passage of this bill we will be able to support ongoing research into these really important and key areas.

I will run through some of the findings of Alice's work, which states —

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Our research in Pancreatic Cancer starts from **patients**. We try to understand why they have a **lower chance of survival**.

Some of the findings include —

Specific proteins expressed in Pancreatic Cancer patients are involved in **chemoresistance**.

In other words, the challenge is around the fact that quite often with this type of cancer, the chemotherapy that a patient undergoes is simply not working; hence, chemo-resistance. Alice is seeking to —

... identify a possible target, from our patients' investigation, we analyse the **mechanisms of cancer progression**. We identify **metabolic vulnerabilities** and develop **new therapeutic approaches**.

This research is in actual fact looking at the benefits of cannabinoids. That is a really interesting area that they working on. It states —

Cannabinoids have been widely used in **palliative care** but emerging evidence is suggesting, at higher doses, they have a **potent anticancer effect**.

There are two others that I would like to quickly run through. I wish I had been able to get around to more of the researchers, but trying to get to each of the stands that researchers had set up on the evening was a little bit like speed dating.

Another really interesting one was the cost of cancer care for rural and outer metropolitan Western Australians living with a cancer diagnosis. This research area is not necessarily clinical; it looks at cost—really importantly, the cost that patients accrue when they are going through cancer treatment. There was some really interesting findings. The cost of treatment depends on the type of cancer, but in some cases, patients who live in outer metro areas incur greater costs than patients who live in rural areas. The recommendations that came out of this particular research topic were —

Health Service Providers and insurance Companies can improve **cost transparency for cancer patients** by making this information more readily available so that patients can make informed financial choices about where to receive their care.

The needs of certain groups of working patients, mainly **small business owners and casual workers**, **deserve specific attention** ...

Cancer patients in Western Australia, particularly those who do not have access to a specialist nurse, need **assistance with navigating the health system**.

I think that all members would agree that there is an absolute vital need to support ongoing research and that, in actual fact, although we focus more on clinical outcomes, there is absolutely also a benefit to be realised from a cost perspective.

In wrapping up, basically, all the topics at that particular event that I was able to look at provided crucial information that could provide the answers to improving health and health-cost outcomes for Western Australians. There are many, many more questions that we need researchers to ask and answers that we need them to find so that we can realise better health outcomes for Western Australians. The Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019 will enable this to occur. I commend this bill to the house.

MR R.R. WHITBY (Baldivis — Parliamentary Secretary) [8.16 pm]: I also rise to speak on this very intelligent and useful piece of legislation, the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill. It is quite inspiring what the government has been able to do to turn something that started out on a very shaky foundation into something that will be a powerful driver for medical research in Western Australia.

Can I start by saying that this is an election commitment being delivered—another election commitment delivered; another green tick for the McGowan Labor government. We said that we would do this and we are doing it. This is about jobs, innovation and research to make Perth a world powerhouse in medical research and technology, where highly skilled people will want to come to make their home and to set themselves up to innovate, and where businesses will want to come to set up shop. This is very crucial legislation. It is about diversifying the economy. It is about another attribute of our economy to get away from being reliant solely on mining and resources. Those industries are key to Western Australia and can never be overlooked, but it is important to develop our skills in other areas. I think it is a good one to choose because we already punch above our weight in medical research. I think of the Harry Perkins Institute of Medical Research and the Lions Eye Institute and a lot of the work that our many doctors and professors have done. They have got worldwide attention for their efforts and work in a whole range of medical research areas. We know we have a good base in our universities and many of the professionals and the medical fraternity who live here already, but supercharging, if you like, what is here can deliver, I am sure,

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outstanding results for our economy in the future. Of course, it is not just economic; it is wellbeing—it is the health of our people. What could be more important than the health of Western Australians?

Back in 2012, the former government announced the creation of a future fund, and it always worried me because it never quite made sense. That was in an atmosphere at a time when the government was going crazy with money—it was spending like a drunken sailor.

Mr Z.R.F. Kirkup interjected.

Mr R.R. WHITBY: Excuse me, member. Debt, as we know, was escalating. It was growing. The trend was sky-high for debt, yet the government at the time decided it was a good idea that rather than to pay down debt to put —

Mr Z.R.F. Kirkup interjected.

Mr R.R. WHITBY: Mr Acting Speaker, many other members have been heard in silence and I, too, wish to be heard in silence. I do not need a three-piece suit and a pocket scarf interrupting me. I will continue.

Mr D.R. Michael interjected.

The ACTING SPEAKER (Mr T.J. Healy): I call the government Whip to order for the first time; I was on my feet. Members, it is a very exciting evening and a very exciting piece of legislation. I ask the member for Baldivis to speak to the Chair. You are not seeking to take interjections at this stage?

Mr R.R. WHITBY: That is absolutely correct.

The ACTING SPEAKER: Then please try to not be too provocative because that will invite discussion. Please continue.

Mr R.R. WHITBY: I will try not to be provocative. I would not want to be provocative in this place.

The ACTING SPEAKER: I will give you the protection that I can.

Withdrawal of Remark

Mr R.S. LOVE: I am sure that I heard the member for Baldivis referring to a member of Parliament as a three-piece suit and pocket handkerchief, which is not an appropriate way to speak of another member. Mr Acting Speaker, I think that you should instruct him to withdraw.

The ACTING SPEAKER (Mr T.J. Healy): The point of order is not upheld, but I ask all members, including the member for Baldivis, to refer to members by their full title.

Debate Resumed

Mr R.R. WHITBY: Thank you, Mr Acting Speaker. I appreciate your direction and very wise counsel, and I will certainly take them on board.

Under the former government, the situation was akin to a household drowning in debt that decided to take out and put money into a low-interest savings account rather than pay off a high-interest credit card. At the time, economists pointed out that the former government's manoeuvre of setting up the future fund would cost it money because it would be able to save more money by decreasing its debt exposure than it would be able to make from investing the return it would get from the investment in the future fund. I believe that was the case at the time and it was pointed out. The accusation was that the future fund was a stunt that would make the former government of the day seem responsible, because the idea of putting money away for a rainy day is something that people can relate to and it is a positive thing. It is about saving for the future, which is a good thing and many people concur. But in an environment in which people have a massive debt on their credit card, the last thing they should do is put money into a low-interest earning account when that money could pay off debt that is incurring very high interest. The net result of the former government's manoeuvre cost the state money. It would have saved more money had it reduced debt rather than invested in the fund because at the time our ratings were very poor, so our debt was costing more money than it does now. The more sensible option would have been to get rid of the debt. But that was not the former government's choice; rather, its manoeuvre was to say to the community, "Look at us, we're doing something for the future. We're saving money and locking it up until 2032 and we're economically responsible after all." It was a crazy manoeuvre—absolutely crazy—that got under my skin because I grew up in a small business family and I know how hard it is to earn a dollar, keep a dollar and save a dollar. I thought it was economically insane to set up the fund at a time when debt was out of control and rising. It made absolutely no sense. The government can do what it is doing with this legislation because it has started to get the books under control. Debt is trending southwards because we have someone of the calibre of our Treasurer and the team behind him who have good sense and are able to get on with the job of reducing debt. The Treasurer's name is not Wyatt without good reason. He is like sheriff Wyatt Earp

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who came to town. His approach of fiscal discipline is akin to his six-shooters. There he is, Ben Wyatt Earp, strolling into town and getting that dastardly debt, that Dastardly Dan debt and that Dastardly Dan deficit under control.

Mr Z.R.F. Kirkup: What is this speech?

Mr R.R. WHITBY: The member for Dawesville might not like it, but I do not care.

Mr Z.R.F. Kirkup: I don't even understand the reference. I don't know what we're talking about!

Mr R.R. WHITBY: We are talking about a government that is able to get debt under control, which allows us —

Point of Order

Mr R.S. LOVE: Mr Acting Speaker, I ask that you consider that this is not a relevant contribution. The member is not at all talking about the matter at hand, which is the future fund and clinical research. Rather, this is a diatribe about government investments during previous iterations of government. It is completely irrelevant to the topic.

The ACTING SPEAKER (Mr T.J. Healy): Thank you, member for Moore. I am happy to take advice from the clerks, but second reading debates are wide-ranging. I ask the member to discuss the legislation.

Debate Resumed

Mr R.R. WHITBY: I think everyone, apart from maybe one or two members in this place, can absolutely see the relevance of a Treasurer getting debt under control and being able to change the future fund into something that delivers value to the Western Australian community. It is absolutely plainly obvious. If I make reference to the Treasurer as Wyatt Earp and getting debt under control, that is perfectly acceptable. I could contrast the Treasurers who were on offer under the Barnett regime, could I not? I could talk about any number of them and how poorly they performed. It was a conga line of hopelessness and a cavalcade of disappointment compared with the single Treasurer of this government, who is getting debt under control.

This legislation crafts what started out as a sow's ear into a silk purse for the Western Australian community. The future fund locked up the capital for 20 years with the idea that in 2032, that money would be released for infrastructure projects. The Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019 proposes to unlock the benefit now because rather than wait until 2032, we can benefit from those funds today. We can grow our economy today, boost innovation and jobs today and create more investment in Western Australia today. In fact, unlocking the benefits of the future fund now will deliver an economy that will grow and prosper, create more jobs and earn more income for the government, which will be a better result for government come 2032 because of a growing, more prosperous economy that will be returning more benefit to the state than it would have had we had simply sat on that money and released it in 2032 for infrastructure projects. We will benefit from it as soon as this bill is proclaimed and takes effect. We will get the benefit of that investment in medical research all the way through to 2032 and beyond.

The member for Bateman referenced the bill as akin to a raid on the piggy bank. It is no such thing. The bill does not access the principal money in the fund. Currently, the future fund holds about \$1.4 billion and, as we know, each year one per cent of state royalties is paid into the fund. That will not change. The principal will remain untouched and the revenue stream from royalties will not change and will continue as it is now. It will continue to grow. The addition of the royalty income each year—the one per cent—will mean that the principal is protected and will grow year on year. It will last in perpetuity. That fund is protected. It is an ongoing, growing source of funding that will give WA a boost.

Sovereign wealth funds exist in places like Alaska and some Scandinavian countries. I have often thought that they are a good way to get a good return for the people of a community when their resources are mined. Yes, royalties are paid and there are many benefits from having a resources sector, but this is a way of putting funds aside to provide a perpetual benefit for the community. That is part of the inspiration. The government has determined that rather than returning an amount each year to its citizens or to do many of the other things that sovereign wealth funds can do in terms of investing in equities and other things, the best outcome would be for this fund to provide medical, health and research benefits for the health of our people. I could not think of a better way to invest money. If the population is happy and healthy, it is more productive and will be able to succeed. The economy will also grow. In a way, it is our own automatic telethon. The government has given Western Australia another telethon, basically. It will probably contribute as much, if not more, than the telethon we saw play out on the weekend. It is an automatic telethon for the health of everyone.

The important thing to remember is that we do not want to replace any of the funds that already go to medical research in Western Australia. This will not usurp or replace anything; it will add to what is out there. The difference is that the return on investment of the fund will be utilised for medical research. This is something that everyone in

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Western Australia should support. I can think of a range of benefits for the state in terms of the medical technology that could be developed. It will not be limited to technology or innovation but could also include the development of new policy and look at how we can improve health outcomes through public policy.

Mr R.H. Cook: It is deliberately titled as a health fund because it is not about medicine as such; it is about public health as well as medical research.

Mr R.R. WHITBY: The ambit is very wide indeed, and the benefits are enormous. It is a way of putting those funds to use. As I said, if we were to lock them up until 2032, there would be a benefit for infrastructure. However, by unlocking them now, we will have benefits now. I add that this is happening at a time when Western Australia needs all the support it can get. Those benefits will be ongoing right up to 2032. If we were to analyse the benefits to the state from this medical fund and what will be realised in that 20-year period—the jobs and businesses that will be created, the impact on public health and all the other measurements one could imagine—it will no doubt outstrip any benefits that would come from simply waiting for that one sugar hit in 2032 with the release of funds for infrastructure. I think our government and economy will be able to afford then the same sort of sugar hit for which we would otherwise have waited, but we will have had the benefits leading up to that time as well. It is ongoing; it is in perpetuity. This fund can continue to grow forever. We are certainly not raiding the piggy bank—that was a careless and inaccurate claim to make—because this bill protects the principal, grows the principal and takes the forecast annual revenue from the fund and puts it into medical research and innovation and all those other things in which we can invest to get a return for the state. If there is money left over, it will go back into the fund. I commend the bill to the house. It is a remarkable turnaround from what started as a very questionable bit of public policy and a bit of a stunt. It actually turns it into something that delivers real benefits for Western Australia. It is another example of Labor managing the state's finances in a far superior way. We see it again and again, and we see it tonight. I commend the bill to the house.

MS C.M. ROWE (Belmont) [8.35 pm]: I rise to support the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. I am incredibly proud of the Minister for Health for bringing this bill to the house, especially as one of its key objectives is to provide funding to support activities that will improve the health and wellbeing of all Western Australians. As the member for Baldivis just mentioned, it will continue in perpetuity. That is something we should be very proud of. It is a key focus for this government.

The future fund represents an opportunity to create a different public health future for Western Australia. In fact, I believe it can transform our health system by providing critical funds for medical research and technological advances that will be vitally important in moving our state forward and keeping up with the rest of the country. It will help us to seek answers and cures to some of those critical diseases and illnesses that affect so many people across this state.

The fund was set up in 2012 with investment income from the royalties from mineral resources. It was not meant to be used until 2032, but as a government we believe we should be accessing the funds now. The fund will be repurposed to invest in the continued development of a sustainable, world-class and world-leading public healthcare system in Western Australia, as well as a thriving health research and development sector that can be commercialised to generate income and jobs for Western Australians. The complex challenges facing the state in the delivery of healthcare services in both metropolitan and regional areas require ongoing, sustained investment. Although this will come at great cost, it will also offer opportunities for research and development, and for the commercialisation of this research and development as well. As the health minister clarified in his second reading speech, medical research and development offers a significant opportunity to diversify Western Australia's economy and broaden its focus from just minerals and resources. It will create a whole range of new industries and, in turn, create more jobs for the future for Western Australians.

Deloitte's 2019 global health care outlook states that sustainability of funding is critical to the future viability of quality health care in an increasingly complex health environment. A sustainable health system of the future will require focused attention on and investment in innovative systems, new technologies—we probably do not even know what they will look like right now—and the continuous improvement of efficiencies and outcomes-based care. The outlook for global health spending is expected to exceed more than \$10 trillion by 2022, which is only three years from now. To counter this growing cost, other key assessments addressed in the analysis of the sector include attracting the best talent to the sector to develop those innovative solutions; maintaining strong regulatory compliance and cybersecurity systems; developing private-public partnerships to foster innovation; working with innovators from other industries; approaching health from a whole-life perspective with a focus on outcomes; becoming more responsive to changing consumer health needs, with more transparency of costs and improved affordability; and investing a great deal more in preventive health.

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Something I am really quite pleased about with this bill is how broad it is with regard to the definition of health and wellbeing. I assume it will also include provisions around mental health. These are really huge challenges, particularly in the delivery of a health ecosystem that enables equal access to quality care across a really large geographical area such as WA. This bill seeks to address all the challenges highlighted in Deloitte's report.

The United States business publication *Forbes Magazine* has published a number of annual health care trend predictions with some accuracy. Its top eight health care predictions for 2019 really provide a strong indication of the future direction of health care. These predictions are as follows. Number one is that the world will continue to move to a value-based model of health care—that is, funding based on outcomes. With this model of care, medical providers pay for outcomes, rather than service delivery. The second prediction is an increase in artificial intelligence applications used for diagnostics, new drugs and risk assessment. I think this is a particularly interesting area and I will be following that with great interest. The third prediction is for growth in the use of digital technology to provide out-of-hospital care. The fourth prediction is that Asia will become the new global innovation hub for drug and device manufacturing. The fifth prediction is for a shift from big data to smaller more meaningful data generated by specialist hospitals with a focus on sharing that data, for the purposes of delivering better health outcomes and solutions. The sixth prediction is that tech companies such as Google, Microsoft, Apple and Amazon will increasingly enter the health space with a range of technologies, including applications for voice technologies. That would be a very interesting innovation. The seventh prediction is for the further development of blockchain technology with more start-ups commercialising this technology to enter the health space. The eighth prediction is growth in data-driven, lifestyle-related, more personalised and interactive private health insurance.

From these predictions, one can easily see that WA is in a prime position—geographically, technologically, and with our current health system—to take advantage of the growth in the global health care market. As noted by the Minister for Health in his second reading speech, an 11 per cent growth occurred in health sector-related employment between 2016 and 2018. The strong outlook for growth in the sector reliably indicates that WA will reap the benefits of repurposing this future fund for investment in health and research innovation. WA stands to benefit with higher quality, more affordable and more easily accessible health care, as well as more jobs, diversification of the state's economy and return on the investment. However, this will not be possible without immediate access to the future fund and, of course, this bill seeks to address that. Enabling access to investment funds will also improve WA's contribution to Australia's innovation output. It is a measure that we lag on. We are listed 15 out of 129 countries on the Global Innovation Index as at 2019.

WA also misses out on much of the federal funding available for medical research investment, including the Australian government's new \$20 billion medical research future fund. However, I believe that investment attracts investment, so it is hoped that having access to investment funding as provided by this bill will create opportunities for the WA government to attract additional federal funding for medical research efforts and innovative projects, partnerships and start-ups in this space.

The key points of high standards of governance and regulation are provided for in this bill. Through the creation of the advisory group, populated by a range of experts in their fields of health, innovation, community and social development, the funding will be directed with significant strategic and governance oversight so that WA receives the absolute best outcome and return on its health and innovation investment. I think that oversight is really important in the minds of the public. Of particular interest to me is the determination by our government to change the health story for Aboriginal people in WA, noting that at least one member of the advisory group will be required to have a depth of experience in engaging with both Aboriginal and regional health. I fully support the passage of this bill in the knowledge that one of its primary goals will be to deliver better outcomes for regional communities and particularly for Aboriginal Western Australians with the income generated by the wealth of natural resources available in WA.

The Australian government's Australia Institute of Health and Welfare reported in July this year that the gap in life expectancy of Aboriginal Australians compared with non-Aboriginal Australians had slightly lessened. However, for the Aboriginal and Torres Strait Islander population born between 2015 and 2017, life expectancy is still 8.6 years lower for men and 7.8 years lower for women. While this gap exists, we have much more work to do to change the life outcomes and expectations for Aboriginal Western Australians. In light of these figures, it is important that this income truly benefits those who still clearly have the greatest need, those with traditional ownership of these natural resources.

We all know that the world is changing at a really fast pace and we face an urgent challenge with climate change. This challenge is driving investment in renewable technology and as the demand for us to act quickly gathers pace and momentum, so will demand for fossil fuel and other mineral resources. It is vital that as a responsible government we look at this not-too-distant future and make plans accordingly. As long as our mineral and fossil fuel sources

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are generating income for WA, this income should be reinvested in diversified job-creating industries for the future and of the future. This income should also be invested in the long-term improved outcomes for all Western Australians. The repurposing of the Western Australian Future Fund to address the complex need of Western Australian health while also creating innovative health research and development industries is an exceptional policy that we committed to in 2017 and that we, as a responsible government, should and must commit to delivering for all Western Australians. I commend the bill to the house.

MS J. FARRER (Kimberley) [8.47 pm]: I am going to have a crack at this. I do not know too much about the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019, but my heart is in tackling suicide. As we all know, since I have been in Parliament I have talked about suicide and it seems as though there has been no sort of real answers about how we can deal with this. I am glad that this fund was set aside back in 2012. In setting up this fund, we did not see the light at the end of the tunnel to identify how we could use it, but it has given me a brilliant idea about looking at the health of our people. As we know, suicide is entwined with mental health, depression and all those things. The combination of all those things together has made a lot of our young people suicide. Since I have come in, I have talked about suicide and I have looked at ways that this Parliament can help to make some changes. As a member of the Education and Health Standing Committee it has really made me look deeper into it.

First of all, I have seen some big changes with some of the issues that our young people are faced with, especially in the sporting area. Kevin Sheedy contributed to the Clontarf Academy program, which has helped a lot of our young people, and a lot of them found their vision and pathways that have led them into sport, especially football. We have seen a lot of our young people of Indigenous descent, from the Kimberley all the way down the state, come through that program. My talk is based on all the ones who have lost their lives, and their families.

I believe that with this fund we could do a lot of wonders. Some of our young people say, “Why isn’t this government or this Parliament doing something to help our young people?” I can see this as a bit of a gate-opener, especially for those issues tied up with suicide. First of all, we have Clontarf. It works with our truant Indigenous young people—the ones who do not go to school—and also the problems they face and the issues around health that enable them to be a part of Clontarf.

What I have not seen in the sporting area in the last 20 years is basketball. A lot of our young people are very talented in that area, but there has never ever been any research work done with basketball to enhance our young people. I believe this is an opportunity to work with some of the research work that has been going on to help embrace our young people to have a focus in life. I believe that because basketball has not been looked at, it gives us an opportunity to work with some areas like Alive and Kicking Goals!, mental health and all that. It embraces the health system to support our young people.

I will read a quote from last week’s *Hansard*. Western Australia has the highest rate of suicide across Australian states. When we look at the numbers, out of 383 suicides, 285 were male and 98 were female. When I compare that with the previous year, 2017, there were 409 suicides. The state also has the second highest age-standardised rate of suicide among children aged five to 17. This was higher than the national average for children aged five to 17 over that period. I have looked back over time and, yes, Indigenous children as young as nine years old have suicided. When this funding was set up, we could look into the future and now we are talking about all the issues surrounding mental health and suicide. If members of this Parliament all work together, we may work on some achievement to sort some of these things out, especially the rate at which our young people are dying. If we wait until 2032, there may not be a lot of young people left. That is something Parliament should be looking at.

As an Indigenous person, I feel very strongly about doing something to help embrace and capture the health and wellbeing of some of our young people. We can try to save who we can, but I think it is up to the authorities and it is up to Parliament where we would like to see this money spent. Young people have said to me, “You’re in Parliament, you’re here to represent all of us. Why don’t we have something set up like they have in America?” I said, “Like what?” They said, “They have basketball colleges in America. Why can’t we have something like that here in Australia?” That is another avenue to look at to help some of our young kids. In particular, I would say that basketball is one of the most forgotten sports. We have not really looked at it to help some of our young kids. I would like to get this Parliament thinking. When we are talking about research work, the Education and Health Standing Committee that I sit on has talked about a number of issues including the problems of diet and problems that some of our young people are facing. This would be a really good area to take seriously and decide that maybe some research work into all those areas could benefit our young people, and more so our young Indigenous people. I would like to make that little contribution. I had not written up a speech, but I thought I would add my couple of cents for what it is worth and bring that together.

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MS A. SANDERSON (Morley — Parliamentary Secretary) [8.54 pm]: Thank you for the opportunity to contribute to this important bill, the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. As members have already indicated, this is a repurposing of the Western Australian Future Fund Act that was implemented in 2012 by the previous government as a way of securing the royalties and income from Western Australian resources, and ensuring that it is not squandered by the government of the day to the detriment of future generations. Unfortunately, that failed spectacularly under the previous government. It managed to squander everything, including everything we did not have, and left us with around \$40 billion worth of debt. That debt was not just from infrastructure; it was from debt to pay the bills—borrowing money to pay the wages of nurses, police officers and teachers, and departments and public services. That was the situation that we found ourselves in with the previous government. This amendment bill essentially repurposes the fund that was established in 2012 for the specific purposes of developing medical and health research, health innovation, and looking at how we can commercialise those activities for the benefit of the state and therefore the entire Western Australian community.

When we look at the future of jobs and where those jobs are likely to be, we can see that the trajectory is heading very much in the direction of health, education and support services like aged care and disability support. With a growing ageing population, health is the workforce that is growing. That is where we need the skills and innovation. Areas such as manufacturing and construction continue to shrink across the world, certainly in developed countries, so we need to prepare the state and our workforce for what is to be the new jobs frontier. This is about putting the state on the path to develop research and innovation, and programs and treatments to keep people healthier for longer, which will essentially take the burden off our health system. We know that prevention is the key to chronic health disease. We know that chronic health problems are a significant burden on the system. People with comorbidities and complex health needs require multiple specialists and multiple hospital admissions. They require all sorts of care and support from the state. Although it is appropriate that the state provides it, there is a way to limit that need by putting in place good prevention programs that we know work.

This is also about diversifying the economy so that we are not entirely reliant on resources and the sale of iron ore. It is not just the diversification within the resources sector but also diversification across the economy into the health and research space. We have access to a lot of mineral resources, but if we do not act now, we will not be able to provide for the future of the state.

Another important aspect of this bill is to encourage the retention of talent in the medical and health research fields. Research and health innovation are the foundations of leading tertiary hospitals across the world, not just in Australia. They are the backbone of good health systems. They are the backbone of a good public health system. When we have the best and brightest here in Western Australia, they want to work in those centres of excellence, which, sadly, have not always been in Western Australia—certainly in the last few years. We do not want to lose those people. We need to be able to provide an infrastructure and an environment that enables the people with those talents and skills to give back to the community in so many ways. They need an environment in which they can stay and develop and flourish.

The bill will essentially provide infrastructure for Western Australia to access the Australian government's Medical Research Future Fund. In comparison with other jurisdictions, Western Australia has not been performing as well in attracting those funds. I think the member for Armadale articulated some of that, including around the networking of academics, but also the lack of infrastructure and government support in this area. It is about creating that infrastructure. That infrastructure and the success of projects starts to become a self-fulfilling prophecy and process in which it becomes a sustainable health and innovation environment. I hate to use a certain word; it would be very unparliamentary if I used it. I find the word "incubator" to be a bit daggy and techy but it is essentially about providing that kind of environment where it can flourish. We need to be able to compete globally. Pharmaceutical companies, international investors and private industry all have various destinations vying for their research dollar. We need to make sure that we are preparing the state to be part of that global industry, not just by providing jobs and opportunities for the state, but by providing really good healthcare outcomes for people and improving people's quality of life. Living with serious and chronic disease is debilitating. We need to be able to support people and improve their quality of life.

The member for Mirrabooka started her contribution by talking about diabetes. I will pick up where she left off and talk a bit more about sex and gender equity in medical research and teaching and how that influences health outcomes for women in particular. It is certainly evident from a number of studies that women are not as well represented in research studies and clinical trials. Therefore, their health outcomes are not as good as men's. A background paper by the Australian Medical Students' Association refers to sex and gender equity medical research. It states —

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There is increasing recognition that traditional medical research and training has focused heavily on disease manifestations within binary male populations, leading to disparities in health outcomes for those who do not identify with this group.

...

Available data suggests that there are ongoing sex biases in medical research, for instance, recent research has shown sex bias in coronary heart disease ... research. There is reduced funding into research into the presentation, comorbidities, diagnosis and management of CHD in females, particularly heart attacks. The consequence of this is that women are less likely to be correctly diagnosed with myocardial infarction ...

...

Studies have identified that women receive poorer care and have worse outcomes based on misdiagnoses and poor understanding of female presentations of common conditions.

...

Historically, the male body has been presented as a standard model of the human body in medical education resources, with males being found to have significantly greater representation in anatomy and physical diagnosis textbook illustrations than females or gender diverse individuals ...

That shows that the basis on which we are teaching our students is already biased and skewed towards diagnosing diseases and illnesses in men rather than women. Women are facing later diagnosis and therefore poorer outcomes. Heart failure is one of those diseases. I refer to an article in *The Guardian* of July this year, which outlined a number of diseases for which women come off second best in diagnosis and treatment. Heart failure is one of those diseases. The article states —

A study last week revealed that women in Australia are less likely than men to receive the recommended medicine for heart failure. In the UK, assumptions that heart failure is a “man’s disease” have also led to unequal care. Over the past 10 years, more than 8,000 British women have died as a result of this gender inequity.

Recent Australian studies have confirmed that that is also the case for women in Australia. Alzheimer’s disease is one of the fastest growing diseases in our community. The article continues —

Verbal memory tests used to detect Alzheimer’s disease disadvantage women. Research by US scientists in 2016 shows that women in the early stages of Alzheimer’s perform better than men on these tests. However, as this difference is not taken into account, the disease is detected later in women, preventing earlier treatment.

The article continues —

Medical trials

Women have historically been excluded from medical trials, resulting in drugs that are less safe or effective for them. In the US, eight drugs that had unacceptable risks for women were withdrawn by the Food and Drug Administration between 1997 and 2001. Even today, representation in medical trials is still skewed towards men, and not all drug research takes gender into account when analysing results.

Given that men and women’s bodies are fundamentally different, we would think that that would be taken into consideration. When we dig into this topic, it is quite extraordinary to see the breadth of illnesses that essentially affect men and women so differently and the inequity and outcomes of those illnesses. The next paragraph is fascinating —

CPR dummies

A 2018 study by the University of Pennsylvania showed that women are less likely to receive cardiopulmonary resuscitation from bystanders during cardiac arrest. CPR training only uses “male” dummies. Training with “female” dummies should eliminate fears of causing injury and the misconception that breasts make CPR more challenging.

Women are not even given CPR because the standard is a male dummy and people are afraid of hurting women. They think they will hurt their breasts or cause some damage when essentially massaging their heart to keep them alive.

I will spend a bit of time on endometriosis because this area has been identified as very poorly lacking in research. I think it is indicative of the attitude of a lot of people within the medical profession towards some women’s health issues. We saw that with the vaginal mesh scandal. Some women had to go through years and years of agony and pain to be heard and to make their case. They were told they were imagining it, it was in their heads, they were

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menopausal or it was their hormones when real damage was being done to them by those vaginal mesh implants. That is a real indication of the unevenness around the medical system and how women can be treated. Endometriosis is a debilitating illness. It can take up to seven years for a diagnosis. I speak to women, I know women and I am sure a number of us have known women who have suffered from endometriosis. They go from doctor to doctor to get a diagnosis. They are told it is just period pain, they are imagining it, and they should take some Nurofen or use a hot water bottle, when it is a genuinely debilitating illness.

A recent study released earlier this month showed that the average cost for a woman with endometriosis, both personally and for society, is around \$30 000 a year. That was according to research published by PLOS One. Most of the costs are not from medication or doctors' visits, although they play a part. They are due to lost productivity, an inability to present at work or an inability to work, or seeking other treatments for pain and discomfort. Essentially, endometriosis is the presence of growth of tissue called lesions, which is similar to the lining of the uterus but it grows outside the uterus and can cause debilitating bloating and stomach pain. It can feel like period pain, which is why it often presents as period pain but it can cause all sorts of other issues, such as severe fatigue, gastrointestinal problems, severe bloating, or "endo belly" as they call it, and pain in the bowel. Currently, surgery or a laparoscopy are the only way in which to make a formal diagnosis of endometriosis, which is one of the reasons diagnosis can take so long. During this procedure, a small camera is inserted into the pelvic cavity to investigate the presence of those lesions. A number of medications can be used but they also cause quite significant side effects, so women tend to take themselves off those medications. Quite extensive studies have been undertaken. It is staggering to learn how many women this affects and the impact that it has on women and the local economy. It is estimated that one in 10 women aged 40 to 44 suffer from endometriosis and obviously require surgery through diagnosis. Worldwide estimates of chronic pelvic pain range from five per cent to 26 per cent of women. In New Zealand, the figure is about 25 per cent, although we are lacking any up-to-date statistics. The study also found that although the bulk of the costs were due to lost productivity either because of absenteeism or presenteeism, women with endometriosis often use up all their sick leave and have to work when they are in severe pain. Overall, one in 10 women aged between 18 and 45 have endometriosis, and the total economic burden of endometriosis alone for Australia is worth \$9.7 billion a year. With so many people affected by endometriosis and it being a significant and proven economic burden, we would think that it would be a worthy recipient of significant health research funding, and that given women have been suffering from it for many, many years, we would be a lot further down the road of treatment than we are today. I want to acknowledge the federal government for putting in \$10 million for research and awareness, which it announced earlier this year. That is a really important and positive step in this area, particularly for women's health. It is a really good example of how good research and innovation can improve the quality of life of women and their families. It is an area that needs it very much.

[Member's time extended.]

Ms A. SANDERSON: I will touch on a disease I have had a little bit to do with and that I have supported fundraising and research for, and that is motor neurone disease. It is a terrible, terrible disease. It is very hard not to be affected when watching someone go through it. Thankfully, it is very rare, but that is easy to say. When someone is diagnosed with MND, their entire family is impacted and it can be a really challenging disease to manage. Around 2 000 people in Australia are living with MND. MND essentially refers to a group of illnesses, of neurological diseases, when the motor neurones degenerate and die. Amyotrophic lateral sclerosis makes up the bulk of the numbers, with the average survival rate being two and a half years from onset. It is a very aggressive disease. When most people get a diagnosis, they do not expect to live beyond two and a half years. It is a truly devastating diagnosis to receive. It occurs sporadically in 90 per cent to 95 per cent of cases, although there are some instances of familial inherited MND. Less common forms of MND include bulbar palsy, pseudobulbar palsy, primary lateral sclerosis, progressive muscular atrophy, Kennedy's disease and spinal muscular atrophy. This is essentially a disease that requires significant research, not just to find a cure, although ultimately that would be the best outcome for the community, but to support people while they are living with MND to manage some of those really terrible symptoms. Some of the symptoms include a slow paralysis of the limbs in the body, breathing difficulties, some cognitive changes, loss of ability to swallow, and inability to cough. Coughing seems such a simple reflex that we all take for granted, but if a person cannot cough and clear their airways, they essentially start to suffocate. A machine is required, which I cannot recall the name of, which a sufferer puts on their mouth, and it extracts the phlegm and saliva to free and clear the airways to allow them to breathe again. It required innovation and research to invent that machine. That relatively simple machine to clear those secretions extends people's lives.

A couple of years ago a landmark report was launched by MND Australia. The national and state MND bodies do ongoing fundraising for their research capabilities. The report launched in 2017 was "\$25 Million, 25 Milestones: Changing the future of MND", and outlined some of the key impacts that the organisation has had on MND and

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people's lives. The economic estimate of supporting one patient with motor neurone disease with technology such as wheelchairs and communication devices, and not including physical human care or support, is \$1.2 million. That enables them to continue to communicate with their children and participate, even in the most limited way, in family life for as long as they can up until they die. It is a huge cost for an individual. Some of the key highlights of MND Australia are the development of the MND research workforce, with over \$5.3 million invested in a range of fellowships since 2002. There is a capacity-building initiative—a national consortium of researchers at nine centres working together to find the genes involved in sporadic MND. There have been advances in our understanding of the causes of MND, with significant insights into many clinical aspects; for example, how it spreads, and metabolic changes in people with MND. There has been the identification of new diagnostic and prognostic tools. Diagnoses can take up to two years and early intervention can help improve someone's quality of life and extend their life. That is why it is important to get the diagnosis early. There has been the identification of potential MND treatments, which are now undergoing further testing. There have also been clinical trials and care improvement, including decision-making about care and breathing support. All of these things are really important, not just for MND, but for a whole range of terminal and chronic illnesses such as diabetes, chronic pulmonary disease and chronic heart disease, and cancer, which is the biggest killer in our community. All of that research has helped bring down the death rates of a number of cancers.

Before I finish, I want to touch on the human side of motor neuron disease, and how technology has enabled and supported patients with MND. I quote an article from the ABC from 2018, which talks about Matthew Hodge, who suffered from motor neurone disease. It states —

After Matthew Hodge was diagnosed with motor neurone disease, it was Australian-designed medical technology that allowed him to take control of his life despite the debilitating condition.

Even though he'd lost the ability to speak and move his limbs, Mr Hodge was still able to interact with his family and friends, and even plan his own funeral, through the use of a computer.

“It let us communicate with him and know what he was thinking and what he was feeling,” his wife Joanne said.

One of the hardest things for people who have cared for people with motor neurone disease to bear witness to is the person's physical decline but the remaining of their cognitive functions. They have an inability to communicate. There is an acute awareness that their body is utterly failing them in the worst possible way and they are trapped, unable to speak and unable to communicate that. It is such a fundamental human need to be able to communicate to the people that we love, so this is a really important development. The article continues —

Ms Hodge recalled it took almost six months from when her husband first went to his doctor to the point he was given the definitive diagnosis.

...

“One of the things with MND is you don't have a long life expectancy, so to buy a lot of the equipment is really expensive,” Ms Hodge said.

As I said, it costs about \$1.2 million to support one patient with the equipment they need. The article continues —

Communication equipment was harder to come by but Mr Hodge was generously provided with a device called a NeuroSwitch.

With small electrodes attached to his arm, he simply had to think about moving a muscle which allowed him to control a connected laptop computer.

“He could use the same technology to do the online shopping, to do banking, to send emails, to send text messages as well as use it to speak.”

It is absolutely incredible. The developers were able to work with Stephen Hawking before he died to trial the technology and to get his feedback. The article continues —

Advancements have meant the device, now known as NeuroNode, is wireless, wearable and able to connect to tablets and mobile phones.

It is being used by war veterans in the United States and Australia, and the company has acquired approval to supply it to school students with disabilities in the state of New York.

Patients with traumatic brain injuries, spinal cord injuries and cerebral palsy are also able to use it.

...

Extract from *Hansard*

[ASSEMBLY — Tuesday, 29 October 2019]

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Mr Zak Kirkup; Mr Dean Nalder; Mr Simon Millman; Ms Mia Davies; Dr Tony Buti; Ms Janine Freeman; Mr Donald Punch; Ms Jessica Shaw; Mr Chris Tallentire; Mrs Lisa O'Malley; Mr Reece Whitby; Mr Shane Love; Ms Cassandra Rowe; Ms Josie Farrer; Amber-Jade Sanderson

The technology allowed Mr Hodge to continue interacting with his family and friends.

“When the kids were at school he would go on YouTube and find funny cat videos, so when the kids would come home they would sit and watch them together,” ...

“It meant he could still socialise with his friends; he used to watch the football and send text messages to his mates while they were watching, so it kept him really connected.”

...

For Ms Hodge, one of the most important roles the device played was it allowed her husband to plan his own funeral.

This included his choice of burial plot, flowers, and even the music he wanted to be played at the service.

“[He said] at the end you’ve got to play the Foo Fighters’ Walk as loudly as they possibly will.”

Mr Hodge was also able to leave one last personal message for each of his children.

Twenty-six months after his diagnosis, Mr Hodge died in May 2015.

“He died on a Sunday and on the Friday he had written letters to each of the kids, which he wouldn’t be able to do or express had he not had the technology to be able to do that.”

I think that really exemplifies the importance of providing funding for health and research innovation to not only cure patients’ illnesses and diseases but also improve the quality of life for people who experience those diseases. I am delighted to see the government deliver another election commitment. I commend the Minister for Health for bringing the bill into the Parliament. I commend the bill to the house.

Debate adjourned, on motion by **Mr D.A. Templeman (Leader of the House)**.

House adjourned at 9.20 pm
