

Health Services Amendment Bill 2019

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Western Australia

LEGISLATIVE ASSEMBLY

(As amended during consideration in detail)

Health Services Amendment Bill 2019

A Bill for

An Act to amend —

- **the *Health Services Act 2016*; and**
- **the *Mental Health Act 2014*; and**
- **the *Motor Vehicle (Catastrophic Injuries) Act 2016*; and**
- **the *Queen Elizabeth II Medical Centre Act 1966*; and**
- **the *University Medical School, Teaching Hospitals, Act 1955*.**

The Parliament of Western Australia enacts as follows:

1
2
3
4
5
6
7
8
9

Part 1 — Preliminary

1. Short title

This is the *Health Services Amendment Act 2019*.

2. Commencement

This Act comes into operation as follows —

- (a) Part 1 — on the day on which this Act receives the Royal Assent;
- (b) the rest of the Act — on a day fixed by proclamation, and different days may be fixed for different provisions.

1 **Part 2 — *Health Services Act 2016* amended**

2 **3. Act amended**

3 This Part amends the *Health Services Act 2016*.

4 **4. Section 6 amended**

5 (1) In section 6 delete the definition of ***contracted health entity***.

6 (2) In section 6 insert in alphabetical order:

7
8 ***accountable authority***, of a health service provider,
9 means the accountable authority of the health service
10 provider under the *Financial Management Act 2006*
11 section 55;

12 ***clinical commissioning***, of a facility, means doing
13 anything necessary or desirable to prepare the facility
14 to provide public health services;

15 ***contracted health entity*** means a non-government
16 entity that provides health services to the State under a
17 contract or other agreement entered into with —

18 (a) a health service provider; or

19 (b) the Department CEO, the Minister or the
20 Premier on behalf of the State;

21 ***corresponding national law*** means the Health
22 Practitioner Regulation National Law that applies in a
23 participating jurisdiction as defined in the *Health*
24 *Practitioner Regulation National Law (Western*
25 *Australia)* section 5;

26 ***financial difficulty***, for a health service provider,
27 means the health service provider is unable to, or will
28 be unlikely to be able to, satisfy any of its financial
29 obligations from the financial resources available, or
30 likely to be available, to it when the financial
31 obligation is due;

s. 4

1 *former Act* means the *Hospitals and Health Services*
2 *Act 1927* as in operation immediately before
3 1 July 2016;

4 *former hospital service* includes accommodation,
5 maintenance, care, and all other services rendered,
6 goods supplied or work done at, by or on behalf of a
7 former public hospital under the former Act;

8 *former public hospital* means any hospital that was —

- 9 (a) conducted or managed by —
10 (i) a board constituted under the former
11 Act; or
12 (ii) the Minister under the former Act;
13 or
14 (b) declared to be a public hospital under section 3
15 of the former Act;

16 *health property* means —

- 17 (a) a health reserve; or
18 (b) property vested in, or held by, the Minister or
19 Ministerial body;

20 *health reserve* means Crown land that is a reserve
21 under the *Land Administration Act 1997* section 41 in
22 respect of which the Minister or Ministerial body is the
23 management body for the land under section 46(1) of
24 that Act;

25 *industrial instrument* means an award, industrial
26 agreement or order made under the *Industrial Relations*
27 *Act 1979*, including a General Order made under
28 section 50 of that Act, whether made before, on or after
29 the commencement of the *Health Services Amendment*
30 *Act 2019* section 4;

31 *joint arrangement* means an arrangement —

- 32 (a) entered into by the Minister or Ministerial Body
33 with a health service provider for the purposes

1 of the functions of the health service provider;
2 and

3 (b) involving —

4 (i) the use of health property; or

5 (ii) controlling and managing the use of
6 health property; or

7 (iii) sharing the use of health property for
8 the purposes of the arrangement;

9 **management body** means a management body as
10 defined in the *Land Administration Act 1997*
11 section 3(1);

12 **management order** means a management order as
13 defined in the *Land Administration Act 1997*
14 section 3(1);

15 **section 194 transfer order** has the meaning given in
16 section 194(2);

17 **successor health service provider**, for a former public
18 hospital, has the meaning given in section 7A;
19

20 **5. Section 7 amended**

21 In section 7(3)(c) delete “with the Department CEO on behalf of
22 the State, a health service provider or the Minister.” and insert:

23

24 with —

25 (i) a health service provider; or

26 (ii) the Department CEO, the Minister or
27 the Premier on behalf of the State.
28

1 **6. Section 7A inserted**

2 After section 7 insert:

3

4 **7A. Meaning of former public hospital's successor**
5 **health service provider**

6 The *successor health service provider* for a former
7 public hospital means a health service provider that is
8 declared by the Minister by order published in the
9 *Gazette* to be —

- 10 (a) a successor health service provider for the
11 former public hospital; or
12 (b) a successor health service provider for the
13 former public hospital in relation to a matter
14 stated in the order.
15

16 **7. Section 8 amended**

17 (1) Delete section 8(1) and insert:

18

19 (1) In this section —

20 *day hospital facility* means premises that are not
21 attached to, or are set apart from, premises mentioned
22 in subsection (4)(a), being premises —

- 23 (a) at which —
24 (i) persons are provided with a health
25 service determined by the Minister
26 under subsection (2); or
27 (ii) persons will be provided with a health
28 service determined by the Minister
29 under subsection (2);

30 and

- 1 (b) at which overnight accommodation is not
2 provided;
- 3 *nursing post* means a place —
- 4 (a) at which —
- 5 (i) a nurse is stationed and at which
6 facilities exist for medical attention; or
- 7 (ii) a nurse will be stationed and at which
8 facilities will exist for medical attention;
- 9 but
- 10 (b) which is not normally used for overnight
11 accommodation of patients.
12
- 13 (2) In section 8(4) —
- 14 (a) delete paragraph (a) and insert:
- 15
- 16 (a) premises where —
- 17 (i) medical, surgical or dental treatment, or
18 nursing care, is provided for ill or
19 injured persons and at which overnight
20 accommodation may be provided; or
- 21 (ii) medical, surgical or dental treatment, or
22 nursing care, will be provided for ill or
23 injured persons and at which overnight
24 accommodation will be provided;
25
- 26 (b) in paragraph (b) delete “facility; and” and insert:
27
28 facility;
29

s. 8

1 **8. Section 11 amended**

2 In section 11(1) delete “the Minister” and insert:

3

4 the Minister, or a person to whom 1 of the Minister’s functions
5 is delegated under section 15(1),

6

7 **9. Section 13 amended**

8 (1) In section 13(1) delete the definition of *joint arrangement*.

9 (2) In section 13(1) in the definition of *dispose of* delete “of;” and
10 insert:

11

12 of.

13

14 (3) In section 13(2)(b) after “including a” insert:

15

16 joint arrangement,

17

18 **10. Section 15 amended**

19 (1) Delete section 15(1) and insert:

20

21 (1) The Minister may delegate any function of the Minister
22 under another provision of this Act to —

23 (a) the Department CEO; or

24 (b) a person employed or engaged in the
25 Department; or

26 (c) a staff member of a health service provider; or

27 (d) a health service provider; or

28 (e) a prescribed person or class of person.

29

1 (2) Delete section 15(4) and insert:

2

3 (4) A person to whom a function is delegated under this
4 section cannot delegate a function that is delegated to
5 the person under this section.

6

7 (3) In section 15(5):

8 (a) delete “the Department CEO” (first occurrence) and
9 insert:

10

11 a person

12

13 (b) delete “the Department CEO” (second occurrence) and
14 insert:

15

16 the person

17

18 **11. Section 19 amended**

19 (1) Before section 19(1) insert:

20

21 (1A) In this section —

22 *system manager role* means managing the WA health
23 system to the extent necessary to provide stewardship,
24 strategic leadership and direction and to allocate
25 resources for the provision of public health services in
26 the State.

27

28 (2) Delete section 19(2) and insert:

29

30 (2) The Department CEO is responsible for carrying out
31 the system manager role.

32

s. 12

- 1 **12. Section 20 amended**
- 2 (1) In section 20(1):
- 3 (a) delete “include —” and insert:
- 4
- 5 include the following —
- 6
- 7 (b) delete paragraphs (b) and (c) and insert:
- 8
- 9 (b) notifying the Minister of the amounts allocated
- 10 to a health service provider under a service
- 11 agreement;
- 12
- 13 (c) delete paragraphs (g) and (h) and insert:
- 14
- 15 (g) in accordance with regulations (if any)
- 16 prescribed for this paragraph —
- 17 (i) classifying and determining the
- 18 remuneration of an office of health
- 19 executive; and
- 20 (ii) varying an office of health executive’s
- 21 classification or remuneration;
- 22
- 23 (d) in paragraph (n) after “provided by” insert:
- 24
- 25 health
- 26
- 27 (e) after paragraph (n) insert:
- 28
- 29 (na) collecting performance data and any other
- 30 information from health service providers;
- 31

1 (2) In section 20(2) delete “function and in particular
2 subsection (1)(g) has effect subject to the provisions of the
3 *Procurement Act 2020.*” and insert:

4

5 function.

6

7 **13. Section 20A inserted**

8 After section 20 insert:

9

10 **20A. Works and clinical commissioning**

11 (1) The Department CEO may —

12 (a) provide strategic leadership and direction in
13 relation to capital works, maintenance works
14 and clinical commissioning of facilities for the
15 provision of public health services in the State;
16 and

17 (b) either —

18 (i) commission and deliver capital works or
19 maintenance works for public health
20 service facilities; or

21 (ii) require a health service provider to
22 commission and deliver capital works or
23 maintenance works for public health
24 service facilities under a service
25 agreement;

26 and

27 (c) carry out clinical commissioning of facilities;
28 and

29 (d) require a health service provider to carry out
30 clinical commissioning of facilities under a
31 service agreement.

s. 14

- 1 (2) This section does not override —
2 (a) the *Procurement Act 2020*; and
3 (b) any other written law that relates to or affects
4 the commissioning or delivering of works or
5 carrying out of clinical commissioning of
6 facilities.
7

8 **14. Section 24 amended**

9 Delete section 24(2).

10 **15. Section 26 amended**

11 In section 26(2):

- 12 (a) in paragraph (e) delete “of health service providers;” and
13 insert:

14
15 and business activities of health service
16 providers, including —

- 17 (i) engaging in commercial activities under
18 section 35; and
19 (ii) performing functions under
20 section 36(3)(a), (b), (c), (e), (f), (g) and
21 (h) and (5); and
22 (iii) issuing a notice of financial difficulty to
23 the Department CEO under section 66;
24 and
25 (iv) how a health service provider
26 determines a fee or charge (other than a
27 fee or charge fixed under an order under
28 section 56); and
29 (v) the fixing of fees and charges that health
30 service providers may charge (other
31 than fees and charges fixed under an

1 order under section 56 or that are
2 prescribed);

3

4 (b) delete paragraph (j);

5 (c) after paragraph (k) insert:

6

7 (ka) the management of land and other property held
8 by health service providers;

9

10 **16. Section 29 amended**

11 (1) In section 29(1) delete the definition of *industrial instrument*.

12 (2) In section 29(1) in the definition of *Department CEO direction*
13 delete “direction;” and insert:

14

15 direction.

16

17 **17. Section 34 amended**

18 After section 34(2)(b) insert:

19

20 (ba) to do any or all of the following under a service
21 agreement for the purposes of section 20A —

22 (i) commission and deliver capital works or
23 maintenance works;

24 (ii) carry out clinical commissioning of
25 facilities;

26

s. 18

1 **18. Section 35 amended**

2 (1) In section 35(1) delete “A health” and insert:

3

4 Subject to any relevant policy framework, a health

5

6 (2) Delete section 35(2) and insert:

7

8 (2) A health service provider may provide any facility
9 under its control or management for the use of —

10 (a) a health professional to carry out a health
11 service or other service; or

12 (b) a person that engages in community work or
13 conducts a service that has a community or
14 charitable purpose.

15

16 (3) In section 35(4):

17 (a) delete “a commercial activity,” and insert:

18

19 an activity under this section,

20

21 (b) in paragraph (b) delete “WA health system.” and insert:

22

23 State.

24

25 Note: The heading to amended section 35 is to read:

26

Commercial and other activities

27 **19. Section 36 amended**

28 (1) In section 36(2) and (3) delete “sections 37 and 38,” and insert:

29

30 sections 37 and 38 and any relevant policy framework,

31

1 (2) Delete section 36(5)(a) and (b) and insert:

2

3

(a) make any gift or act of grace payment —

4

(i) for a charitable purpose or any other
purpose of benefit to the community or
a section of the community; or

5

6

7

(ii) that it considers to be in the health
service provider's interest;

8

9

or

10

11 **20. Sections 36A to 36E inserted**

12

After section 36 insert:

13

14

36A. Joint arrangements

15

(1) A health service provider may enter into a joint
arrangement with the Minister or Ministerial Body in
relation to health property.

16

17

18

(2) If a health service provider enters into a joint
arrangement in relation to health property, the health
service provider may deal with the property the subject
of the joint arrangement, including by entering into
leases, subleases, or licences in relation to the property,
on behalf of —

19

20

21

22

23

24

(a) if the health property is a health reserve — the
management body of the health reserve; or

25

26

(b) in any other case — the Minister or Ministerial
body in which the health property is vested or
held.

27

28

s. 20

- 1 (3) A health service provider dealing with health property
2 under subsection (2) is only valid if it is consistent
3 with —
4 (a) the joint arrangement; and
5 (b) any written law that relates to or affects how
6 the property may be dealt with; and
7 (c) if the health property is a lease — the lease; and
8 (d) if the health property is a health reserve —
9 (i) the *Land Administration Act 1997*; and
10 (ii) the management order in relation to the
11 reserve, or a condition imposed by the
12 order.

13 Example for paragraph (d)(ii):
14 If the management order does not empower the
15 management body to enter into a lease, the health service
16 provider cannot enter into a lease in relation to the health
17 reserve.

- 18 (4) A valid dealing with health property by a health service
19 provider in accordance with the joint arrangement is —
20 (a) taken to be done by the Minister or Ministerial
21 body that entered into the joint arrangement
22 with the health service provider; and
23 (b) binding on the Minister or Ministerial body and
24 the health service provider the subject of the
25 joint arrangement.

26 **36B. Power to borrow**

- 27 (1) A health service provider may, with the approval of the
28 Treasurer —
29 (a) borrow or re-borrow money; or
30 (b) otherwise arrange for financial accommodation
31 to be extended to the health service provider.

- 1 (2) The Minister may, by order made with the consent of
2 the Treasurer and published in the *Gazette*, exempt a
3 transaction or class of transactions from the
4 requirement to obtain the approval of the Treasurer
5 under subsection (1).
- 6 (3) The exemption in the order made under subsection (2)
7 may be —
- 8 (a) unconditional; or
9 (b) subject to the conditions specified in the order;
10 or
11 (c) apply in the circumstances specified in the
12 order.
- 13 (4) An order under subsection (2) may be amended or
14 revoked by the Minister by order made with the
15 consent of the Treasurer and published in the *Gazette*.

16 **36C. Guarantees**

- 17 (1) The Treasurer, on the Minister's recommendation,
18 may, in the name and on behalf of the State, guarantee
19 the performance by the health service provider, in the
20 State or elsewhere, of any financial obligation of the
21 health service provider arising under section 36B.
- 22 (2) A guarantee is to be in the form, and subject to the
23 terms and conditions, determined by the Treasurer.
- 24 (3) The due payment of money payable by the Treasurer
25 under a guarantee is to be charged to the Consolidated
26 Account, which this subsection appropriates
27 accordingly.
- 28 (4) The Treasurer is to cause any amounts received or
29 recovered, from the health service provider or
30 otherwise, in respect of any payment made by the
31 Treasurer under a guarantee to be credited to the
32 Consolidated Account.

- 1 **36D. Restricted power to enter arrangements on behalf**
2 **of other health service providers or the State**
- 3 (1) A health service provider (the *first provider*) may —
- 4 (a) enter into a contract or arrangement on behalf
5 of, and binding on, another health service
6 provider (the *second provider*) or the State; and
- 7 (b) carry out obligations under a contract or
8 arrangement made for the second provider or
9 the State under paragraph (a).
- 10 (2) However, the first provider may enter into the contract
11 or arrangement only if the first provider —
- 12 (a) has the express written authority of —
- 13 (i) for a contract or arrangement in relation
14 to a second provider — the second
15 provider; or
- 16 (ii) for a contract or arrangement in relation
17 to the State — the Department CEO on
18 behalf of the State;
- 19 and
- 20 (b) acts in accordance with the written authority.
- 21 **36E. Health service providers may provide services to**
22 **each other**
- 23 (1) A health service provider (the *first provider*) may enter
24 into a contract or other arrangement with another
25 health service provider (the *second provider*) to —
- 26 (a) provide health services to, or receive health
27 services from, the second provider; or
- 28 (b) have the second provider provide health
29 services on behalf of the first provider; or
- 30 (c) provide services other than health services to,
31 or receive other services from, the second
32 provider.

- 1 (2) The power to enter into contracts or other arrangements
2 under subsection (1) is subject to —
3 (a) sections 37 and 38; and
4 (b) the limitation that a health service provider
5 must not enter a contract to provide a health
6 service mentioned in section 7(2)(a) and (b)
7 unless the provision of the health service is
8 within the health service area for which the
9 health service provider is established under
10 section 32(1); and
11 (c) other limitations, or the conditions, imposed by
12 a relevant service agreement under
13 section 48(1)(b).
14

15 **21. Section 37 amended**

- 16 (1) In section 37(1) in the definition of *health service land* in
17 paragraph (a) delete “in” and insert:
18
19 in, or held by,
20
21 (2) Delete section 37(3) and insert:
22
23 (3) A health service provider may only dispose of health
24 service land if —
25 (a) the health service provider has the Minister’s
26 written agreement to dispose of the land; or
27 (b) the disposal is of a class of disposals that has
28 been exempted by order made by the Minister
29 and published in the *Gazette*.
30

1 **22. Section 38 amended**

2 (1) In section 38(1) in the definition of *transaction*:

3 (a) in paragraph (b) delete “amount.” and insert:

4

5 amount; or

6

7 (b) after paragraph (b) insert:

8

9 (c) making a gift or act of grace payment under
10 section 36(5)(a) that exceeds the prescribed
11 amount.

12

13 (2) In section 38(2) after “paragraph (b)” insert:

14

15 or (c)

16

17 **23. Section 41 amended**

18 (1) Before section 41(1) insert:

19

20 (1A) In this section —

21 *administered provider* means a health service provider
22 administered by an administrator;

23 *administrator* means an administrator appointed under
24 section 99.

25

26 (2) In section 41(2) after “governed provider” insert:

27

28 that is not an administered provider

29

- 1 (3) After section 41(3) insert:
2
- 3 (3A) A document is duly executed by an administered
4 provider if —
5 (a) the common seal of the provider is affixed to it
6 in accordance with subsections (4) and (6A); or
7 (b) it is signed on behalf of the provider by a
8 person or persons authorised to do so under
9 subsection (8B).
10
- 11 (4) After section 41(6) insert:
12
- 13 (6A) The common seal of an administered provider must be
14 affixed to a document in the presence of the
15 administrator, and the administrator must sign the
16 document to attest that the common seal was so
17 affixed.
18
- 19 (5) In section 41(7) delete “seal, authorise a member or members of
20 its board or an employee or employees in the provider” and
21 insert:
22
- 23 common seal, authorise a member or members of its board or an
24 employee or employees in the provider or another health service
25 provider
26
- 27 (6) In section 41(8) after “employees in the provider” insert:
28
- 29 or another health service provider
30

s. 24

- 1 (7) After section 41(8) insert:
2
- 3 (8A) A person authorised under subsection (7) ceases to be
4 authorised if the board governed provider that
5 authorised the person becomes an administered
6 provider.
- 7 (8B) An administered provider may, by writing under its
8 common seal, authorise an employee or employees in
9 the provider or another health service provider to
10 execute deeds or other documents on its behalf, either
11 generally or subject to such conditions or restrictions
12 specified in the authorisation.
13
- 14 (8) In section 41(10) delete “subsection (7) or (8).” and insert:
15
16 subsection (7), (8) or (8B).
17
- 18 (9) In section 41(12)(c) delete “subsection (7) or (8)” and insert:
19
20 subsection (7), (8) or (8B)
21
- 22 **24. Section 46 amended**
- 23 (1) In section 46(2) delete “health services” and insert:
24
25 health services, and other services,
26

- 1 (2) Delete section 46(3)(a) and (b) and insert:
2
3 (a) the services (the *services*) to be provided by the
4 health service provider under the agreement,
5 including —
6 (i) the health services to be provided to the
7 State; and
8 (ii) the teaching, training and research in
9 support of the provision of health
10 services; and
11 (iii) the capital works or maintenance works
12 to be commissioned and delivered under
13 the agreement for the purposes of
14 section 20A; and
15 (iv) any clinical commissioning of facilities
16 to be carried out under the agreement
17 for the purposes of section 20A;
18

19 **25. Section 48 amended**

- 20 (1) Delete section 48(1)(b) and insert:
21
22 (b) impose limitations or conditions on when and
23 how a health service provider may agree to
24 provide a service to, or receive a service from,
25 another health service provider.
26
27 (2) Delete section 48(2).

28 **26. Section 49 amended**

- 29 (1) In section 49(1) delete “one year.” and insert:
30
31 3 years.
32

s. 27

- 1 (2) After section 49(1) insert:
2
3 (1A) However, if it is considered necessary —
4 (a) the Department CEO may extend the term of a
5 service agreement other than a Commission
6 service agreement for a further 12 months after
7 the end of the term of the agreement; and
8 (b) the Commission CEO may extend the term of a
9 Commission service agreement for a further
10 12 months after the end of the term of the
11 agreement.
12

13 **27. Section 52 amended**

14 In section 52(1) delete “the year” and insert:

15

16 each year
17

18 **28. Sections 53A and 53B inserted**

19 At the beginning of Part 6 insert:
20

21 **53A. Terms used**

22 In this Part —

23 ***compensable charge***, for a health service or former
24 hospital service, means a fee or charge that a person
25 who received compensation could be charged for the
26 service when the service was provided;

27 ***compensation*** has the meaning given in section 53B;

28 ***compensation payer*** means a person who must pay
29 compensation to another person in relation to an injury;

30 ***injury*** includes an illness or disease.

1 **53B. Meaning of compensation**

2 (1) In this Part, *compensation* is a payment —

3 (a) made in relation to an injury to a person
4 (whether or not the payment is made to the
5 person who suffered the injury and received the
6 health service or former hospital service) that
7 is —

8 (i) a payment of damages; or

9 (ii) a payment under a scheme of insurance
10 or compensation under a written law or
11 a law of the Commonwealth, a State or
12 a Territory, but not including a payment
13 under such a scheme to which the
14 recipient has contributed; or

15 (iii) a payment (with or without admission of
16 liability) in settlement of a claim for
17 damages or a claim under an insurance
18 scheme of a kind to which
19 subparagraph (ii) applies; or

20 (iv) any other compensation or damages
21 payment, other than a payment under a
22 scheme to which the recipient has
23 contributed; or

24 (v) a payment of a kind, or in
25 circumstances, prescribed by the
26 regulations;

27 and

28 (b) that is paid or payable after the day on which
29 the *Health Services Amendment Act 2019*
30 section 31 comes into operation, whether or not
31 the injury, or the health service or former
32 hospital service received in relation to the
33 injury, occurs before or after that day.

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- 1 (2) However, *compensation* does not include a payment of
2 a kind, or in circumstances, prescribed by the
3 regulations.
4

5 **29. Section 55 replaced**

6 Delete section 55 and insert:
7

8 **55. Fees and charges for the provision of health services**

- 9 (1) A health service provider may determine and impose a
10 fee or charge for the provision of a health service by
11 the health service provider unless the service is —
12 (a) a health service provided to a person in respect
13 of which it has been agreed under the National
14 Health Agreement that the person is not to be
15 charged, but only if the Agreement is in force at
16 the time the service is provided; or
17 (b) a health service in respect of which the Minister
18 has made an order under section 56(2)(b), but
19 only if the order is in force at the time the
20 service is provided.
21 (2) A health service provider must not determine or
22 impose a fee or charge under subsection (1) that is
23 inconsistent with —
24 (a) an order made under section 56; or
25 (b) a policy framework issued under
26 section 26(2)(e) (if any).
27

28 **30. Section 56 amended**

- 29 (1) In section 56(2)(a) delete “a scale of” .
30 (2) In section 56(4) delete “any scale of” .

1 (3) After section 56(6)(a) insert:

2

3 (aa) confer a discretion on a person to determine
4 whether a patient falls within a class of patient;
5 and

6 (ab) specify criteria that a person may, or must, use
7 to determine whether a patient falls within a
8 class of patient; and
9

10 Note: The heading to amended section 56 is to read:

11 **Minister may fix fees and charges for health services**

12 **31. Section 58 replaced**

13 Delete section 58 and insert:

14

15 **57A. Liability for, and right to recover, compensable**
16 **charges for health services**

17 (1) This section applies if —

18 (a) a person (a *patient*) receives a health service
19 from a health service provider in relation to an
20 injury; and

21 (b) the health service provider who provides the
22 health service to the patient did not charge the
23 patient a compensable charge for the service.

24 (2) When compensation is paid or payable in relation to an
25 injury for which the patient received a health service,
26 the compensable charge for the health service is
27 payable to the health service provider who provided the
28 health service.

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- 1 (3) The health service provider may recover the
2 compensable charge payable under subsection (2)
3 from —
- 4 (a) a compensation payer in relation to the injury if
5 the compensation payer has not paid, or has
6 partially paid, the compensation to the patient
7 or patient's estate; or
- 8 (b) the patient if the patient receives compensation
9 in relation to the injury; or
- 10 (c) the patient's estate if —
- 11 (i) the patient receives any compensation in
12 respect of an injury before the patient
13 dies; or
- 14 (ii) the patient's estate receives any
15 compensation in respect of an injury
16 after the patient dies;
- 17 or
- 18 (d) another person who receives compensation on
19 behalf of, or at the direction of, the patient.
- 20 (4) If there is more than one compensation payer under
21 subsection (3)(a), each person liable to pay
22 compensation is jointly and severally liable to the
23 health service provider for the compensable charge for
24 the health service.
- 25 (5) If the compensation payer pays the compensable
26 charge to the health service provider under
27 subsection (3)(a), the payment discharges the
28 compensation payer's liability to pay —
- 29 (a) an amount of compensation equivalent to the
30 payment made to the patient or the patient's
31 estate; and
- 32 (b) the compensable charge required to be paid
33 under this Part.

1 **57B. Liability for, and right to recover, compensable**
2 **charges for former hospital services**

- 3 (1) This section applies if —
- 4 (a) a person (a *patient*) received a former hospital
5 service from a former public hospital in relation
6 to an injury; and
- 7 (b) the former public hospital who provided the
8 former hospital service to the patient did not
9 charge the patient a compensable charge for the
10 service.
- 11 (2) When compensation is paid or payable in relation to an
12 injury for which the patient received a former hospital
13 service, the compensable charge for the service is
14 payable to the successor health service provider for the
15 former public hospital that provided the service.
- 16 (3) The successor health service provider for the former
17 public hospital may recover the compensable charge
18 for the former hospital service payable under
19 subsection (2) from —
- 20 (a) a compensation payer in relation to the injury if
21 the compensation payer has not paid, or has
22 partially paid, the compensation to the patient
23 or patient’s estate; or
- 24 (b) the patient if the patient receives compensation
25 in relation to the injury; or
- 26 (c) the patient’s estate if —
- 27 (i) the patient receives any compensation in
28 respect of an injury before the patient
29 dies; or
- 30 (ii) the patient’s estate receives any
31 compensation in respect of an injury
32 after the patient dies;

33 or

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- 1 (d) another person who receives compensation on
2 behalf of, or at the direction of, the patient.
- 3 (4) If there is more than one compensation payer under
4 subsection (3)(a), each person liable to pay
5 compensation is jointly and severally liable to the
6 successor health service provider for the compensable
7 charge for the former hospital service.
- 8 (5) If the compensation payer pays the compensable
9 charge to the successor health service provider under
10 subsection (3)(a), the payment discharges the
11 compensation payer's liability to pay —
- 12 (a) an amount of compensation equivalent to the
13 payment made to the patient or the patient's
14 estate; and
- 15 (b) the compensable charge required to be paid
16 under this Part.

17 **57C. Waiving or refunding compensable charges payable**
18 **under section 57A or 57B**

19 A health service provider may waive, or refund, the
20 whole or any part of a compensable charge that is
21 payable, or has been paid, under section 57A or 57B.

22 **57D. Recovering amounts from compensation payer in**
23 **relation to compensable charges**

- 24 (1) This section applies if —
- 25 (a) a compensation payer has not paid, or has
26 partially paid, compensation to the patient or
27 the patient's estate in relation to an injury; and
- 28 (b) the health service provider to which a
29 compensable charge is payable under this Part
30 in relation to the injury has not been paid the
31 compensable charge; and

1 (c) the chief executive of the health service
2 provider has given notice to the compensation
3 payer about the compensable charge that may
4 be recovered under this Part.

5 (2) The compensation payer must pay the compensable
6 charge to the health service provider before paying the
7 compensation to the patient or patient's estate.

8 **58. Regulations about recovery of compensable charges**

9 (1) In this section —
10 *treated injury*, in relation to a person, means an injury
11 for which the person —

12 (a) receives a health service from a health service
13 provider; or

14 (b) has received a former hospital service.

15 (2) The regulations may —

16 (a) require prescribed persons, or prescribed
17 classes of persons, to give information or a
18 document to a health service provider, such as
19 information or a document about —

20 (i) whether a person has made, or intends
21 to make, a claim for compensation in
22 relation to the person's treated injury;
23 and

24 (ii) whether a person receives or will
25 receive any compensation in respect of a
26 person's treated injury; and

27 (iii) whether a person has, or intends to
28 have, another person seek compensation
29 on their behalf in relation to the
30 person's treated injury; and

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- 1 (iv) whether a person is seeking, or will
2 seek, compensation in relation to
3 another person's treated injury; and
- 4 (v) the terms of a proposed or finalised
5 settlement or consent order in relation to
6 a claim for compensation for a person's
7 treated injury; and
- 8 (vi) the terms of an award given to a person
9 in relation to a person's treated injury;
10 and
- 11 (vii) matters related to the claim for
12 compensation and the health services or
13 former hospital services that have been
14 provided in relation to a person's treated
15 injury;
- 16 and
- 17 (b) require or permit the chief executive of a health
18 service provider to give notice to prescribed
19 persons about compensable charges that may be
20 recovered under this Part, including notice
21 of —
- 22 (i) a health service provider's intention to
23 recover a compensable charge from a
24 person under this Part, and the amount
25 that the health service provider may
26 recover; and
- 27 (ii) the health services, or former hospital
28 services, that the health service provider
29 or former public hospital provided in
30 relation to a person's treated injury; and

- 1 (iii) the compensable charges for those
2 services provided in relation to the
3 treated injury in relation to which
4 compensation is, or was, sought;
- 5 and
- 6 (c) specify the manner in which it is to be
7 determined whether or not a health service or
8 former hospital service was provided in the
9 course of treatment of, or as a result of, a
10 person's treated injury; and
- 11 (d) require a person seeking compensation in
12 relation to a person's treated injury to take into
13 account in a claim for compensation the
14 compensable charges that the health service
15 provider may recover from the person seeking
16 the compensation; and
- 17 (e) specify the manner in which the recovery of a
18 compensable charge for the provision of health
19 services or former hospital services is to be
20 apportioned if —
- 21 (i) liability for the treated injury is
22 apportioned in a judgment or settlement;
23 or
- 24 (ii) a component of the compensation is
25 specified to be for expenses that have
26 already been incurred;
- 27 and
- 28 (f) provide for the recovery of amounts that a
29 person is liable to pay to a health service
30 provider under sections 55, 57A and 57B,
31 including —
- 32 (i) how the health service provider may
33 recover the amount; and

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- 1 (ii) how a person may seek review of a
2 health service provider's decision under
3 this Part or the regulations made for the
4 purposes of this section.
- 5 (3) Regulations made under subsection (2)(a) may —
- 6 (a) require prescribed persons to give information
7 or a document that might tend to incriminate
8 the person or make the person liable to a
9 penalty; and
- 10 (b) require that information be given even if the
11 information is confidential information; and
- 12 (c) without limiting section 220, provide that a
13 person giving the information to a health
14 service provider does not breach an obligation
15 of confidence in relation to the confidential
16 information.
- 17 (4) Information or a document that might tend to
18 incriminate the person or make the person liable to a
19 penalty given by a prescribed person under regulations
20 made under subsection (2)(a) is not admissible in
21 evidence in —
- 22 (a) any criminal proceedings against the person,
23 other than any proceedings for any prescribed
24 offence in relation to the giving of false
25 information or the failure to give information;
26 and
- 27 (b) any proceeding in which the person could be
28 liable to a penalty.
29

1 **32. Section 59 amended**

2 Delete section 59(2) and insert:

3

4 (2) A fee or charge imposed by the health service provider
5 under subsection (1) must not —

6 (a) differ from a fee or charge prescribed under
7 section 210(3)(b)(i) or 230(2)(c); and

8 (b) be inconsistent with a policy framework issued
9 under section 26(2)(e) (if any).

10

11 **33. Section 60 amended**

12 In section 60(4)(b) delete “in respect”.

13 **34. Section 62 amended**

14 (1) In section 62(2) delete “prescribed circumstances if the amount
15 of the money is less than the amount approved under
16 subsection (3).” and insert:

17

18 the circumstances specified in an order made by the Minister
19 with the consent of the Treasurer and published in the *Gazette*.

20

21 (2) Delete section 62(3).

22 **35. Section 66 replaced**

23 Delete section 66 and insert:

24

25 **66. Notice of financial difficulty**

26 If the accountable authority of a health service provider
27 considers, after having regard to the policy framework
28 issued under section 26(2)(e) (if any), that the health

- 1 service provider is in financial difficulty, the
2 accountable authority must —
- 3 (a) notify the Department CEO in a manner
4 consistent with the policy framework (if any);
5 and
- 6 (b) give reasons why the health service provider is
7 in financial difficulty.
- 8 **66A. Department CEO response to notice of financial**
9 **difficulty**
- 10 (1) This section applies if the Department CEO receives a
11 notice of financial difficulty under section 66.
- 12 (2) The Department CEO may —
- 13 (a) require further financial information from the
14 health service provider under section 67; or
- 15 (b) require the health service provider to take
16 action; or
- 17 (c) if the Department CEO is satisfied that the
18 health service provider is not in financial
19 difficulty — take no action.
- 20 (3) If the Department CEO is satisfied that the health
21 service provider is in financial difficulty, the
22 Department CEO —
- 23 (a) may take action to ensure that the health service
24 provider is no longer in financial difficulty; and
- 25 (b) must —
- 26 (i) forward to the Minister the notice of
27 financial difficulty; and
- 28 (ii) advise the Minister about the action
29 taken, or to be taken.

- 1 **66B. Minister's response to notice of financial difficulty**
- 2 (1) This section applies if —
- 3 (a) the Minister receives the notice and information
- 4 under section 66A(3)(b); and
- 5 (b) the Minister is satisfied that the health service
- 6 provider is in financial difficulty despite the
- 7 action taken, or to be taken, under section 66A.
- 8 (2) The Minister must, within 7 days of receipt of the
- 9 notice and information —
- 10 (a) confer with the Treasurer and the health service
- 11 provider for the purpose of determining what
- 12 action is required to ensure that the health
- 13 service provider is no longer in financial
- 14 difficulty; and
- 15 (b) initiate such action as is required to ensure that
- 16 the health service provider is no longer in
- 17 financial difficulty.
- 18 (3) For the purposes of subsection (2), the Minister may
- 19 give the health service provider a direction under
- 20 section 60 requiring the health service provider to
- 21 cease or limit the performance or exercise of any
- 22 function.
- 23

24 **36. Section 76A inserted**

25 After section 76 insert:

26

27 **76A. Removing board members from office**

- 28 (1) In this section —
- 29 *misconduct* includes —
- 30 (a) conduct that renders a member of a board unfit
- 31 to hold office as a member even though the

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- 1 conduct does not relate to a duty of the office;
2 and
3 (b) a breach of duty of a board member under —
4 (i) section 79; or
5 (ii) the *Statutory Corporations (Liability of*
6 *Directors) Act 1996*; or
7 (iii) common law or equity.
8 (2) The Minister may remove a member of a board from
9 office on the grounds of —
10 (a) neglect of duty; or
11 (b) misconduct or incompetence; or
12 (c) mental or physical incapacity, other than
13 temporary illness, impairing the performance of
14 the member's duties; or
15 (d) absence, without leave, from 3 consecutive
16 ordinary board meetings of which the member
17 has had notice.
18

19 **37. Section 77 amended**

- 20 (1) Delete section 77(1).
21 (2) Delete section 77(2)(a) and insert:
22
23 (a) dies or resigns; or
24 (aa) is removed from office under section 76A; or
25
26 (3) Delete section 77(4).

1 **38. Section 78A inserted**

2 At the end of Part 8 Division 2 Subdivision 1 insert:

3

4 **78A. Delegation**

- 5 (1) A board may delegate any function of the board under
6 another provision of this Act, including the board's
7 functions as an employing authority, to —
- 8 (a) a committee; or
 - 9 (b) a member of the board; or
 - 10 (c) a staff member of the health service provider or
11 another health service provider.
- 12 (2) A delegation under this section must be in writing
13 signed by each member of the board.
- 14 (3) A person or committee to whom a function is delegated
15 under this section cannot delegate that function.
- 16 (4) A person exercising or performing a function that has
17 been delegated to the person under this section is to be
18 taken to do so in accordance with the terms of the
19 delegation unless the contrary is shown.
- 20 (5) Nothing in this section limits the ability of the board to
21 perform a function through an officer or agent.
22

23 **39. Part 8 Division 2 Subdivision 2 heading replaced**

24 Delete the heading to Part 8 Division 2 Subdivision 2 and insert:

25

26 **Subdivision 2 — Duties and personal interests**

27

1 **40. Section 79 amended**

2 After section 79(2) insert:

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- (3) Subject to subsections (1) and (2), a member of a board or committee has a duty —
 - (a) to act in good faith and in the interests of the health service provider; and
 - (b) not to have a personal interest in conflict with the interests of the health service provider, unless the member has the consent of the board or committee of which the member is a part; and
 - (c) if the member has the consent of the board or committee of which the member is a part under paragraph (b), to appropriately manage the personal interest that conflicts with the interests of the health service provider; and
 - (d) not to act with an improper purpose; and
 - (e) not to profit at the expense of the health service provider or the State, unless the member has the consent of the board or committee of which the member is a part; and
 - (f) not to use the member’s position, or information or knowledge received in that position, to obtain an advantage for a person or disadvantage the health service provider or the State; and
 - (g) not to be employed or engaged by, or act on the behalf of, another person in any capacity that is inconsistent with the interests of the Department, the Department CEO and health service providers, unless the member has the consent of the board or committee of which the member is a part.

- 1 (4) If a board, committee or the Department CEO
2 considers that it is reasonably likely that a member of
3 the board or committee has breached a duty referred to
4 in this section, the board, committee or Department
5 CEO must advise the Minister of the likely breach of
6 the duty.
7

8 Note: The heading to amended section 79 is to read:

9 **Duties of board and committee members**

10 **41. Section 97 amended**

11 In section 97(2) delete “advisor” and insert:

12

13 adviser
14

15 **42. Section 102 amended**

16 In section 102(5)(b) delete “in respect”.

17 **43. Section 103 amended**

18 In section 103(1) delete the definition of *employing authority*
19 and insert:

20

21 *employing authority* means —

- 22 (a) in relation to a chief executive — the
23 Department CEO; or
24 (b) in relation to a health service provider, health
25 executive or an employee (other than a chief
26 executive) of a health service provider —
27 (i) if the health service provider is a board
28 governed provider — the board; or

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- 1 (ii) if the health service provider is a chief
2 executive governed provider — the
3 chief executive.
4

5 **44. Part 9 Division 2 Subdivision 1 heading replaced**

6 Delete the heading to Part 9 Division 2 Subdivision 1 and insert:
7

8 **Subdivision 1 — Purposes and composition of the Health**
9 **Executive Service**
10

11 **45. Section 104A inserted**

12 At the beginning of Part 9 Division 2 Subdivision 1 insert:
13

14 **104A. Purposes of Health Executive Service**

15 The purposes of the Health Executive Service are —

16 (a) to provide for a group of executive officers who
17 are capable of —

18 (i) furnishing high-level strategic and
19 operational advice; and

20 (ii) undertaking managerial responsibilities
21 in health service providers;

22 and

23 (b) to promote the efficient and effective provision
24 of health services within the WA health system.
25

1 **46. Section 105 amended**

2 After section 105(3) insert:

3

- 4 (4) Before making a written determination under
5 subsection (2) or revoking or amending a determination
6 under subsection (3), the Department CEO must
7 consider whether the written determination will be
8 consistent with the purposes of the Health Executive
9 Service under section 104A.

10

11 **47. Section 107 amended**

12 In section 107(2)(e) delete “employment, management,
13 supervision, transfer, direction and dismissal” and insert:

14

15 management, supervision and direction

16

17 **48. Section 114 amended**

18 In section 114(2)(a) delete “on” and insert:

19

20 within 6 weeks after the

21

22 **49. Section 117 amended**

23 (1) In section 117(1) delete “employee” and insert:

24

25 employee, or an employee of the Department, (the *appointee*)

26

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1 (2) In section 117(2) delete “employee” and insert:

2

3 appointee

4

5 (3) In section 117(5) delete “An employee directed under
6 subsection (1) to act in an office —” and insert:

7

8 The appointee —

9

10 **50. Section 119 amended**

11 In section 119(1):

12 (a) delete “Act” and insert:

13

14 Act, including the chief executive’s functions as a
15 responsible authority under Part 10 or an employing
16 authority,

17

18 (b) delete paragraph (a) and insert:

19

20 (a) a staff member of the health service provider or
21 another health service provider; or

22

23 **51. Section 121 amended**

24 (1) After section 121(1) insert:

25

26 (1A) The classification and remuneration of an appointment
27 under subsection (1) must be —

28 (a) in accordance with any classification level and
29 remuneration of health executives under
30 section 20(1)(g); and

- 1 (b) in accordance with the relevant policy
2 framework; and
- 3 (c) appropriate to the functions to be performed by
4 the person appointed.
- 5 (1B) An appointment under subsection (1) is subject to —
- 6 (a) the classification level and remuneration of the
7 appointment under subsection (1A); and
- 8 (b) the health executive’s contract of employment
9 under section 128.
- 10
- 11 (2) Delete section 121(5) and insert:
- 12
- 13 (5) A person is taken to be appointed to an office of health
14 executive in the health service provider under
15 subsection (1) if —
- 16 (a) the person holds an office that is the subject of
17 a written determination under section 105(2)
18 (whether the determination is made before, on
19 or after the commencement of this subsection);
20 and
- 21 (b) when the written determination is made, the
22 appointment is governed by a contract of
23 employment.
- 24

25 **52. Section 123A inserted**

26 After section 123 insert:

27

28 **123A. Acting health executives**

- 29 (1) The employing authority of a health service provider
30 may direct an employee of the health service provider
31 to act in an office of health executive —
- 32 (a) during a vacancy in the office; or

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- 1 (b) during a period when the employee holding the
2 office is, or is expected to be, absent or for any
3 reason unable to perform the functions of the
4 office.
- 5 (2) The direction under subsection (1) must specify the
6 period, not exceeding 12 months, for which the
7 employee can act.
- 8 (3) The employing authority of a health service provider
9 may cancel the direction at any time.
- 10 (4) The employee —
11 (a) must comply with the direction; and
12 (b) has, while acting in the office, all the powers
13 and functions of the office.
14

15 **53. Section 140 amended**

- 16 (1) In section 140(1) delete “A” and insert:
17

18 An employing authority of a
19

- 20 (2) In section 140(3) delete “health service provider” and insert:
21

22 employing authority
23

24 **54. Section 145 amended**

25 In section 145(2) after “(*Western Australia*)” insert:
26

27 or a corresponding national law
28

1 **55. Section 147 amended**

2 In section 147(1):

3 (a) in paragraph (a) delete “(Western Australia); or” and
4 insert:

5

6 (Western Australia) or a corresponding national law; or

7

8 (b) in paragraphs (b) and (c) after “(Western Australia)”
9 insert:

10

11 or a corresponding national law

12

13 **56. Section 149 amended**

14 In section 149(2):

15 (a) in paragraph (a) after “(Western Australia)” insert:

16

17 or a corresponding national law

18

19 (b) in paragraph (b) delete “concerned,” and insert:

20

21 concerned or another serious offence,

22

23 **57. Section 150 amended**

24 (1) In section 150(1)(a) delete “(Western Australia); or” and insert:

25

26 (Western Australia) or a corresponding national law; or

27

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1 (2) In section 150(1)(b) and (c) and (2)(a) and (b) after “(*Western*
2 *Australia*)” insert:

3

4 or a corresponding national law

5

6 **58. Section 157 amended**

7 Delete section 157(1).

8 **59. Section 161 amended**

9 In section 161(b)(i) before “applicable” insert:

10

11 or the PSM Act

12

13 **60. Section 167 amended**

14 Delete section 167(4) and insert:

15

16 (4) The Department CEO may notify any employing
17 authority of a health service provider of the matters
18 notified under subsection (2) if the Department CEO
19 considers that —

20 (a) it is necessary to ensure the safety of patients;
21 or

22 (b) the information is relevant to the carrying out
23 of the employing authority’s functions.

24

25 **61. Section 176 amended**

26 In section 176 delete “the policy framework mentioned in
27 section 26(2)(j) and”.

1 **62. Section 177 amended**

2 In section 177(1) in the definition of *confidential information*
3 delete “means” and insert:

4
5 includes

6
7 **63. Section 187 amended**

8 (1) Before section 187(1) insert:

9
10 (1AA) In this section —

11 *confidential information* includes any information
12 that —

13 (a) is about a person who is receiving or has
14 received a health service; and

15 (b) could identify the person;

16 *record* —

17 (a) means any record of information, irrespective
18 of how the information is recorded or stored or
19 able to be recovered; and

20 (b) includes —

21 (i) anything from which images, sounds or
22 writings can be reproduced, with or
23 without the aid of anything else; and

24 (ii) anything on which information is
25 recorded or stored, whether
26 electronically, magnetically,
27 mechanically or by some other means.
28

- 1 (2) In section 187(1):
2 (a) in paragraph (e) delete “person.” and insert:
3
4 person; and
5
6 (b) after paragraph (e) insert:
7
8 (f) may exercise powers under subsections (1A)
9 and (1B).
10
- 11 (3) After section 187(1) insert:
12
- 13 (1A) The inquirer may enter the premises of a health service
14 provider (including any hospital or other facility
15 controlled or managed by the health service provider)
16 for the purposes of an inquiry.
- 17 (1B) On entering premises under this section the inquirer
18 may do one or more of the following —
19 (a) inspect the premises;
20 (b) generally make any investigation or inquiry that
21 is relevant to the functions, management or
22 operations of the health service provider;
23 (c) examine any records of the health service
24 provider, including records containing
25 confidential information, that are relevant to the
26 inquirer’s functions;
27 (d) make copies of records referred to in
28 paragraph (c) or any part of them and, for that
29 purpose, take away and retain any of those
30 records or any part of them for any time that
31 may be reasonably necessary;

- 1 (e) require a person in or about the premises to
2 provide information or answer questions in
3 connection with the inquirer's functions;
- 4 (f) require any person to produce any record or
5 other thing in the possession or under the
6 control of the person that relates to, or that the
7 inquirer believes on reasonable grounds relates
8 to, the functions, management or operations of
9 the health service provider;
- 10 (g) require the owner or occupier of the premises to
11 provide the inquirer with such assistance and
12 facilities as is or are reasonably necessary to
13 enable the inquirer to exercise functions under
14 this section.
15

16 (4) In section 187(2) delete "subsection (1)" and insert:

17

18 subsection (1), (1A) or (1B)
19

20 **64. Section 188 amended**

21 (1) Delete section 188(2) and insert:

22

23 (2) A person must not, without lawful excuse refuse or fail
24 to produce a document as required by —

25 (a) a notice under section 187(1)(b); or

26 (b) an inquirer under section 187(1B)(f).

27 Penalty for this subsection: a fine of \$10 000.
28

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- 1 (2) Delete section 188(4) and insert:
2
- 3 (4) A person must not, without lawful excuse, refuse or fail
4 to —
- 5 (a) answer a question when required to do so under
6 section 187(1)(e); or
- 7 (b) provide information or answer questions when
8 required to do so under section 187(1B)(e).
- 9 Penalty for this subsection: a fine of \$10 000.
10
- 11 **65. Section 193 amended**
- 12 (1) In section 193(1):
- 13 (a) in paragraph (a) before “written” insert:
14
15 draft
16
- 17 (b) in paragraph (b) before “report” insert:
18
19 draft
20
- 21 (c) in paragraph (c) delete “report to the inquirer with
22 28 days after receiving the” and insert:
23
24 draft report to the inquirer within 28 days after receiving
25 the draft
26
- 27 (2) In section 193(2):
- 28 (a) before “report” insert:
29
30 draft
31

- 1 (b) in paragraph (a) before “findings” insert:
2
3 preliminary
4
- 5 (c) in paragraph (b) before “recommendations” (both
6 occurrences) insert:
7
8 draft
9
- 10 (d) delete paragraph (c).
- 11 (3) After section 193(2) insert:
12
- 13 (2A) After considering any comments on the draft report
14 received by the inquirer under subsection (1)(c), the
15 inquirer must —
- 16 (a) prepare a final report that includes —
17 (i) the inquirer’s final findings, conclusions
18 and recommendations; and
19 (ii) any prescribed matters under
20 subsection (2)(d);
21 and
- 22 (b) give the final report to —
23 (i) the Minister; and
24 (ii) if the inquirer is not the Department
25 CEO — the Department CEO.
26
- 27 (4) In section 193(3) before “report” (first occurrence) insert:
28
29 final
30

1 **66. Part 15 Division 1 replaced**

2 Delete Part 15 Division 1 and insert:

3

4 **Division 1 — Transfers of property between health**
5 **entities**

6 **194. Minister may order transfer of assets, rights or**
7 **liabilities**

8 (1) In this section —

9 *associated interest* means a lease, easement, occupancy
10 right, contract, agreement, asset, liability, licence,
11 instrument or other right, function or obligation
12 associated with an interest in a health asset that is land
13 and transferred under subsection (2)(a);

14 *earlier transfer order* includes a transfer order under
15 section 194 or 238 as in force before the *Health*
16 *Services Amendment Act 2019* section 66 comes into
17 operation;

18 *health asset* means land or an asset, right or liability
19 held for —

- 20 (a) the purposes of this Act or the former Act; or
21 (b) the purpose of providing a health service; or
22 (c) a purpose associated with, or in relation to, the
23 purposes of this Act, the former Act or
24 providing a health service;

25 Example for paragraph (c):

26 Land used for accommodating staff who work on land used
27 to provide a health service.

28 *health entity* means —

- 29 (a) the Crown; and
30 (b) the State; and
31 (c) the Minister; and

- 1 (d) the body corporate established under the *Health*
2 (*Miscellaneous Provisions*) Act 1911; and
- 3 (e) the Ministerial Body; and
- 4 (f) a health service provider; and
- 5 (g) another Minister, including a Minister to whom
6 the administration of the former Act was
7 committed; and
- 8 (h) another person who holds land for or on behalf
9 of the State.
- 10 (2) The Minister may, by order (a ***section 194 transfer***
11 ***order***) published in the *Gazette* —
- 12 (a) transfer a health asset held by a health entity to
13 the State, the Ministerial Body or a health
14 service provider; or
- 15 (b) transfer an associated interest to the State, the
16 Ministerial Body or a health service provider.
- 17 (3) A section 194 transfer order may specify things by
18 reference to one or more schedules that —
- 19 (a) need not be published in the *Gazette*; but
20 (b) must be available for public inspection.
- 21 (4) Anything specified in a schedule to a section 194
22 transfer order is to be taken to be specified in the order.
- 23 (5) A thing may be specified in a section 194 transfer order
24 by describing the class to which it belongs.
- 25 (6) A section 194 transfer order takes effect on a day stated
26 in the order.
- 27 (7) Before a section 194 transfer order relating to a health
28 asset that is land or an associated interest is made
29 specifying anything by reference to a schedule, the
30 Minister must consult with each relevant lands official
31 about the form and content of the schedule.

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- 1 (8) To the extent to which a schedule to a section 194
2 transfer order relates to the functions of the Registrar of
3 Titles, the schedule must be in a form that meets the
4 requirements of the Registrar.
- 5 (9) A section 194 transfer order may amend an earlier
6 transfer order or a schedule to a section 194 transfer
7 order, or a further section 194 transfer order may be
8 made, to correct an error in an earlier transfer order or a
9 schedule to a section 194 transfer order.
- 10 (10) A reference in a written law, contract or other
11 document to the health entity from whom a health asset
12 or associated interest is transferred under a section 194
13 transfer order is taken, on and after the day stated in the
14 order, to be a reference to a person to whom the health
15 asset or associated interest is transferred in the order.
- 16 (11) A section 194 transfer order may contain provisions of
17 a savings or transitional nature consequent on the
18 making of the order.
- 19 (12) A thing done by, under or for the purposes of this Part
20 is not invalid merely because subsection (7) or (8) was
21 not complied with.
22

23 **67. Section 200 amended**

- 24 (1) In section 200(2)(a):
25 (a) delete “transfer order made under section 194” and
26 insert:
27
28 section 194 transfer order
29
- 30 (b) delete “transfer order; and” and insert:
31
32 section 194 transfer order; and
33

- 1 (2) In section 200(5)(a):
2 (a) delete “transfer order made under section 194” and
3 insert:
4
5 section 194 transfer order
6
7 (b) delete “transfer order; and” and insert:
8
9 section 194 transfer order; and
10

11 **68. Section 202 deleted**

12 Delete section 202.

13 **69. Section 203 amended**

14 In section 203 before “transfer” (each occurrence) insert:

15

16 section 194

17

18 **70. Section 205 amended**

19 In section 205(3) before “transfer order” insert:

20

21 section 194

22

23 **71. Section 206 amended**

24 In section 206 before “transfer order” insert:

25

26 section 194

27

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1 **72. Section 208 amended**

2 In section 208(1) delete “land vested in, or under the care,
3 control and management of, a health service provider to be
4 health service provider land.” and insert:

5

6 of the following land to be health service provider
7 land —

- 8 (a) land vested in, or held by, a health service
9 provider;
- 10 (b) Crown land that is a reserve under the *Land*
11 *Administration Act 1997* section 41 in respect
12 of which a health service provider is the
13 management body for the land;
- 14 (c) health property in relation to which a health
15 service provider has entered into a joint
16 arrangement.
17

18 **73. Section 213 amended**

19 (1) In section 213 delete the definition of ***health information***.

20 (2) In section 213 insert in alphabetical order:

21

22 ***health information*** means personal information,
23 whether collected before, on or after the *Health*
24 *Services Amendment Act 2019* section 73 comes into
25 operation, that is —

- 26 (a) information, or an opinion, about —
- 27 (i) the health (at any time) of an individual;
28 or
29 (ii) a disability (at any time) of an
30 individual; or

- 1 (iii) an individual's expressed wishes about
2 the future provision of health services to
3 the individual; or
4 (iv) a health service provided, or to be
5 provided, to an individual;
6 or
7 (b) other personal information collected to provide,
8 or in providing, a health service to an
9 individual;
- 10 **legal process** —
- 11 (a) means a subpoena, summons, order or other
12 legal requirement that health information be
13 disclosed; but
14 (b) does not include a legal requirement under the
15 *Freedom of Information Act 1992* to disclose a
16 document.
17

- 18 (3) In section 213 in the definition of *information policy*
19 *framework* delete “section 26(2)(k).” and insert:
20

21 section 26(2)(k);
22

23 **74. Section 215 amended**

- 24 (1) Before section 215(1) insert:
25

- 26 (1A) In this section —
27 *CEO* means the CEO within the meaning of the *Health*
28 *Legislation Administration Act 1984* as in operation
29 immediately before 1 July 2016.
30

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- 1 (2) Delete section 215(1)(a) and insert:
2
3 (a) health information collected by —
4 (i) a health service provider or the
5 Department CEO; or
6 (ii) if the health information was collected
7 before 1 July 2016 by the CEO or a
8 former public hospital to provide a
9 former hospital service, the CEO or
10 former public hospital;
11

12 **75. Section 216 amended**

13 In section 216 delete “disclose health information” and insert:
14
15 collect, use and disclose information, including health
16 information,
17

18 **76. Section 217A inserted**

19 After section 217 insert:
20

21 **217A. Disclosure of health information in health**
22 **information management system under legal**
23 **process**

- 24 (1) This section applies if a legal process requires the
25 Department CEO to disclose health information to a
26 person or court and the health information is —
27 (a) about or in relation to a patient; and
28 (b) contained in a health information management
29 system.

- 1 (2) The legal process may be complied with by —
- 2 (a) the Department CEO; or
- 3 (b) if the information was collected by a health
- 4 service provider — the health service provider;
- 5 or
- 6 (c) if the information was collected by a former
- 7 public hospital — the successor health service
- 8 provider for the former public hospital.
- 9 (3) The Department CEO may direct that a health service
- 10 provider comply with the legal process if the
- 11 Department CEO considers it is appropriate for the
- 12 health service provider to comply with the legal
- 13 process and —
- 14 (a) the health information was collected by the
- 15 health service provider; or
- 16 (b) both of the following apply —
- 17 (i) the health information was collected by
- 18 a former public hospital;
- 19 (ii) the health service provider is the
- 20 successor health service provider for the
- 21 former public hospital.
- 22 (4) If the Department CEO gives a direction under
- 23 subsection (3), the health service provider must comply
- 24 with the legal process.
- 25 (5) If a health service provider complies with the legal
- 26 process, the Department CEO is taken to comply with
- 27 the legal process.
- 28

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1 **77. Section 231 amended**

2 (1) Delete section 231(4) and insert:

3

4 (4) Regulations may adopt the code or subsidiary
5 legislation by reference as existing or in force —

6 (a) at a particular date; or

7 (b) from time to time; or

8 (c) when the regulations are made.

9 (4A) The code or subsidiary legislation is adopted as
10 existing or in force when the regulations are made if
11 the regulations adopt the code or subsidiary legislation
12 by reference without specifying that —

13 (a) the code or subsidiary legislation is adopted
14 from time to time; or

15 (b) a particular text is adopted.

16 (4B) If the regulations adopt the code or subsidiary
17 legislation by reference as existing or in force at a
18 particular date under subsection (4)(a) or when the
19 regulations are made under subsection (4)(c) or (4A),
20 any amendments made to the code or subsidiary
21 legislation after the regulations are made have no legal
22 effect as part of the regulations unless they are
23 specifically adopted by later regulations or a later
24 amendment to the regulations.

25

26 (2) In section 231(5) delete “a code or subsidiary legislation by
27 reference,” and insert:

28

29 the code or subsidiary legislation by reference at a particular
30 date, when the regulations are made or without reference to a
31 particular date,

32

1 **78. Part 20 replaced**

2 Delete Part 20 and insert:

3

4 **Part 20 — Transitional, saving and validation**
5 **provisions for the *Health Services Amendment***
6 ***Act 2019***

7 **Division 1 — Validation of acts done by or on behalf of**
8 **the State**

9 **259. Terms used**

10 In this Division —

11 ***commencement day*** means the day on which the
12 *Health Services Amendment Act 2019* section 78 comes
13 into operation;

14 ***health entity*** has the meaning given in section 194(1).

15 **260. Validation of pre-commencement conduct in**
16 **relation to interests**

17 (1) In this section —

18 ***government entity*** means a health service provider, the
19 State, the Minister or the Ministerial Body;

20 ***health interest*** means an interest vested in or held by a
21 health entity for —

- 22 (a) the purposes of this Act or the former Act; or
23 (b) the purpose of providing a health service; or
24 (c) a purpose associated with, or in relation to, the
25 purposes of this Act, the former Act or
26 providing a health service;

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- 1 *interest* —
- 2 (a) means an interest in land or an asset, right or
- 3 liability; and
- 4 (b) includes an agreement, asset, contract,
- 5 easement, instrument, lease, liability, licence or
- 6 other occupancy right or other right, function or
- 7 obligation.
- 8 (2) This section applies if, before commencement day —
- 9 (a) an act or omission of the government entity
- 10 occurred in relation to a health interest,
- 11 including granting an interest in the health
- 12 interest; and
- 13 (b) the health interest was not vested in or held by
- 14 the government entity when the act or omission
- 15 occurred.
- 16 (3) The act or omission is, and is taken to always have
- 17 been, as valid and effective as it would have been if the
- 18 health interest were vested in or held by the
- 19 government entity when the act or omission occurred.
- 20 **261. Particular entities performing health services taken**
- 21 **to be contracted health entities performing public**
- 22 **health services**
- 23 (1) This section applies to a non-government entity that
- 24 provides health services under a contract or other
- 25 agreement entered into with the Premier before
- 26 commencement day.
- 27 (2) The non-government entity is taken to have been a
- 28 contracted health entity while the contract or other
- 29 agreement is in force.

- 1 (3) A health service provided by the non-government
2 entity under the contract or agreement entered into with
3 the Premier is, and is taken to have been on and from
4 the day the entity entered into the contract or
5 agreement, a public health service.
- 6 (4) Health information collected by the non-government
7 entity before commencement day that is held in a
8 health information management system is, and is taken
9 to always have been, health information collected by a
10 contracted health entity and held in the health
11 information management system under section 215(1).
- 12 (5) A staff member of the non-government entity that was
13 given access to health information in a health
14 information management system before
15 commencement day is, and is taken to always have
16 been, a staff member of a contracted health entity for
17 the purposes of section 215(2)(c).

18 **262. Validation of acts done by Department CEO or**
19 **authorised person in relation to land not held by**
20 **Minister or Ministerial Body**

- 21 (1) If, before commencement day, the Department CEO
22 purported to act under a delegation under section 15 in
23 relation to land held by a health entity other than the
24 Minister, the act is, and is taken to always have been,
25 as valid and effective as the act would have been if the
26 Minister held the land.
- 27 (2) If, before commencement day, the Department CEO
28 (or a person authorised to execute deeds or other
29 documents) purported to execute a document under
30 section 12(5) in relation to land held by a health entity
31 other than the Ministerial Body, the document is, and is
32 taken to always have been, as valid and effective as the
33 document would have been if the Ministerial Body
34 held the land.

- 1 **263. Validation of declarations of health service provider**
2 **land under s. 208**
- 3 (1) In this section —
- 4 *health service provider land* has the meaning given in
5 section 207;
- 6 *provider offence* has the meaning given in
7 section 212(1);
- 8 *responsible provider* has the meaning given in
9 section 212(1);
- 10 *validated land* means land taken under subsection (3)
11 to have been validly declared to be health service
12 provider land under section 208.
- 13 (2) This section applies to land —
- 14 (a) purportedly declared before commencement
15 day by the Minister to be health service
16 provider land under section 208; but
- 17 (b) that was not vested in, or under the care, control
18 and management of, a health service provider
19 when or after the land was so declared.
- 20 (3) The land is taken to be, and to always have been,
21 validly declared to be health service provider land
22 under section 208 for so long as the declaration
23 purported to be in operation.
- 24 (4) The rights, obligations and liabilities of all persons are
25 taken to be, and to always have been, the same as if the
26 validated land had been validly declared under
27 section 208 to be health service provider land.
- 28 (5) Anything done, or purportedly done, in relation to
29 validated land before commencement day is as valid
30 and effective as it would have been if the validated
31 land had been validly declared under section 208 to be

- 1 health service provider land at the time the thing was
2 done.
- 3 (6) In subsection (5), a reference to the doing of anything
4 includes a reference to any omission to do anything.
- 5 (7) Regulations made under Part 16 and the offence under
6 section 211(4) in relation to health service provider
7 land are taken to have, and to have always had, full
8 force and effect in relation to validated land.
- 9 (8) In a proceeding for a provider offence in relation to
10 validated land commenced before commencement
11 day —
- 12 (a) the proceeding is taken to have validly
13 commenced; and
- 14 (b) if the proceeding was commenced in the
15 name of a health service provider under
16 section 212(2), the health service provider is
17 taken to be the responsible provider in relation
18 to the validated land where the provider offence
19 occurred.
- 20 (9) If a person was convicted of a provider offence in
21 relation to validated land before commencement day,
22 the conviction cannot be quashed or set aside only on
23 the ground that the validated land was not validated
24 land when the provider offence was committed.
- 25 (10) If an infringement notice was issued in relation to a
26 provider offence before commencement day, the
27 infringement notice cannot be invalidated only on the
28 ground that the validated land was not validated land
29 when the infringement notice was issued.

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- 1 (11) If a pecuniary penalty was paid to a health service
2 provider under section 212(5) for a provider offence in
3 relation to validated land, the payment to the health
4 service provider is taken to have been validly made to
5 the responsible provider under section 212(5).

6 **264. Exemption from State tax**

- 7 (1) State tax is not payable in relation to —
8 (a) anything that occurs by operation of this
9 Division; or
10 (b) anything done (including a transaction entered
11 into or an instrument or document of any kind
12 made, executed, lodged or given) under this
13 Division, or to give effect to this Division, or
14 for a purpose connected with or arising out of
15 giving effect to this Division.
- 16 (2) The Minister may certify in writing that —
17 (a) a specified thing occurred by operation of this
18 Division; or
19 (b) a specified thing was done under this Division,
20 or to give effect to this Division, or for a
21 purpose connected with or arising out of giving
22 effect to this Division.
- 23 (3) For all purposes and in all proceedings, a certificate
24 under subsection (2) is sufficient evidence of the
25 matters it certifies unless the contrary is shown.
26

1 **79. Part 20 Division 2 inserted**

2 After Part 20 Division 1 insert:

3

4 **Division 2 — Transitional provisions about reserves on**
5 **eligible Crown land**

6 **265. Terms used**

7 In this Division —

8 ***eligible Crown land*** —

9 (a) means Crown land that is —

10 (i) a reserve under the *Land Administration*
11 *Act 1997* section 41 in respect of which
12 a reserve health entity is the
13 management body for the land; and

14 (ii) reserved for a health purpose;

15 but

16 (b) does not include The Queen Elizabeth II
17 Medical Centre Reserve reserved under the
18 *Queen Elizabeth II Medical Centre Act 1966*
19 section 6;

20 ***health purpose*** means any or all of the following
21 purposes —

22 (a) the purposes of this Act or the former Act;

23 (b) the purpose of providing a health service;

24 (c) a purpose associated with, or in relation to, the
25 purposes of this Act, the former Act or
26 providing a health service;

27 Example for paragraph (c):

28 Land used for accommodating staff who provide a health
29 service.

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- 1 *reserve change day* means the day on which the *Health*
2 *Services Amendment Act 2019* section 79 comes into
3 operation;
- 4 *reserve health entity* —
- 5 (a) means a health entity as defined in
6 section 194(1); but
- 7 (b) does not include the Crown or the State.
- 8 **266. Change of management body of Crown reserves in**
9 **relation to eligible Crown land**
- 10 (1) The Minister may, by order (a *reserve order*) published
11 in the *Gazette*, change the management body of eligible
12 Crown land from a reserve health entity to the
13 Ministerial Body or a health service provider for the
14 purposes of the *Land Administration Act 1997*
15 section 46(1).
- 16 (2) A reserve order may specify things by reference to one
17 or more schedules that —
- 18 (a) need not be published in the *Gazette*; but
19 (b) must be available for public inspection.
- 20 (3) Anything specified in a schedule to a reserve order is to
21 be taken to be specified in the reserve order.
- 22 (4) A thing may be specified in a reserve order by
23 describing the class to which it belongs.
- 24 (5) If the eligible Crown land the subject of a reserve order
25 is reserved other than for the purposes of this Act, the
26 reserve order may provide that the purpose of the
27 reserve is changed to be for the purposes of this Act.
- 28 (6) A reference in a written law or other document to the
29 reserve health entity who, before the reserve order, was
30 the management body of the eligible Crown land is
31 taken, on and after the reserve change day, to be a

- 1 reference to the person who is the management body of
2 the eligible Crown land under the order.
- 3 (7) A reserve order may contain provisions of a savings or
4 transitional nature consequent on the making of the
5 order.
- 6 (8) A reserve order takes effect on the reserve change day.
- 7 (9) For the purposes of section 270 and the *Land*
8 *Administration Act 1997* —
- 9 (a) a reserve order must be treated as if it were —
- 10 (i) an order made under the *Land*
11 *Administration Act 1997*
12 section 50(1)(a) revoking the
13 management order placing the care,
14 control and management of the reserve
15 with the reserve health entity and
16 specifying that any interests that existed
17 in, or any caveats that existed in respect
18 of, the reserve immediately before the
19 reserve change day continue to exist in
20 respect of the reserve on and after the
21 reserve change day; and
- 22 (ii) subject to subsection (5) and
23 section 267, a management order made
24 under the *Land Administration Act 1997*
25 section 46(1) placing the care, control
26 and management of the reserve with the
27 Ministerial Body or health service
28 provider stated in the order, which is
29 subject to any conditions (with the
30 changes necessary to take account of
31 differences as to the purpose and
32 management body) to which the
33 management order referred to in
34 subparagraph (i) was subject

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- 1 immediately before the reserve change
2 day;
- 3 and
- 4 (b) a reserve order that changes the purpose of the
5 reserve under subsection (5) must be treated as
6 if it were an order made under the *Land*
7 *Administration Act 1997* section 51 changing
8 the purpose of the reserve.
- 9 **267. Changing particular condition in particular**
10 **reserves over eligible Crown land by order**
- 11 (1) In this section —
12 *Minister for Lands* means the body corporate
13 continued under the *Land Administration Act 1997*
14 section 7(1).
- 15 (2) This section applies to eligible Crown land that is —
- 16 (a) subject to a condition (the *condition*) stated in
17 the management order that the eligible Crown
18 land only be leased, subleased or licensed with
19 the approval of the Minister for Lands; and
- 20 (b) listed in —
- 21 (i) an order made by the Minister under
22 this section and published in the
23 *Gazette*; or
- 24 (ii) a schedule to an order referred to in
25 subparagraph (i) that is published in the
26 *Gazette* or made available for public
27 inspection.
- 28 (3) The management order for the eligible Crown land
29 listed in the order is taken, on and from the reserve
30 change day, not to state that the land is subject to the
31 condition.

- 1 **268. Validity of leases, subleases and licences entered**
2 **into by granting entity in relation to eligible Crown**
3 **land**
- 4 (1) In this section —
- 5 *granting entity* means the Minister, the Ministerial
6 Body or a health service provider;
- 7 *interest* means a lease, sublease or licence.
- 8 (2) This section applies to an interest granted by the
9 granting entity in relation to eligible Crown land if —
- 10 (a) the granting entity granted the interest —
- 11 (i) before the reserve change day; and
- 12 (ii) when it was not the management body
13 of the eligible Crown land;
- 14 and
- 15 (b) the management body of the eligible Crown
16 land had power to grant the interest when the
17 interest was granted.
- 18 (3) The interest is —
- 19 (a) as valid and effective, and is to be taken to have
20 always been as valid and effective, as the
21 interest would have been if the granting entity
22 were the management body of the eligible
23 Crown land when the interest was granted; and
- 24 (b) taken to have been granted by the management
25 body.
- 26 (4) An act done by a person in relation to the interest is as
27 valid and effective, and is to be taken to have always
28 been as valid and effective, as the act would have been
29 if the granting entity were the management body of the
30 eligible Crown land when the interest was entered into.

- 1 **269. Exemption from State tax**
- 2 (1) State tax is not payable in relation to —
- 3 (a) anything that occurs by operation of this
- 4 Division; or
- 5 (b) anything done (including a transaction entered
- 6 into or an instrument or document of any kind
- 7 made, executed, lodged or given) under this
- 8 Division, or to give effect to this Division, or
- 9 for a purpose connected with or arising out of
- 10 giving effect to this Division.
- 11 (2) The Minister may certify in writing that —
- 12 (a) a specified thing occurred by operation of this
- 13 Division; or
- 14 (b) a specified thing was done under this Division,
- 15 or to give effect to this Division, or for a
- 16 purpose connected with or arising out of giving
- 17 effect to this Division.
- 18 (3) For all purposes and in all proceedings, a certificate
- 19 under subsection (2) is sufficient evidence of the
- 20 matters it certifies unless the contrary is shown.
- 21 **270. Registration of documents**
- 22 (1) The relevant lands officials must —
- 23 (a) take notice of this Division and orders made
- 24 under this Division, including any schedule to
- 25 the order; and
- 26 (b) record and register in the appropriate manner
- 27 the documents necessary to show the effect of
- 28 this Division and any order.

1 (2) The Minister must give a copy of each order made
2 under this Division and any schedule to it, and any
3 amendment to an order or to a schedule to an order, to
4 each relevant lands official.
5

6 **80. Parts 21 and 22 deleted**

7 Delete Parts 21 and 22.

1 **Part 3 — *Mental Health Act 2014* amended**

2 **81. Act amended**

3 This Part amends the *Mental Health Act 2014*.

4 **82. Section 4 amended**

5 In section 4 in the definition of *private psychiatric hostel* delete
6 “*Hospitals and Health Services Act 1927* section 26P;” and
7 insert:

8
9 *Private Hospitals and Health Services Act 1927* section 2(1);
10

11 **83. Section 524 amended**

12 In section 524(b) before “*Hospitals*” insert:

13
14 *Private*
15

16 **84. Section 541 amended**

17 (1) In section 541(b) before “*Hospitals*” insert:

18
19 *Private*
20

21 (2) In section 541 in the note before “*Hospitals*” insert:

22
23 *Private*
24

1 **85. Section 543 amended**

2 (1) In section 543(1)(b) before “*Hospitals*” insert:

3

4 *Private*

5

6 (2) In section 543 in the note delete “Hospitals and Health Services
7 Act 1927” and insert:

8

9 *Private Hospitals and Health Services Act 1927*

10

1 **Part 4 — *Motor Vehicle (Catastrophic Injuries)***
2 ***Act 2016* amended**

3 **86. Act amended**

4 This Part amends the *Motor Vehicle (Catastrophic Injuries)*
5 *Act 2016*.

6 **87. Section 20 amended**

7 In section 20(1) before “*Hospitals*” insert:

8

9 *Private*

10

11 **88. Section 30 amended**

12 In section 30(1) in the definition of *hospital* delete “*Hospitals*
13 *and Health Services Act 1927* section 2(1);” and insert:

14

15 *Health Services Act 2016* section 8;

16

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- 1 (3) In the provisions listed in the Table:
2 (a) delete “by-laws” (each occurrence) and insert:
3
4 regulations
5
6 (b) delete “by-law” (each occurrence) and insert:
7
8 regulation
9

10 **Table**

s. 20(1a)(i), (k), (m), (n), (p), (q), (r), (s) and (t)	s. 20(1b) def. of <i>specified</i>
s. 20(1c)	s. 20(1e)
s. 20(2)	s. 20(3)
s. 20(4)	

11 Note: The heading to amended section 20 is to read:
12 **Regulations**

13 **92. Sections 22 and 23 inserted**

14 After section 21 insert:
15

16 **22. *Queen Elizabeth II Medical Centre (Delegated Site)***
17 ***By-laws 1986 repealed***

18 The *Queen Elizabeth II Medical Centre (Delegated*
19 *Site) By-laws 1986* are repealed.

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23. Transitional provision for *Health Services Amendment Act 2019*

If a written law or document refers to the *Queen Elizabeth II Medical Centre (Delegated Site) By-laws 1986* repealed under section 22, on and from the day the *Health Services Amendment Act 2019* section 92 comes into operation the reference is taken to be a reference to —

- (a) if the reference is to a by-law — a regulation made under this Act that corresponds to the by-law; or
- (b) if the reference is to the by-laws — regulations made under this Act.

1 **Part 6 — *University Medical School, Teaching***
2 ***Hospitals, Act 1955* amended**

3 **93. Act amended**

4 This Part amends the *University Medical School, Teaching*
5 *Hospitals, Act 1955*.

6 **94. Section 4 amended**

7 In section 4(1) delete “State” and insert:

8

9 Senate

10

11
