Parliamentary Debates

(HANSARD)

FORTY-SECOND PARLIAMENT

FIRST SESSION

2025

LEGISLATIVE ASSEMBLY

Wednesday 13 August 2025

Legislative Assembly

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The Speaker (Mr Stephen Price) took the chair at 12:00 pm, acknowledged country and read prayers.

MINERALS RESEARCH INSTITUTE OF WESTERN AUSTRALIA AMENDMENT (CLEAN ENERGY) BILL 2025

Statement

The Speaker (Mr Stephen Price) (12:01 pm): Members, I have a Speaker's statement about a correction to an explanatory memorandum. I have received advice that the explanatory memorandum for the Minerals Research Institute of Western Australia Amendment (Clean Energy) Bill 2025, tabled on 26 June 2025, contains incorrect section numbers in the notes on clause 31. The explanatory memorandum incorrectly refers to section 90 instead of section 91. I have authorised its replacement with a version containing the correct numbering and for the website to be updated accordingly. Members who have previously obtained a copy of that document are advised to obtain the updated version from the Assembly office.

GENE TECHNOLOGY (WESTERN AUSTRALIA) BILL 2025
GENE TECHNOLOGY (WESTERN AUSTRALIA) AMENDMENT BILL 2025

Notice of motion to introduce

Notices of motion given by **Mr David Michael (Leader of the House)** on behalf of **Ms Hannah Beazley (Minister for Local Government)**.

TERRACOTTA WARRIORS: LEGACY OF THE FIRST EMPEROR

Brief ministerial statement

Ms Simone McGurk (Fremantle—Minister for Creative Industries) (12:03 pm): I rise to update the house on the largest exhibition of its kind ever shown in WA, *Terracotta Warriors: Legacy of the First Emperor*, at the Western Australian Museum Boola Bardip. At its opening week, there were some 20,000 visits to the warriors, which is testimony to the popularity of this extraordinary exhibition. I can advise the house that, as of yesterday, there have now been over 82,000 visitors to this exhibition. It has been collaboratively developed between the Western Australian Museum, Shaanxi Cultural Heritage Promotion Centre and Emperor Qinshihuang's Mausoleum Site Museum. It is the most extraordinary museum exhibition WA has ever seen, with most of the objects never seen in Australia before and nearly half having never been outside China. We expect some 180,000 visits across seven and a half months that the exhibition runs for, including more than 60,000 from interstate and overseas.

Terracotta Warriors features more than 225 original artefacts, including 10 of the world-famous terracotta figures themselves. The exhibition covers a very significant period of China's history when the Qin dynasty conquered and unified the warring states of China and the Han dynasty stabilised imperial rule. Although the warriors are the centrepiece of the exhibition, it also takes a closer look at how unification was achieved and what this meant for the culture and people of China. Multimedia digital technology accompanies the experience to enrich the story of Qin Shi Huang to reveal the scale, artistry and ambition behind the emperor's tomb and the life-sized terracotta army created to protect him in the afterlife.

A full season of public programming accompanies the exhibition, including after-hours events, tea ceremonies, music, art workshops and family activities, with the museum reporting that it has never been more popular, so much so that the *Jade Nights* events every Friday are attracting some 300 visits a week. An exhibition like this has an impact across our tourism and hospitality sectors and, importantly, it shows that WA can stage blockbuster exhibitions. The terracotta warriors are sometimes considered the eighth wonder of the world. Having seen them myself, I am inclined to agree. I think over 80,000 people would also agree.

WESTERN AUSTRALIAN BUILDING AND CONSTRUCTION CONSULTATIVE COMMITTEE—RUSSELL BARNETT

Brief ministerial statement

Ms Simone McGurk (Fremantle—Minister for Industrial Relations) (12:06 pm): Today I rise to inform the house of the appointment of the Western Australian Building and Construction Consultative Committee's new chairperson, Mr Russell Barnett. Mr Barnett has been appointed for a two-year term, which commenced on 6 August 2025. The role of the Building and Construction Consultative Committee is to provide a forum for high-level dialogue between the state government, employers, representative associations and unions on significant issues in the commercial construction sector. The chairperson is an important position, advising me directly in my

role as Minister for Industrial Relations on matters relating to the commercial construction sector. Mr Barnett has significant leadership experience and a strong background in the building, construction and mining industries. He brings a deep understanding of stakeholder engagement strategies and corporate governance to the role through his previous board experience and work as a partner at Australian Venture Consultants. Mr Barnett has worked collaboratively with the WA Building and Construction Consultative Committee previously to develop the committee's current strategic plan and a response to government on the Master Builders Association of WA's 2022 reform package. On behalf of the government, I welcome Mr Barnett to the role.

I would also like to take this opportunity to thank Mr Reg Howard-Smith for his valuable efforts and input as the inaugural chair of the committee and wish him all the best for his future endeavours and with his move to Victoria.

SENIORS—REGIONAL HOUSING

Brief ministerial statement

Mr John Carey (Perth—Minister for Housing and Works) (12:07 pm): I rise to inform the house that in a major boost for the availability of social housing in the regions, two seniors accommodation projects have been completed and a third contract has now been signed to deliver additional homes. First, 12 more homes for seniors in Brunswick Junction, built by Prosser Built, have been completed by the Shire of Harvey with the help of a $4.98 million state government grant. The social housing development is designed to support older community members to age in place and has been delivered by the shire in partnership with Brunswick River Cottages. The project was funded through the state government's community housing grants program, under which more than 1,500 new builds and refurbishments of social housing have been contracted to date.

Additionally, 12 more social homes for seniors in the coastal town of Denham have been completed by the Shire of Shark Bay, thanks to a $4.1 million capital grant from the state. The Shark Bay aged-housing project is intended to meet the significant and growing needs for well-located, appropriate and affordable seniors housing for local communities in the Shire of Shark Bay. The 12 one-bedroom independent living units were built by Carnarvon-based Northern Aspect Construction and are well located next to the established community hub.

Finally, a $6.6 million state government grant will enable community housing provider Co-Operation Housing, to deliver 15 new seniors social homes in the town of Witchcliffe. The contract has been signed with the building company Bilco Construction as part of a broader development of 25 homes in Witchcliffe. These homes will be built in various configurations to meet the lifestyle requirements of tenants. They have been designed to a gold liveability standard, including wider doorframes and passageways, ramps and efficient bathroom and kitchen layouts.

The Cook Labor government is doing everything it can to boost housing supply across the state, particularly for the most vulnerable members of our community. The delivery of these homes is a great example of state and local governments working together to get a positive outcome for the community. We have now invested more than $5.8 billion in housing and homelessness measures, which has seen nearly 3,300 new social homes delivered since 2021

COMMUNITY WATER SUPPLIES PARTNERSHIP PROGRAM

Brief ministerial statement

Mr Don Punch (Bunbury—Minister for Water) (12:10 pm): I am pleased to inform the house that nine local governments and the Baiyungu Aboriginal Water Corporation are to share in more than $955,000 through the Community Water Supplies Partnership program in the latest round of funding.

The Community Water Supplies Partnership program, delivered by the Department of Water and Environmental Regulation, provides grants of up to $100,000 per project to develop off-farm community water supplies. The Community Water Supplies Partnership program is supported by the Water Infrastructure for Sustainable and Efficient Regions initiative under the Australian Government's National Water Grid Fund. A combined $5.6 million has been committed to the Community Water Supplies Partnership program from 2024–25 to 2026–27 by the Australian and Western Australian Labor governments.

These projects reflect the strength of community-led planning in the delivery of sustainable water solutions and demonstrate how collaboration between governments and communities can deliver smart, effective outcomes for regional WA. The latest round of funding will support vital water infrastructure projects across Baiyungu Aboriginal Corporation, Boyup Brook, Dumbleyung, Dundas, Greater Geraldton, Morawa, Toodyay, Victoria Plains, West Arthur and Wongan–Ballidu, including new and upgraded water infrastructure such as bores, pumps, tanks, dams, and firefighting water systems. There is a lot there, Mr Speaker!

The Speaker: Certainly is.

Mr Don Punch: These projects will improve drought resilience, boost emergency water access and enhance firefighting capabilities.

I particularly commend the Baiyungu Aboriginal Corporation in Coral Bay for its leadership in delivering sustainable water solutions that support both community wellbeing and cultural events, with nearly $115,000 being awarded for Airey Bore project stages 3A and 3B to establish a secure bore water supply for the Cardabia Homestead precinct. This will enable access to an affordable non-potable water supply for essential use and livestock drinking water, while also improving the corporation's ability to hold events like the Jamba Nyinayi Festival.

This is further to the seven regional local governments that shared in more than $480,000 through the previous round of the program announced in June 2025. That round of funding supports projects across Albany; Carnarvon; Kondinin, which has two projects; Menzies; Perenjori; and Plantagenet, including the installation of water tanks, pumps, pipelines, bores and dam upgrades. These initiatives will reduce reliance on scheme water, support emergency services, and help irrigate green spaces and sporting precincts.

The Community Water Supplies Partnership program is a great example of the Cook and Albanese governments working together to deliver smart, effective solutions for regional Western Australia to build resilience in the future.

COUNTRY WEEK ASSISTANCE PROGRAM

Brief ministerial statement

Ms Sabine Winton (Wanneroo—Minister for Education) (12:13 pm): The Cook Labor government knows that kids from the bush love their sport, and they are pretty good at it, too. I am proud to advise the house that we are delivering on a key commitment to support thousands of students from across regional Western Australia to participate in Country Week events through our Country Week assistance program. This program will ensure that costs for schools located 300 kilometres or less from Perth will be reduced by $250 per student and costs for schools located more than 300 kilometres from Perth will be reduced by $500 per student.

This year, Senior High School Country Week took place from 30 June to 4 July. It was a resounding success, with almost 4,000 country students from 56 schools competing against their peers in events in Perth. This was an increase from the 2024 participation of some 3,801 students from 54 schools. I am pleased to report that students enjoyed a week of camaraderie and fun in Perth, competing in more than 1,300 scheduled sporting fixtures across 10 sports and eight venues.

I had the pleasure of joining the opening ceremony at the Perth High Performance Centre, at which a teacher from Denmark Senior High School, who was attending his 36th Country Week, told me seven students from his school would not have been able to make it this year had the financial assistance not been on offer. Another teacher from Broome Senior High School said the financial support had made a huge difference, enabling students to go who ordinarily would not have been able to. This sentiment was echoed by principals in Narrogin, which I recently visited.

There is more to come next month. District High School Country Week will take place between 22 and 25 September, with some 1,000 students from 29 schools expected to take part. It is anticipated that an additional 200 students will be attending District High School Country Week. I have been advised that some remote schools are expected to make debut appearances. We know this growth in participation can be directly attributed to the introduction of the Country Week assistance program, which provides funding through schools to reduce travel and accommodation costs for students and their families.

I congratulate all the schools and students who have participated in Country Week events so far in 2025. I am looking forward to taking part in the competitive school spirit again when District High School Country Week gets underway next month.

WA EDUCATION AWARDS

Brief ministerial statement

Ms Sabine Winton (Wanneroo—Minister for Education) (12:15 pm): I am pleased to advise the house that nominations for the WA Education Awards are currently open. Our teachers and school leaders are our most valuable assets, and we want to acknowledge those who are dedicated to delivering positive outcomes for all students. It is now time to formally celebrate the achievements of those WA public schools and teachers who exemplify excellence. From personal experience and many conversations with teachers over the years, I know the annual awards are highly regarded across the state's education sector; indeed, they are recognised as both prestigious and motivational.

This year, I am excited to introduce two new categories that highlight and celebrate my priorities. The new Minister's Teacher of the Year award will recognise exemplary teachers across primary, secondary, education support and early childhood settings who demonstrate outstanding professional knowledge, practice and engagement. Raising the profile of excellence in early childhood education is one of my key priorities. The new Excellence in Early Childhood Education award will recognise centres and programs that demonstrate outstanding

early learning and development through play-based, child-centred approaches and innovative teaching strategies that support children's social, emotional, cognitive and physical development.

In addition to the two new categories, eight other awards recognise quality educators in our public schools. They are Excellence in School Leadership, Excellence in Teaching and Learning–Primary, Excellence in Teaching and Learning–Secondary, Excellence in Disability and Inclusion, Excellence in Wellbeing and Learning, and Excellence in Cultural Responsiveness.

Thanks to the generous sponsors, winners will be awarded $20,000 and the three finalists in each category will each be awarded $5,000 to support professional development.

I encourage all members of this place to connect with their local schools and support them in submitting a nomination. Staff, school council and board chairs, and P&C presidents are encouraged to nominate their schools and teachers. I am sure we all know schools and teachers within our communities whose remarkable work deserves recognition. Nominations consist of a written statement demonstrating achievements against the selection criteria, supported by examples and evidence. To assist, nominators can access free assistance from an independent writing consultant to help with the drafting or reviewing of nominations. Nominations close on 5 September, with the finalists announced in October. The awards ceremony will be held in November 2025.

I look forward to updating the house and celebrating our fantastic finalists in public education in coming months.

DIGGERS AND DEALERS

Brief ministerial statement

Mr David Michael (Balcatta—Minister for Mines and Petroleum) (12:18 pm): Last week, I attended the 34th annual Diggers and Dealers Mining Forum in Kalgoorlie. I would like to congratulate the organisers for once again bringing together experts from the mining and exploration sectors, investors and analysts from around the world, plus media and government officials, including our friend Hon Madeleine King MP, Minister for Resources in the Albanese Labor Government. In total, over 2,500 people attended the forum.

I had the pleasure of meeting a wide range of stakeholders alongside Minister King to hear what both the state and federal Labor governments are doing well and, of course, the areas that need improving. With the gold market continuing to flourish, there was great interest in what our gold companies are doing both domestically and abroad, while the presence of the world's second-largest gold producer, Agnico Eagle from Canada, certainly created a buzz on the conference floor. However, I am happy to say it was our Western Australian gold players who stole the show when it came to the awards night and the conference finale at the WesTrac gala dinner. Well done to the Dealer of the Year winner, De Grey Mining, for the advancement of the Hemi gold project, which hosts resources in excess of 11 million ounces 85 kilometres south of Port Hedland in our Pilbara region. The discovery stands out as one of Western Australia's best in recent times and certainly caught the eye of one of the state's biggest gold producers, Northern Star Resources, which recently acquired De Grey for $5 billion. Of course, De Grey has benefited from the Exploration Incentive Scheme support, which helped the company discover the mineralisation at Hemi.

Meanwhile, Digger of the Year went to WA gold producer Ramelius Resources, which has mines and development projects spread across the state, including in the Mid West and Wheatbelt regions. I also congratulate the other award winners, including of the GJ Stokes Memorial Award, in honour of Diggers and Dealers founder Geoffrey Stokes, won by Peter Cook; the Media Award, won by Paydirt Media's Michael Washbourne; the Ray Finlayson Medal for Leadership and Academic Excellence, won by WA School of Mines student Mason Calter; and Best Emerging Company, won by Perth-based Turaco Gold.

Congratulations to all the winners and organisers of the Diggers and Dealers Mining Forum.

INTENSIVE FAMILY SUPPORT SERVICE

Brief ministerial statement

Mrs Jessica Stojkovski (Kingsley—Minister for Child Protection) (12:21 pm): I am pleased to advise the house that the Department of Communities has awarded 14 new five-year contracts for the delivery of intensive family support services in the metro area and regional locations, including the Goldfields, Great Southern, Mid West, Gascoyne, West Kimberley and Wheatbelt.

As part of the Earlier Intervention and Family Support Strategy, the Intensive Family Support Service model supports families at risk of involvement with the child protection system and is part of the state government's commitment to keep children and young people safely at home when possible. The Intensive Family Support Service works with both Aboriginal and non-Aboriginal families experiencing disadvantage, complex challenges and trauma, including intergenerational trauma. Services include intensive in-home practical support and the development of parenting and living skills to strengthen family functioning and improve safety. In the last quarter, 81% of children referred to the keeping children safely at home stream were able to stay in the family home. The Intensive Family Support Service is a culturally competent service system that is safe and responsive to the needs

of Aboriginal families. Aboriginal children experience better outcomes when connected to community, culture and country. Evidence shows Aboriginal children cared for by Aboriginal community–controlled organisations have a greater connection to culture, which can lead to better health and wellbeing outcomes. These new Intensive Family Support Service contracts are either Aboriginal-led or led in partnership with ACCOs to ensure that children remain connected to country, community and culture.

Recently awarded ACCOs delivering the Intensive Family Support Service as the lead agency are Yorgum Healing Services for Armadale and the Great Southern; Kinship Connections; Ngunytju Tjitji Pirni Aboriginal Corporation; Centacare Kimberley; and Kaata-Koorliny Employment & Enterprise Development Aboriginal Corporation. Aboriginal community–controlled organisations delivering the Intensive Family Support Service in partnership with a lead agency are the West Australian Stolen Generations Aboriginal Corporation for Fremantle, Bindjareb and Rockingham; Wadjak Northside Aboriginal Community Group for Joondalup and Mirrabooka; Karlup Aboriginal Corporation; Koya Aboriginal Corporation; and Bundiyarra Aboriginal Community Aboriginal Corporation. This means there will be more Aboriginal organisations delivering important family services in WA than ever before. These new IFSS contracts will walk alongside families, helping them to improve their parenting skills and keeping their kids safe at home or bringing them home from care sooner.

COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

Motion

Mr Reece Whitby (Baldivis—Minister for Road Safety) (12:24 pm): I move:

That:

(1) the scope of the Community Development and Justice Standing Committee's inquiry into the safety, regulation and penalties associated with the use of e-rideables is broadened to include e-bikes, including electric dirt bikes; and

(2) the reporting date is extended to 4 December 2025.

In moving this motion, I would also like to express my sincere condolences to the families of those who have died due to e-rideable crashes in WA, including Shelley Spinks in Edgewater, Thanh Phan in the Perth CBD and Leigh Tagell in Kalgoorlie. I also want to extend my gratitude to the chair of this parliamentary inquiry, the honourable member for Roe, and other members of the Community Development and Justice Standing Committee for their important work in this area. It is a lot of work to be undertaken. I understand that this additional requirement will mean that the committee will have additional hours ahead of it. I look forward to the work the committee will put in and the recommendations that it produces. Thank you very much.

Mr Peter Rundle (Roe) (12:25 pm): I thank the minister. Of course, the committee also expresses its condolences to the families of those people the minister mentioned in relation to e-rideable, e-bike and e–dirt bike deaths.

Firstly, I want to thank my committee members, because we have already undertaken quite a lot of work: my deputy chair, the member for Maylands; the member for Carine; the member for Dawesville; and, of course, the member for Mount Lawley. It is a very capable committee with a very capable executive team of Vanessa, Lisa and Sylvia. I certainly appreciate the work that they are doing because, as I think the minister and I have both worked out, there is a lot of public interest in this inquiry. We have had 200-odd submissions at this point and we have extended the submission deadline through to 22 August. Quite a lot of people also want to come to the public hearings. Up to this point, the likes of Curtin University, eMobility Australia, WestCycle, the state trauma service, the Western Australia Police Force and the Commissioner of Police, the Road Safety Commission and the Pedestrian Council of Australia have all appeared at public hearings. It has been very interesting listening to the contrasting evidence that they have put before us.

I think it is important to just give people some clarity on the categories that we are dealing with. An e-rideable is defined as an electric rideable device that has at least one wheel, is designed for one person, has a speed of up to 25 kilometres an hour and weighs 25 kilograms or less, such as an e-scooter, an e-skateboard, a hoverboard, e-skates and e-unicycles. Then we have e-bikes, which are not e-rideables; they are under a separate classification. They are power-assisted pedal cycles. They must be pedal-assisted to qualify, must have one or more auxiliary propulsion motors attached, need human power to make them move and legally cannot exceed a power output of 250 watts. The road rules that apply to regular bicycle riders also apply to e-bike riders. Of course, we also have the electric dirt bikes, and the minister has moved to include that category today, which are motorbikes with an electric motor. They do not fall under the classification of e-bikes or e-rideables. They are subject to the laws applying to motorcycles, including registration and motorcycle licences. If they are not compliant with these laws, they cannot be ridden on public roads and land; they can be for private use only. That is something that we are looking at fairly closely, because e-rideables and e-scooters—the different classifications—can do high speeds and can be purchased at the moment under the category of things that people buy to use on their private property. That is something that we are looking at.

Of course, it was interesting to note that yesterday there was some publicity about the Minister for Transport and other transport ministers around Australia now recognising that this is an issue. We have disparity amongst our states. The federal Assistant Treasurer said on radio a couple of weeks ago that we need to do better and that this issue needs to be looked at by the federal jurisdiction to give the states some clarity about the different classifications and especially the sale of e-rideables. As we have seen, people can order one of these e-rideables online and have delivered to their doorstep the following week something that might go 80 or 100 kilometres an hour. Also, as I have said, we have the private-use scenario whereby people can say that they are using the e-rideable for private use and be encouraged to have something that could potentially go 100 kilometres an hour. From that perspective, it is good that the transport minister and other ministers are looking into this to give us some clarity nationwide.

There are many elements. The five terms of reference refer to for-hire e-rideables, the policing of e-rideables in entertainment precincts, illegal modifications, injuries and insurance claim submissions, and benefits and opportunities created by e-rideables for urban mobility. The committee is certainly taking those terms of reference into account. It is very interesting. I have already learned a lot. There are many different elements. There are the competing scenarios of safety on the footpath versus road safety for all the different categories. There is the scenario of hired e-rideables versus private e-rideables. They are two quite separate categories. As the minister knows, there is a geofencing ability and other abilities to minimise the speed et cetera of hired e-rideables. There are challenges with enforcement by our police force. Where do local governments fit into this? There are pedestrian safety and best practice issues and issues such as the digital verification and certification of e-rideables, and the list goes on. There are also issues with our shared pathways and our lack of infrastructure. No matter which government has been in power previously, there have been challenges with shared paths. We would all love to see a lot more pedestrian and shared path infrastructure, which would in some ways take away the challenges with e-rideables on both footpaths and roads. That is another element that the committee will certainly be looking into.

I appreciate the extra time that the committee will be given. I suspect that, with the amount of work to be done, we will need every minute of it. As I have said, we have a very capable committee and executive team, so we will put our best foot forward and do our best.

Mr Adam Hort (Kalamunda) (12:33 pm): I just want to comment on how lovely it is to hear a baby's mumblings in the chamber. It takes me back to the member for Carine's inaugural speech when little Ellie interjected.

We will support this motion to extend the deadline and the scope of the Community Development and Justice Standing Committee's inquiry into e-rideables. It is an important extension and an important adjustment to the scope. The committee's work is important and should be done thoroughly, and we have heard how thoroughly committee members are conducting themselves at the moment. It is also important, though, that we place on the record how we got here, because the timeline tells the story of a government that has been reactive and slow to act on this very important matter.

Many people may not realise that, on 21 May 2025, the Road Safety Commission released its comprehensive review into e-rideables. As members can tell, it is quite thick. It delivered eight very clear recommendations and six key findings, including that stronger enforcement and the development of a safety action plan are required. That was on 21 May. The report warns of a concerning lack of compliance with existing rules, including speeding, riding without helmets and failure to give way to pedestrians, and calls for more enforcement on these matters.

On the evening of 28 May, we tragically saw the death of Kevin Sanders in East Fremantle. On the next day, 29 May, completely by coincidence and not by design, the member for Carine rose to deliver a grievance about the growing problem of rideouts in the northern suburbs—I am sure many members have also had issues in their suburbs—and his question, which was completely unrelated to the fatality, was:

> … what action is the government taking to strengthen the laws that relate to bad behaviour on e-scooters and e-bikes?

Appreciating that an investigation into the East Fremantle incident is well underway and ongoing, that question still went to the heart of whether this government was treating this issue as a genuine priority. In response, the minister turned to platitudes but, I must admit, offered one concrete action. He said:

> That is why, as part of the government's recent review of this matter, we have partnered with WestCycle on an important initiative to implement an education program relating to the use of e-rideables.

We have already heard the definition of e-rideables from the Chair, and I have explained that definition before in this place. It does exclude e-bikes. For the minister's entire seven-minute response, that was the only sentence that had any kind of answer about what the government might be doing about this issue. The rest was rhetoric about regulation; praise, and rightly so, for the police operations that were being conducted in these spaces; and not really any clear plan for the future at all. At that moment, there is a very concerning lack of vision from this government in its approach, giving the clear impression that this simply is not a priority.

Just three days later, on 31 May, tragically, Thanh Phan was struck in the Perth CBD and died on 3 June. On 14 June, the minister announced an inquiry into e-rideables. The media headline was "Police Minister Reece Whitby says WA's new e-scooter laws could be toughest in the nation", but what the minister failed to mention, and what was discovered only after inquiries with his office, was that the scope of the very inquiry that would presumably form the basis of the potentially toughest new laws in the nation did not include electric bikes. That was spoken about in this chamber on 18 June. It took yet another tragedy on 26 July, when a woman was struck and killed by a high-powered electric dirt bike in Edgewater, for the minister to reconsider. On 28 July, he finally announced that the inquiry's scope would be expanded to include e-bikes and e–dirt bikes, and rightly so. I welcome this. I must mention in this place that it is okay to be wrong. It is okay for anyone in a leadership position to not get it right every time. It is okay to make those changes to get what is right for WA to happen. The minister said that he had been considering the possibility of the committee looking at electric bikes, despite us mentioning it at least six weeks earlier in this very place. It did not occur to him that maybe that was something we could have changed there and then in this place.

The pattern here is very clear. The minister did not act when the expert report landed on 21 May. We have that here. He failed to provide any concrete action after the tragedy on 28 May. He did not launch a fully fledged inquiry until after the second fatality, on 3 June. It took three tragedies before the inquiry's scope finally reflected the obvious reality on our roads and paths—the obvious reality of what our community would expect for this inquiry.

Yes, we will support the extension of the inquiry into e-bikes and the extension of the timeframe for this committee because this is important work, but we will continue to call out the fact that the government has been slow to act on this from the very beginning.

Western Australians deserve a government that listens to expert advice, takes community safety seriously and gets it right the first time, not one that lurches from place to place. If the minister had acted decisively on the findings of the Road Safety Commission's report in May, and if the scope of the inquiry had been right from day one, we would already be down this path. The inquiry would have already included e-bikes. Instead, we are months behind where we should be and I think that Western Australia deserves better.

Mr Dan Bull (Maylands) (12:40 pm): I was not going to speak on this. I think the member for Roe did a great job as the chair of the committee, but as the deputy chair, I feel I need to respond to the member for Kalamunda. One of the things that this committee is very focused on is its bipartisan approach. I acknowledge the member for Carine for taking that approach, as well as other members. The chair of the committee, the member for Roe, has been explicit in his approach, ensuring that all of us work as a team for the betterment of our community, and we acknowledge the decision of the government and the minister, particularly, in asking our committee to do this work. It is utterly disappointing that the Liberals and the member for Kalamunda would take a pot shot right in the middle of this work. The reality is the people in our community need this work done on a bipartisan basis.

Mr Basil Zempilas interjected.

The Speaker: Leader of the Opposition.

Mr Basil Zempilas interjected.

The Speaker: Leader of the Opposition! You carried on like this yesterday. You ignored the Acting Speaker when he addressed you. You need to pay attention. If your name is mentioned from this chair, whether it be by me as the Speaker, the Deputy Speaker or any of the Acting Speakers, you need to look and pay attention. The member for Maylands has a right to respond and make a contribution to this motion, and you need to allow him to do that. Carry on, member for Maylands.

Mr Dan Bull: Thank you, Speaker. If the Liberals want to take pot shots after the work of the committee is done and they are not happy with the way that the government responds to the recommendations, then so be it. There is a political process, but right now the one thing that this committee needs to do is be given the space it needs to work in a bipartisan way to deliver the best work that it can in an extremely short amount of time. My message to the member for Kalamunda, to the Leader of the Liberal Party and to the rest of that group is that they pull their heads in. Let us do the work we need to do so we can deliver this by December for the support of our community and those grieving.

ST JAMES' ANGLICAN SCHOOL
PETER FOSTER

The Speaker (Mr Stephen Price) (12:42 pm): On behalf of the member for Butler, I would like to acknowledge the students from St James' Anglican School in Alkimos who are up there in the public gallery today. I also acknowledge the former member for the Mining and Pastoral Region, Hon Peter Foster, former MLC, up in the gallery as well. Good to see you again, Pete.

ASSISTED REPRODUCTIVE TECHNOLOGY AND SURROGACY BILL 2025

Introduction and first reading

Bill introduced, on motion by **Ms Meredith Hammat (Minister for Health)**, and read a first time.

Explanatory memorandum presented by the minister.

Second reading speech

Ms Meredith Hammat (Girrawheen—Minister for Health) (12:43 pm): I move:

That the bill be now read a second time.

It is clear that there is overwhelming support within the Western Australian community for this bill today to reform laws that will enable all members of our community to be able to start their family, regardless of sexual orientation, sex, gender identity or relationship status. The Assisted Reproductive Technology and Surrogacy Bill 2025 places the patient experience and the best interests of the child born via assisted reproductive technology at the centre of the reform. It does this by removing unnecessary barriers to access for all Western Australians, establishing a streamlined model for the provision of the technology in Western Australia and modernising Western Australia's statutory framework. The–

It is estimated that around 5% of all Australian births involve some form of assisted reproductive technology (ART) and surrogacy practices. These practices have remained largely unchanged in Western Australia for several decades and are generally regulated through the *Human Reproductive Technology Act 1991*, the *Artificial Conception Act 1985* and the *Surrogacy Act 2008*. The current legislation however is restrictive, forcing Western Australians to travel interstate or overseas to start a family. Since the introduction of the current acts, there have been major advances in reproductive technology and the ART industry itself. The bill contemporises the provision of assisted reproduction technology and surrogacy in Western Australia. This is something that I am extremely proud of and that this government is also proud of.

I would ask members to remember that ART has been legal in Western Australia since 1991. This bill should not then be considered an opportunity to debate the merits of ART and surrogacy itself, rather to consider how the legislative framework needs to be changed to reflect updates in technology and improve access to all Western Australians for the provision of this health care. I remind members that pursuant to the Commonwealth's Sex Discrimination Act, we as a Parliament cannot and should not restrict access to care for individuals on grounds such as sex, sexual orientation, gender identity, intersex status, marital or relationship status.

I would like to take this opportunity to thank a range of people who have supported this bill to become a reality. Firstly, I want to thank Surrogacy WA, Equality Australia, Rainbow Futures WA, Gay Dads WA and other community groups that have shared their stories and support for this bill. Although their individual stories and journeys may differ, there is one common thread—these Western Australians wanted to start their own family and they wanted to start them here. Their love for their children and their families is undeniable and they should have had the opportunity to start their families at home, here in Western Australia. This bill will give them and people facing similar situations that opportunity.

Many supporters have joined us here in Parliament today and I want to thank them for being here on this important occasion. We know how long you have waited for these reforms. I want to thank Associate Professor Sonia Allan for her detailed work in delivering a report and the recommendations that have informed and supported the development of this bill. I also want to thank the ministerial expert panel members, particularly Professor Roger Hart who was chair of the panel. Their recommendations and report have also been critical to the development of this bill. Without their work, we would not be here today. I also want to thank the former Minister for Health and now Premier, Hon Roger Cook, and the former Minister for Health, Hon Amber-Jade Sanderson, for their work, which has supported this bill to become a reality.

The Assisted Reproductive Technology and Surrogacy Bill 2025 is the culmination of a thorough consultative process to ensure the specific needs of the community are addressed and enable safe and compassionate processes for people seeking reproductive assistance. In 2018, the then Minister for Health, Hon Roger Cook, enlisted Associate Professor Sonia Allan to undertake an independent review of the Human Reproductive Technology Act and the Surrogacy Act, considering a wide range of matters relevant to the operation and effectiveness of the acts. The Allan review report, released in January 2019, recommended multiple areas where Western Australia's existing legislation could be modernised and streamlined. The intention of the 122 recommendations was to simplify and facilitate processes for people seeking access to ART treatments and for the providers of assisted reproductive technology services. On 18 August 2021, the government tabled in Parliament a response to the report of the Allan review, noting the government's commitment to developing new legislation for assisted reproductive technology in Western Australia, including surrogacy, that is modern, fit for purpose and best serves Western Australian needs.

In May 2022, a ministerial expert panel was appointed to undertake further targeted consultation to support the development of potential new legislation for ART in WA. The ministerial expert panel had a broad membership of fertility specialists and medical professionals with experience in reproductive matters, as well as legal professionals. The ministerial expert panel was tasked to consider the implications of recommendations for new legislation, the recommended regulatory framework and areas that may need further consideration. It released a public discussion paper and a regulatory impact consultation statement in 2022 as the foundation for consultation.

In May 2023, the ministerial expert panel's final report was published, with 46 recommendations relating to improving the provision of ART in WA. Shortly afterwards, the government tabled a response to the final report, supporting the majority of the ministerial expert panel's recommendations. In addition, between 2023 and 2025, the Department of Health undertook further targeted consultation with stakeholders, including giving consideration to the potential impacts that the proposed amendments may have on existing services. Stakeholders were broadly supportive of the proposed new ART legislation. Clinics, particularly, supported the removal of redundant approval requirements for certain activities from the Reproductive Technology Council, which will significantly reduce administrative burdens.

The Assisted Reproductive Technology and Surrogacy Bill 2025 establishes a contemporary model with a responsive and streamlined framework for the provision, regulation and management of all assisted reproductive technologies in WA. It recognises surrogacy as falling within the continuum of assisted reproduction. It protects and emphasises the best interests of ART and surrogacy-born children, the health and wellbeing of ART and surrogacy participants, and the public. In line with the ministerial expert panel's recommendation, the bill will repeal the current Human Reproductive Technology Act, the Surrogacy Act and the Artificial Conception Act, and create a single cohesive piece of legislation pertaining to ART and surrogacy. The bill also makes consequential amendments to other acts, including the *Human Tissue and Transplant Act 1982* and the *Births, Deaths and Marriages Registration Act 1998*.

The bill will implement the government's supported recommendations of the ministerial expert panel. It removes discriminatory barriers and opens up access to ART and surrogacy to couples and individuals struggling to conceive, including members of the LGBTQIA+ community, by removing the requirement of medical infertility. Reciprocal in-vitro fertilisation will now be accessible, along with fertility preservation. The bill will continue to prohibit the commercial trade in human reproductive material and capabilities, including commercial surrogacy.

The bill enshrines additional rights for parties for donor conception, enabling donor-conceived individuals to have access to information about their genetic and social heritage, enabling donors and their intended parents to have access to certain information also, and providing rights to donors regarding consent to continued use of donated reproductive material.

The bill will also reduce regulatory burdens by replacing the WA Reproductive Technology Council with the Assisted Reproductive Technology Advisory and Review Board, which will have an advisory function and limited approval powers.

Parts 2 and 7 of the bill provide for a contemporary administrative and licensing framework under the authority of the chief executive officer of the Department of Health, reducing regulatory burden, including the removal of current requirements for approvals by the Reproductive Technology Council. The bill places mandatory conditions on all licences for providing ART services and also enables the CEO to impose other conditions, on a licence-by-licence basis, known as discretionary conditions. The mandatory conditions reflect the paramount duty that ART services are provided in a way that ensures the health, safety and wellbeing of the children conceived via the service, and the people who access and participate in the service. The CEO may impose on a licence only the discretionary conditions necessary for the operation of the new act. The CEO cannot impose a discretionary condition that is inconsistent with a mandatory condition. Part 7, division 6 of the bill gives the CEO powers to investigate whether a person is a fit and proper person to be involved with the provision of assisted reproductive services, ensuring patient safety.

Under this act, the CEO has expanded disciplinary powers, including being able to take disciplinary action, such as suspending or cancelling a licence. This will occur when a licensee has contravened this law—for example, by breaching conditions of the licence, failing to comply with licence notices, or failing to pay fees or penalties. Usually a suspension will be given with advance notice, unless in exceptional circumstances in which the CEO may also immediately suspend a licence for up to three months when there is a reasonable belief of serious contravention of the act.

The bill also provides options for review if an applicant disagrees with a decision relating to a licence application. It allows an internal review process by the CEO, with escalation to a State Administrative Tribunal review if the applicant is still dissatisfied, allowing for appropriate due process for licensees or applicants.

Part 3, division 1 of the bill provides broad access to assisted reproduction based on a clinical assessment and decision. When a person seeks assistance to start a family, the treating medical practitioner must form the view that ART is appropriate, having regard to the person's current and likely future physical, psychological and social

circumstances. This part reflects the government's position that access to assisted reproduction should be based on a clinical assessment and decision, consistent with the intent of recommendations made by the ministerial expert panel.

The bill makes clear that ART and surrogacy should be available to all persons who seek to access it, regardless of sex, gender identity, sexual orientation or relationship status. It does this by removing discriminatory barriers, including the requirement for medical infertility. The current Human Reproductive Technology Act allows access only to heterosexual couples who are unable to conceive for medical reasons, or whose child would likely be affected by a genetic abnormality or disease, and even then it is restrictive on those couples.

The bill also allows for assisted reproduction procedures to be offered for the purposes of fertility preservation. This includes when collection is needed to provide for the future reproductive options of the participant when they are undergoing medical treatments or procedures that can damage reproductive materials or organs. While a person must be at least 18 years of age in order to access ART, an exception will be made to persons under the age of 18 for fertility preservation.

Part 3, division 2 of the bill provides general requirements that a clinic must abide by when providing ART procedures. These procedures must be conducted by qualified persons at licensed premises, with different types of services requiring specialised clinical practitioners as well as other qualified health practitioners. Licensees may also use appropriate qualified health practitioners or authorised practitioners to deliver specific treatments or procedures, with their requirements prescribed in regulations. This will allow doctors, registered nurses and midwives to provide some treatment procedures to support improved accessibility of ART services, particularly in regional areas. This was a specific ministerial expert panel recommendation. The bill also requires a clinical assessment to be conducted of the medical and psychosocial suitability of a person seeking ART services before they may be provided. The bill retains WA's existing worldwide five family limit for using reproductive material from the same donor to create a family. The continuity of this limit was recommended by the ministerial expert panel and provides stability and predictability for donors, families and ART providers. A pathway is available through application and approval by the board if an exception to this limit is sought.

Part 3, division 3 of the bill provides the parameters for the parentage of a child conceived or born to ART in line with the existing presumptions of parentage under the Artificial Conception Act. The definitions previously embedded in the Artificial Conception Act have been updated to reflect contemporary gender inclusive language. Importantly, it also introduces provisions to allow for the recognition of parentage of deceased persons when there has been posthumous use of reproductive material or embryos.

Part 3, division 4 of the bill will create an obligation to keep prescribed records on a range of matters, including all procedures, consent forms and contact preferences, and identifying information of all participants, including donors. There is an obligation on licensees to provide information to the CEO of the Department of Health for the purpose of the register of identity and the register of ART procedures, which are described in part 5 of the bill. The bill confirms the right of a donor, conceived persons, their parents and donors to have access to prescribed information held by the licensee. Under the current Human Reproductive Technology Act, this right of information is available only to donor-conceived persons born before 2004.

The bill extends this right to all donor-conceived persons and their intended parents. Donor-conceived persons and intended parents will be able to request certain information, if they desire it, from the clinic or the Department of Health. The bill also enables donors to access certain non-identifying information about any births resulting from their donations. Donors will be advised of their rights to this information at donation.

Part 4, division 1 of the bill sets out who has the right to control what happens to reproductive material and embryos during the assisted reproduction process. The proposed bill will maintain the status quo, including current provisions that donors may change their mind and withdraw this consent up until the point when the donated materials are used. The bill also sets out who has the right to control what happens to an embryo. For persons providing reproductive material to create an embryo for their own use, the right to determine the management of the embryo vests with them.

Part 4, divisions 2 to 7 of this bill set out improved processes and requirements for the use of reproductive material and embryos. There are detailed requirements around obtaining consent for the collection, storage and use of reproductive material, embryo creation and embryo transfer, with further consent requirement provided for in regulations where appropriate.

The bill also sets out rights of donors and contributing parents to withdraw consent and the actions a licensee must undertake following withdrawal. This part has been drafted with the intent to ensure that the wishes of the intended parents who have been allocated an embryo or for whom an embryo has been created can be properly captured. These consent requirements will enable management of reproductive materials and embryos in the event of the death, disability or separation of the intended parents. This part also requires the provision of certain information to all participants, including donors and prospective parents to support informed decision-making. Counselling requirements are also established to ensure participants are informed and prepared for the implications and impacts,

including social, emotional, physical and psychological, of participating in assisted reproduction and the creation of donor-conceived children. Counselling is mandatory in certain situations, with the details to be prescribed under regulations.

Part 4, division 3 of the bill provides for the creation of an approved list of conditions, genes or disorders that clinics may test for without prior approval. For rare conditions or exceptional circumstances, for example mitochondrial donation, the approval of the board will be required. The genetic testing of embryos for the purpose of gender determination for non-medical reasons will remain prohibited. Posthumous use provisions are entirely new and provide for a contemporary, compassionate approach to circumstances when a person has died and their surviving partner wishes to have a child. Part 4, division 5 of the bill sets out the right of the surviving partner of a deceased person to use the reproductive material or embryo of the deceased in circumstances when consent for posthumous use was explicitly provided prior to death. The legislation contends the right of the surviving partner to use those for their reproductive purposes if desired. Importantly, if the deceased has explicitly stated that they do not consent to use after their death, their wishes must be respected. Where there is no pre-existing consent, such as when someone dies unexpectedly and their reproductive material is subsequently collected, the approval of the board is required. When considering whether to grant approval for posthumous use of reproductive material, the board must consider the wishes and parenting intentions expressed by the deceased, the best interests of any child to be conceived and other requirements as prescribed in regulations.

Part 4, division 6 of the bill deals with the transfer, import and export of reproductive material and embryos. Transfers apply to the movement of embryos or reproductive material between licensees in WA, whilst import and export requirements apply to any movement in and out of the state. A licensee is prohibited from supplying or receiving reproductive material and embryos unless the number of conditions are met, including obtaining informed consent from participants in the process, verifying the age and identity of the donor, and ensuring usage will not exceed the five family worldwide limit unless approved by the board. The bill makes it an explicit offence to trade in reproductive material and embryos, consistent with the intent of the ministerial expert panel. Offences are also created, consistent with the current legislation, prohibiting human cloning and the creation of embryos for a purpose other than achieving a pregnancy. Offences also apply to anyone providing false or misleading information to prevent persons avoiding requirements for personal information needed for the register of identity.

Part 5 of the bill continues the existing obligation on the CEO under the Human Reproductive Technology Act to keep registers of information related to ART. New provisions are included to mandate that contact preferences of donors are also captured and must be provided to any person eligible to access their information where available. This is to support the rights of people who may not wish to have contact.

Part 6 of the bill sets out the new surrogacy model for Western Australia, which will benefit from the broader access provisions being proposed. Part 6 also applies to people undertaking traditional or natural surrogacy arrangements without the use of an ART service. Approval from the council will no longer be required for surrogacy arrangements. Instead, parties to a surrogacy arrangement must obtain independent legal advice and counselling about the arrangement prior to any arrangement being made. Furthermore, the arrangement must include details about the intention of the birth parents to carry and deliver the child for others, details on agreed reasonable expenses and other matters as prescribed. This will help ensure that traditional surrogacy arrangements without the involvement of an ART service still meet appropriate requirements to protect all parties and allow for legal parental recognition. Consistent with the current legislation, surrogacy for reward is still prohibited but payment of reasonable expenses incurred during a surrogacy pregnancy will still be permitted.

The bill retains provisions within the current Surrogacy Act that enable the Family Court to make parentage orders to recognise a child's parentage and other orders, including reasonable childbearing expenses. The considerations of the court will differ slightly differ in accordance to when the surrogacy arrangement was made.

Provisions will allow for children born locally or overseas under surrogacy arrangements that were not or could not be approved by the council to apply for parentage orders. This recognises the historical disadvantage of WA's discriminatory surrogacy legislation and provides a remedy pathway for children who do not have adequate recognition of their legal parentage. The court will have discretion to dispense with certain prerequisites for a parentage order if it is in the best interests of the child, in recognition of the unique difficulties of contacting and communicating with birth parents in an international arrangement. The same discretion will apply to overseas surrogacy births that occur within the transitional period of the new act, but only if the surrogacy arrangement was entered into prior to the commencement of this act. However, for children born after the transitional period via a commercial surrogacy arrangement, the court must be satisfied, taking into consideration the circumstances of the surrogate, that the child is facing a significant disadvantage without the parentage order.

Part 8 of the bill enables the CEO to appoint certain officers to be an authorised officer under the act and sets out the powers authorised officers have and the processes they must follow. The provisions of this part are congruent with the investigation powers under part 7 of the Medicines and Poisons Act.

Part 9 of the bill provides improved and enhanced enforcement and compliance tools for the CEO as regulator. The new provisions will also help address the limited regulatory enforcement options seen in some other jurisdictions. The CEO will be able to issue compliance notices to the licensee for contraventions or likely contraventions of the act. Enforcement action will be able to be taken for contraventions of the proposed act in line with enforcement provisions under the Medicines and Poisons Act to provide a contemporary framework and improve departmental consistency in regulatory approaches and compliance. A suite of offence provisions and penalties have been drafted throughout this bill following consideration of current offences in the Human Reproductive Technology Act and the equivalent legislation of other Australian jurisdictions. The bill sets out specific offence provisions related to breaches of certain requirements and monetary and imprisonment penalties for breaches depending on the severity and impact of the offence.

Part 10 of the bill establishes the Assisted Reproductive Technology Advisory and Review Board following the repeal of the current Reproductive Technology Council. The board will support the Minister for Health and the CEO in administering the new legislation. The board will provide advice as requested or on its own initiative regarding critical issues and trends associated with assisted reproductive technology, as well as regulation and governance. It will also provide guidance around surrogacy and ART matters at the request of ART clinics. This will not be legal advice. The board will have a role in approving applications relating to certain forms of genetic testing and posthumous use of reproductive material or embryos. The board will also be able to approve applications for exceptions to the five families limit and the import or export of reproductive material or embryos in prescribed circumstances.

Part 14 of the bill sets out transitional provisions for legislation on the WA statute books that will be amended by the bill, namely the Artificial Conception Act, the Human Reproductive Technology Act, the Surrogacy Act and associated subsidiary legislation. The bill has been drafted to ensure the delivery of scheduled ART procedures are preserved.

Part 15 of the bill sets out amendments to the Births, Deaths and Marriages Registration Act to enable greater recognition to be given to persons born through ART or surrogacy. When a child is born as a result of ART or surrogacy, the registrar will be able to record this in the register. Parents of children born to overseas surrogates will also have the ability to have their child's birth registered in WA in limited circumstances. Registration of the birth of a child born via overseas surrogacy can only occur following the issuing of a parentage order by the Family Court of Western Australia. The amendments also provide that when a donor-conceived or surrogate-born person is over 16 and requests a birth certificate, they are notified by the registrar that further information about their birth is available. This is to ensure that these persons are aware of information about the circumstances of their birth.

Part 16 of the bill sets out amendments to the Human Tissue and Transplant Act to clarify and simplify the collection of reproductive material from deceased persons. The bill confers the board with the decision-making power on the usage of the materials. Thus designated officers will be able to collect materials upon the death of a person, and the board will decide on the use of those materials. This will clarify requirements for clinics and minimise the distress on partners and families during an already difficult time.

Part 17 includes minor consequential amendments, largely being replacements of references to the repealed acts with a reference to this act or definitional changes to match this act.

In conclusion, the reform of ART laws in WA is long overdue. It is something that is very important, not only to me but to the people of Western Australia. Importantly, this bill removes barriers to access and reflects the progression of the social and ethical consensus of the people of Western Australia. It is evident that change is required and that better ART services could be provided to the Western Australian community. This bill will do so by embedding principles and objectives that make paramount the best interests of persons born through ART and protecting the rights and best interests of all parties accessing reproductive technologies and support. I would like once again to thank everybody who has contributed to making this bill. With that, I commend the bill to the house.

Debate adjourned, on motion by **Mr Liam Staltari**.

LIQUOR CONTROL AMENDMENT BILL 2025

Second reading

Resumed from 12 August.

Mr Scott Leary (Albany) (1:13 pm): I rise today as not only the member for Albany, a much loved tourist destination, but also as the shadow Minister for Tourism; Commerce to support the Liquor Control Amendment Bill 2025. Like many areas of regional Western Australia and metropolitan Perth, we are blessed with many venues where we can socialise and enjoy the company of family and friends. In my own town, we have seen a boost in family-friendly venues that cater for everybody, with the right mix of food, refreshments and activities. Places like Barrel Farm and Dune Beer Co offer new fresh approaches and innovation while complementing our existing

world- class restaurants, pubs and cafes. Conversely, some venues that have been held back by restrictive, outdated laws. Updated modern laws are overdue and very welcome.

WA has a culture of entertaining, generally responsible consumption of alcohol and respect for other patrons. The formal introduction of the banned drinkers register is welcome, but I believe it will require further consideration once results of surveys are taken into account. At its core, this bill is about striking the right balance and protecting public safety while modernising our approach to liquor regulation.

I want to focus on two areas that are deeply concerning to constituents across our regional and metropolitan areas and to the future prosperity of our state, namely tourism and commerce. The tourism sector has been clear. Outdated liquor laws have been a big drag on our global competitiveness. Visitors expect vibrant nightlife, flexible hospitality options and a welcoming environment. This bill finally removes a degree of red tape for licensed venues, making it easier for local operators to innovate and to offer the experiences that tourists expect. When we empower our hospitality sector, we encourage longer stays, higher spending and repeat visits. With the heavy reduction in the destination marketing funds through Tourism Western Australia, these changes will be greatly needed to give our tourism sector back that competitive edge.

I was fortunate enough last night to attend a function with Minister Whitby, the Minister for Tourism, at the RAC Arena, where Tourism Western Australia gave a presentation on forthcoming events, which are very exciting for Western Australia. It is truly a professional organisation. Of concern, though, was the return on investment that some of those events show. We are dropping by $1, going from $3.50 per dollar spent, down to $2.50 per dollar going forward. This is something in our budget and maybe we need to have better control over the events that we are choosing. Maybe the exciting expansion of the Perth Convention and Exhibition Centre will help boost the decline in numbers forecast by Tourism Western Australia. These reforms are especially important for regional operators, for which easier rules, public holidays and increased small bar capacity can be the difference between breaking even and thriving, particularly during tourist seasons.

For commerce, small businesses, especially in hospitality, have struggled under the heavy weight of unnecessary regulation. This bill streamlines application processes for new licences and reduces compliance burdens for existing operators. By creating a more level playing field, we make it easier for entrepreneurs to start and grow hospitality businesses. The ripple effect for that is more jobs, more local investment and stronger communities.

From my own personal experience, one of my roles is the Chair of the Retravision Stadium and Function Centre in Albany. I am an independent chair for two football clubs. Having just navigated through the licence agreements there, it is a bit of a minefield.

Mr Paul Papalia: What do you do if they play each other?

Mr Scott Leary: I am very independent, yes—the independent member for Albany.

A member interjected.

Mr Scott Leary: The Nationals independent!

A member interjected.

Mr Scott Leary: No, it does not. I am very happy.

I want to acknowledge the government's inclusion of the rigorous safeguards, the responsibility service training, community and industry consultation and the ongoing monitoring. This ensures we protect public health while supporting economic growth. Good policy should always transcend party lines. I commend the government on working with stakeholders and listening to industry voices. I have scrutinised this bill and believe it strikes the right balance.

In conclusion, I hope this is a positive step forward for tourism and commerce in our state. This bill is good for business, it is good for tourism and it is good for WA's reputation as a world-class destination. It brings our liquor laws in line with modern expectations, supports small business and keeps harm minimisation front and centre. I urge all members to support the bill. We continue working together to build a more vibrant, welcoming and prosperous future for all of our communities.

Mr Paul Papalia (Secret Harbour—Minister for Racing and Gaming) (1:19 pm) in reply: I will make some comments in response to the contributions that members have made to the debate on the Liquor Control Amendment Bill 2025. At the outset, I thank everyone for their contributions. In particular, I thank the lead opposition speaker, the member for Central Wheatbelt, for his indication of support for the bill.

I want to address some of the concerns that have been raised. The member for Central Wheatbelt made a fulsome contribution in support of the bill and welcomed the reforms to extend trading hours, remove outdated meal requirements and simplify permit renewals, as well as the support for spirit producers. He gave a little promo for Roam Distillery, which was really nice to see. I am not actually familiar with them. I was, however, familiar with the bar that the member mentioned; I have been to the Farmers' Home Hotel bar. The member raised concerns

about digital implementation and urged proper funding and training. I can assure the member that that will be afforded to outlets that are subject to the banned drinkers register to ensure that their staff will be ready to recognise digital IDs. I think I recall the member referring to the fact that we do not have digital ID here yet. That aside, many people who are travelling in Western Australia or who have recently migrated to the state have digital IDs, and this amendment will enable us to recognise those people in advance of those IDs being issued in our state.

The member for Central Wheatbelt went on to refer to the banned drinkers register (BDR) in general terms. Some of the concerns the member aired were reflected by a number of other members who contributed to the debate. I can address them. There will be a point when I will be able to confirm that much of what was said yesterday in particular was not relevant to the bill, because it was about section 64 liquor restrictions as opposed to the banned drinkers register itself. This bill essentially will ensure that the banned drinkers register becomes permanent. Section 64 powers were afforded to the Director of Liquor Licensing from the outset of the legislation many decades ago; I can talk about that a little later.

The member highlighted issues around sly grogging and carriage limits and called for stronger enforcement. Having been the Minister for Police for four years whilst we enabled or rolled out additional powers under our first amendment to the act, I can tell members that far more powers have been afforded to the police. They are utilising them particularly around the imposition of the section 64 restrictions in Derby, Broome and across the Kimberley. There is a reason for that. As the member would be aware, there are a lot of dry communities across the entire Kimberley. Sly grogging is felt acutely across the Kimberley and not just in places that have restrictions. A lot of the sly grogging can be attributed and traced back to some of the sites that do not have dry communities, where liquor outlets are enabling, perhaps inadvertently, sly grogging to take place. The powers are being used. I can tell the member that there have been many interceptions of significant amounts. I can say that the effort by police ramped up significantly post the Director of Liquor Licensing applying the section 64 restrictions in Derby and Broome. In advance of that, a significant effort was made to ensure that people were aware of the powers the police had and their capacity to identify potential sly grogging and take action to disrupt it. They have powers now, which they did not have some years ago, to seize and destroy alcohol, without taking the matter to court, if it is demonstrated that sly grogging was underway. They are utilising those powers and have had some success.

The member for Central Wheatbelt criticised the lack of transparency regarding the banned drinkers register and called for a full release of the commission report. At this point, I want to refer back to the history of the banned drinkers register. It is not a criticism of anyone, but no-one opposite, other than the members for Roe and Mid-West, were here when the banned drinkers register process got underway. It all began back in 2019 at the initiative of the industry—stakeholders in the hospitality sector and the peak bodies that represented them—and local governments in the Pilbara. They came to me and the agency and talked about the need to address the harmful use of alcohol by some individuals. They did not want a blanket universal response that penalised everyone; they wanted a targeted response to identify individuals who were using alcohol in a harmful fashion and to prevent or at least diminish their access to alcohol. That is how it started; it was through engagement with the Liquor Stores Association of WA in particular, as well as the Australian Hotels Association and local governments and one local government in Karratha.

In 2020, we began the very first pilot for a banned drinkers register trial in the Pilbara. It was entirely voluntary. For the outlets to participate, they had to want to do it. A lot of work was done with liquor accords and individual businesses, peak bodies and councils to support the rollout. All of the equipment and the cost associated with establishing the BDR was borne by the agency—by government. There was no impost on small businesses. No sooner had we rolled that out in 2020 than we were approached by Harold Tracey, a giant of the Kimberley, who at that time was not only shire president but also chair of the Kimberley Regional Group of councils, who sought the roll out of a banned drinkers register right across the Kimberley. It was actually at their behest. We have to commend Harold; he is a great man. He cared deeply about his community. He had seen that we had rolled out a trial and pilot in the Pilbara and he wanted it in the Kimberley. He corralled, encouraged and led all the other councils and communities towards requesting not only the same thing, but also more.

There were already dry communities in some parts of the Kimberley—they may not come under section 64; it is a different section. The latest number is that there are 29 dry communities across the state, with most of them being in the Kimberley. The community leadership of these remote communities requested from me a complete ban of alcohol. Those communities were supported by the wider Kimberley community requesting a banned drinkers register and a takeaway alcohol management system in an effort to monitor and restrict access to alcohol in those communities. That happened in 2021. Then in 2022, the Eastern Goldfields requested a banned drinkers register. This again was from the community. Some of the commentary suggested that the government had somehow stormed around the regions and imposed things on communities. That is not what happened.

I can tell members that the Eastern Goldfields Liquor Accord is an excellent group. Liquor accords involve police in the local region, local governments, peak bodies and small businesses associated with the hospitality sector and liquor outlets. They generally also include other groups. We might find that Aboriginal corporations, not-for-profits that deal with the harmful use of alcohol or groups involved in reducing crime are on liquor accords. The

rollout of a BDR was requested in the Eastern Goldfields. That happened at the start of 2023. I understand this is why National Party members are particularly sensitive to this suggestion or feel that it has been imposed on people. One area in which a restriction was applied and a banned drinkers register was created is Carnarvon. That was done in the Gascoyne Junction as well because it is close, it connects via a sealed road and there is potentially an impact in the community in both locations. Members will recall when this happened. Most members were not in Parliament, but the member for Mid-West was—sorry, north west.

Mr Shane Love interjected.

Mr Paul Papalia: It is Mid-West, is it? Sorry. Both our seats have new names. We are still learning.

Members will recall that at that time there was an extraordinary focus on alcohol-driven crime in Carnarvon to the extent that Eddie Smith, the shire president, declared that his community was suffering worse conditions than those in Alice Springs, which got national coverage. Of course, Eddie's commentary then got national coverage. He and other members of the community were calling for a banned drinkers register in response, to the extent that when I visited the area, he asked me for it, as did other people. Members will also recall that the Director of Liquor Licensing witnessed the challenge of alcohol in the community and utilised the powers that she holds. She is an independent officer. She is the director general of the department, but when she acts as the Director of Liquor Licensing, it is in an independent capacity. She chose to impose section 64 restrictions on Carnarvon and Gascoyne Junction.

The member for Mid-West referred to that throughout much of his contribution. He conflated those with the banned drinkers register, which is a register that is supported by some equipment and technology such as scanners provided by Scantech, that are all funded by the state to enable outlets to scan IDs and compare them remotely with the register and determine whether a customer can be served with takeaway alcohol. That is the banned drinkers register. It is a particular tool. It is part of the framework of responding to alcohol harm. Then there are the section 64 alcohol restrictions to which the member also referred. They are separate. They are nothing new and are nothing to do with this bill. This bill does not address the section 64 powers. They are now new powers; those powers have been afforded to the Director of Liquor Licensing since the legislation was established.

I will go through and address some of the matters that the member for Mid-West raised. Despite that it is not relevant to the bill, I will address the member's concerns. I think that is worthwhile because a lot of people have expressed similar concerns. It is not so much that they have a concern with the banned drinkers register but with the section 64 restrictions. In some ways, they are allowed to be more effectively applied because of the banned drinkers register, but it is not the banned drinkers register that is doing that. I will go through the member's points and hopefully address his concerns. The member asked why Gascoyne Junction was included. It is because it is geographically close to Carnarvon and has a sealed road connecting the two towns. It has been included for practical reasons so that an issue in one town does not impact on the other without having to intervene in the same fashion, as we have seen in Carnarvon.

Mr Shane Love interjected.

Mr Paul Papalia: In regional terms, that is pretty close. It is driveable. It is not so far that it will be a barrier for someone transiting between one town and the other. If members look at the other locations in which this has been done, the same approach has been considered. Derby and Broome are further afield, but they are still close enough that if we had an intervention in only one town, the other town might suffer an unintended consequence, which we do not want. The member said that only 24 people in Carnarvon were on the BDR on 8 August. Members must remember that the banned drinkers register is a snapshot when we look at it. People go on it and people come off it. It is not static, so the number will change. That number does not reflect the total number of people who have been on the BDR since it was deployed. That is not an indication of that number. It is not a cumulative number; it is the number of individuals on it at the time.

I want to address another point the member made because quite a few people harbour a concern about the impact on the economy or the social impact of liquor restrictions at certain locations. Obviously, the member was addressing Carnarvon, but the fears or concerns apply elsewhere. There is an idea that there might be a reduction in tourism or increased drug use as a consequence of a banned drinkers area being established. I have to repeat that that is not relevant to the bill because we are not talking about section 64s. Putting that aside, the conditions in Carnarvon were imposed by the Director of Liquor Licensing in May 2023 after an inquiry under section 64 of the *Liquor Control Act 1988*, under the powers she was afforded when the legislation was first established way back when we were both young. Smile, come on; the member is very grumpy!

Section 64 has been a fundamental part of the act since it was proclaimed and came into operation on 1 February 1989. The Director of Liquor Licensing is independent, as I said at the outset. Obviously, she is the director general of the department, but when she acts as the Director of Liquor Licensing, she is independent of us and makes those decisions of her own volition. The Director of Liquor Licensing commenced an inquiry after noting the growing community concern and extent of alcohol-related harm. There would have been concerns around it. As members will recall, Eddie was quite vocal. He is very capable and a very effective shire president and leader in his

community. He made it known that people were worried about the extent of alcohol harm in Carnarvon, and he wanted a response. Additionally, the residents of Carnarvon had been very vocal in the public arena about the extent of alcohol-related harm and dysfunction in the town and they reached out for help. The Carnarvon section 64 conditions were subject to review and appeal, and only one licensee sought a review of that decision, which was dismissed by the Liquor Commission.

I will refer to a point the member for Central Wheatbelt made about the commission. I think he had a conspiracy theory running around about the Liquor Commission's transfer of powers to the State Administrative Tribunal. I want to put the member's mind as ease. The Liquor Commission is a body that hears—

Ms Sandra Brewer: Deputy Speaker, I draw your attention to the state of the house.

(Quorum formed.)

Mr Paul Papalia: I do not want them here! The Liquor Commission reviews decisions, determines complaints and handles disciplinary matters. Those decisions and complaints can be about the Director of Liquor Licensing or potentially the police commissioner, because the police commissioner can reject applications or comment on applications. That is what the commission does. I will put the member's mind at ease about appointments to the Liquor Commission. The last politician who was appointed to the Liquor Commission was appointed by me. After we won government in 2017, I was the minister for the four first years from 2017 to 2021. Who does the member think I appointed?

Mr Lachlan Hunter: Who did you appoint?

Mr Paul Papalia: It was Hon Dr Kim Hames. The reason that I appointed him, apart from his huge experience in government and extensive public service, was because he was a medical doctor. That is unusual because most of the people on the Liquor Commission have legal expertise because they consider legal matters. They talk about reviewing decisions and the like and, by the same token, the people who sit on the State Administrative Tribunal are more than qualified to carry out those functions. The member should relax. There is no great conspiracy. I like members of the Liberal Party; I often appoint people from the Liberal Party. Yesterday, I took credit for John McGrath's appointment, but the Attorney General pointed out that he appointed him. I am sure that I did all the work to appoint him. I am sure that I selected him and proposed his appointment before I lost the portfolio and was unable to appoint him. John McGrath is another great former member of Parliament who served well as chair on the Burswood Park Board. He served in that position before Hon Bill Johnston. He retired due to personal matters.

Mr Lachlan Hunter: Why did Kim Hames step down from the position?

Mr Paul Papalia: He resigned because, as I understand it, he wanted to work in Queensland, so he could not fulfill his duties. Normally, there is a limit of five years in the position. I am still trying to work out when I appointed him, but he would have served for three or more years. The decision to leave was his own choice. I did not want him to go. He was a great contributor. Let us get back to where we were.

Mr Lachlan Hunter: We're not going to get through consideration in detail before question time.

Mr Paul Papalia: There is no rush. As long as we get through the whole bill before 4:00 pm, member. That is what we want.

Mr Lachlan Hunter: You love the sound of your own voice, minister. It's great!

Mr Paul Papalia: Now, that is the pot calling the kettle black! The member for Mid-West is smiling!

Mr Shane Love: I would actually appreciate the answers.

The Deputy Speaker: The irony—you appreciate the irony!

Mr Paul Papalia: I do want to answer.

In response to community concerns, the Director of Liquor Licensing initiated an inquiry and then chose to impose section 64 restrictions. The member for Mid-West raised concerns about the price of $15 a bottle. I understand that that the director encourages local solutions. Initially, there was a functioning liquor accord, and it proposed the measure of a $15 limit. It was locally generated. It subsequently disbanded, but prior to that the Director of Liquor Licensing considered and imposed that suggestion. It was not imposed out of thin air.

Mr Shane Love: It coincided with the introduction of a limit to the number.

Mr Paul Papalia: It was all part of it. There was consultation before the section 64 restrictions. Again, when I was the police minister, we met with the liquor accords, local governments, the police and community members in Derby and Broome in advance. We listened to comments and suggestions and discussed them. Ultimately, those sorts of suggestions, ideas or potential restrictions are proposed to the Director of Liquor Licensing, who then chooses to impose what she chooses. They were opposed under section 64. That is not something that the bill deals with, but they were designed to regulate alcohol availability and support harm minimisation. They defined who

the customers were—liquor merchants, tourists, station owners, pastoralists, seafarers and remote worksites. They took into account all the people the member might be concerned about not getting a large amount of alcohol if they were restricted. Those people are exempted in the definition. Depending on who people are, they need to do different types of things. They are able to get greater amounts than the restricted amount.

The member for Mid-West is specifically concerned about tourists. If a genuine tourist wants to buy alcohol from a pub on the day that takeaways are closed in another outlet or they want to exceed the limit, their purchase has to be registered, and the register has to be retained by the outlet. Tourists themselves are not subject to the restriction. I know there is a lot of concern. There is no evidence, and it is hard to quantify. The member for Albany is the shadow Minister for Tourism and he would know that tourism regions collect data. The Coral Coast encompasses Exmouth, other points north of Carnarvon and south as well. We cannot employ a Carnarvon-specific statistic, but the data does not indicate that there is been a deterrent effect. I know that is true in Broome and Derby, certainly in the last couple of years. It is a bit easier to identify Broome because it is a genuine serious player in terms of destinations, not that there is anything wrong with Carnarvon—Carnarvon is a good spot, too! The idea that people are avoiding Carnarvon because they cannot get alcohol is not sustained. I do not have evidence to that effect.

The restrictions include prohibited days and no packaged liquor sales on Sundays and Mondays. The intent behind that was to try to get kids to go to school on Monday. It certainly had an effect in the first 12 months as I recall. I am not familiar with the latest data on Carnarvon but the restrictions had an impact. This is just the Liquor Act; we want other agencies to provide us with information about monitoring and indications of success or otherwise with regards to the outcome. There are also permitted sales hours, with a restriction from 12 noon to 7:00 pm on authorised days. The member said that they cannot get a third bottle of wine but they can get a case—I cannot remember which liquor he suggested—of Jack Daniels or something, but it is only the premix cans. It is about the alcohol content—the overall volume and alcohol content is roughly the equivalent. That is what the constraints are about. It is 11.25 litres of beer, cider or premix spirits when the alcohol does not exceed 6%, so it is very specific; 3.75 litres of beer, cider or premix spirits or a combination of each kind up to 3.7 litres when the alcohol content exceeds 6%; or 1.5 litres of wine, which could be two bottles, a 1.5-litre cask, one litre of spirits or one litre of fortified wine. I would die if I tried to drink all of that, but apparently that is a fairly tight restriction in some parts of the state. The container restrictions were a big thing, and I am sure that members opposite would have had the feedback that when alcohol is available in non-glass containers, that is what has to be used. That has had a significant impact. I know from my time as the Minister for Police that the police had bottles thrown at them. If members go to parts of Carnarvon—they will know which parts I am talking about—they will see that the streets glisten with broken glass. Alcohol in glass products is no longer available for takeaways, which has significantly reduced the harm that was being done in the community. Along with the restriction itself, it is the nature of the containers. People cannot have beer containers over 400 millilitres and wine must be priced at a minimum of $15.

Mr Shane Love: Just on that one, you can't get a 400-mil can of Guinness.

Mr Paul Papalia: The director will be monitoring things of that nature. I do not think there is still a functioning liquor accord, but when there is a liquor accord, those matters can be taken directly to the agency and the director and she can reconsider.

Mr Shane Love: Can I contact your office outside of this?

Mr Paul Papalia: I am happy for the member to do that and I can put him in touch with the agency, but note that in these sorts of section 64 matters, I am not going to direct the Director of Liquor Licensing as that would be inappropriate. However, I can happily ensure that the member can convey his concerns on behalf of his constituents and maybe seek some feedback. I will maybe get the member a briefing so that they can sit down and go through things with him.

One thing I point out again is that there is an assumption that tourists are somehow subject to the restrictions, but that is not the case. That is a big matter in Derby and Broome, because I personally have had that suggested to me on a number of occasions and it is not the case. They are required to show their ID. That is something you get if you go into a banned drinkers area. As I indicated at the outset, most of these banned drinkers areas have been established at the behest of the communities. It is not something that has been foisted on people.

A number of people, including the member for Kalamunda, have called for a targeted approach to addiction treatment and a focus on whether there are adequate services for people. There was a suggestion that people might be driven to illicit drugs as an alternative to alcohol. There are a number of things to observe. Firstly, it is not an exclusion from access to alcohol that is being applied. The banned drinkers register is for takeaway alcohol. In the event that someone does not have a prohibition order or barring notice related to a specific venue, they can go to a pub or a restaurant and have alcohol served to them like anyone else would, and there is no requirement for ID.

Mr Adam Hort: When you consume less than you were and it is an addictive substance, you withdraw.

Mr Paul Papalia: The point, member, is that no-one is going cold turkey because of the BDR.

Mr Lachlan Hunter: Is that not what the report said?

Mr Paul Papalia: No, that is not what the report said. A report, which, by the way, was commissioned by the director to inform the director, has been released. That report indicated that there has been no apparent uplift in demand for health services associated with alcohol restrictions. That is one of the things that that report offered. The member should consider that. The other thing the member needs to take note of is that apart from the fact that it does not prevent people from getting alcohol, even on the days when there is no takeaway in these towns, it is two days a week. On the rest of the days of the week, there is takeaway. Bear in mind that the banned drinkers register was never intended to be, never marketed as and never meant to be the solution for healing alcoholics in Western Australia. That was not the intent. I was there and I responded to the communities, the industry and the advocates in local government who wanted it. I know what the intent was: it was to provide an additional tool, and it does that.

I will skip ahead to respond to the member for Kalamunda's contribution, specifically with regard to police. If the member is wondering whether the police want a banned drinkers register, he should ask the police who are doing it. I urge him to ask Acting Assistant Commissioner Rod Wilde, the assistant commissioner for the regions. I have not had the portfolio for a bit so I do not know who the commander of the northern regions is, but those two people are the most knowledgeable about the rollout, the intent, the benefit and the outcomes as a consequence of the banned drinkers register associated with section 64 liquor restrictions in Derby and Broome and liquor restrictions more broadly across the Kimberley. We adjusted the laws and we empowered police. We provided far more powers for intercepting sly groggers. This bill increases penalties for sly grogging. I was initially reluctant to do that because I had been convinced, to some extent, by people who suggested that there might be a danger that some of these guys are doing it for themselves, but I think anyone engaged in the process of trying to reduce harm, particularly in the Kimberley, would come to the conclusion that people are making a lot of money out of this and they need to be deterred. Sly grogging is actually a scourge. Notwithstanding that the member for Kalamunda said that he or his staff had done the numbers in the Kimberley, when I made the comment in Broome and Derby, I had sought this information from police—I did not go and do it myself. I wanted to get information for an extended period of time, so I got it for six months prior to the enactment of section 64 restrictions in Broome and Derby and then compared it with the most recent six months of the, effectively, two-year period. That was what the police provided. The numbers that the member read out were not correct. The other person I urge the member to talk to is the district superintendent for the Kimberley. It might be the acting superintendent at the moment because I think John was on leave—I am not sure. The member suggested that there had been some negative impact. Actually, the result in Broome and Derby was a more than 33% drop in assault, family. That category is essentially aligned with family and domestic violence. There is assault, family and assault, non-family. After the two years, there had been a 35.1% drop in comparison with the six months before it was rolled out. For the six-month period, it was 35% in Broome and 33.6% in Derby. The total number of offences against the person in Broome had decreased by 33%. I thought that was extraordinary, but it is not that shocking because we know that alcohol is the driver of the bulk of the crime in the Kimberley, in particular, and many remote communities, It was 19.4% in Derby. The other point was that drug offences were also down by 30%.

The member for Mid-West read from a report. I saw that yesterday, too. It was the Media Monitors thing about the district superintendent in Broome talking about drugs. The police are always doing that. Good on them. They are focused on reducing harm and intercepting methamphetamine distribution in the Kimberley. They should be. That is their job. But it is not like there is any indication of some great surge in drug use as an alternative to alcohol because of these restrictions. There are a lot of positives out of this and, apart from anything else, all of that is not really related to the bill. The big thing about the bill is the focus on enabling industry, enabling vibrancy, removing barriers and easing things for small businesses to be able to contribute to the Western Australian community and make it a better place. That is the big focus of this legislation, including that extension of small bars from 120 up to 150. Bear in mind, it was Labor that created small bars in Western Australia over the vociferous and almost at times antagonistic and violent—violent words, anyway—resistance by the Nationals and the Liberals, particularly the Liberal Party, to the creation of small bars in Western Australia. Way back when Mark McGowan was in my role as racing and gaming minister, he introduced small bars to Western Australia, and it was fought against. I was not actually here then, but I can imagine the Liberals lying in the streets to prevent the agency from issuing the licences.

We are the deregulators; we are the enablers of small business. We have a great tradition of enabling and facilitating small business in Western Australia, particularly in the hospitality sector. The member for Central Wheatbelt knows that they like us.

Mr Lachlan Hunter: They love you.

Mr Paul Papalia: They love me. They do not love all of us. They know that when times were tough, particularly during the COVID pandemic, we stood by them and helped them and enabled them to continue to do business, and we have consistently taken that approach with the hospitality sector. It is part of the night-time economy. We are opening up and we are enabling businesses to get on with it and continue to boost WA.

Debate interrupted, pursuant to standing orders.

(Continued at a later stage of the sitting.)

LEGISLATIVE ASSEMBLY CHAMBER—PHOTOGRAPHER ACCESS

Statement

The Speaker (Mr Stephen Price) (2:00 pm): I advise members that I have approved for staff to take photographs on the floor of the chamber and in the gallery for the remainder of this week, which may be used for the Legislative Assembly's publications and social media.

HER EXCELLENCY KAJARI BISWAS AND MR NARESH KUMAR
NEWMAN COLLEGE

The Speaker (Mr Stephen Price) (1:59 pm): On behalf of the member for Pilbara, I would like to acknowledge the presence of the newly appointed Consul General of India to Western Australia, Her Excellency Kajari Biswas, and the Head of Chancery, Mr Naresh Kumar. Welcome. It is lovely to see you again.

(Applause.)

Also, on behalf of the member for Churchlands, the Leader of the Opposition, I would like to welcome students from Newman College in the gallery.

QUESTIONS WITHOUT NOTICE

The Speaker: That brings us to question time.

HOSPITALS—GOVERNMENT PERFORMANCE

302. Mr Basil Zempilas to the Premier:

I, too, acknowledge the year 11 politics and legal studies students from Newman College. Thank you, Mr Speaker, for acknowledging them.

Does the Premier stand by his claims that WA's health system is world class when the Australian Medical Association (WA) says that our hospitals are on their knees and the Australian Nursing Federation of WA says that the government needs to make hospital safety a top priority?

Mr Roger Cook replied:

I thank the member for the question. I could not agree more with the ANF WA. We do believe that safety is the most important part of providing health services in Western Australia, which is the reason we have provided more funding, we have provided more—

Several members interjected.

The Speaker: Members! The Leader of the Opposition has asked the question. That was not the question, but the Premier is responding.

Mr Roger Cook: That is the reason we have provided record funding and we have provided record workforce recruitment. We continue to perform better than most other health systems around the country, and we are very proud of that. We know there is always work to be done. That is the nature of health. It works in a dynamic, flowing population. In some years, there are increases in flu over the winter season, for instance. At other times, there are impacts from other things, such as global pandemics. But the important thing that we must do is make sure that we continue to fund health care in Western Australia, and we have funded it more than most and more than ever before, and we are very proud of that.

In 2025–26, we will spend $14.2 billion on health services and we are delivering a $3.2 billion health infrastructure program. That is the reason we continue to have confidence in the work that the doctors and nurses are doing in our hospitals.

Several members interjected.

The Speaker: Members of the opposition!

Mr Roger Cook: Day in and day out, they provide great health care to the people of Western Australia. We are very proud of their work, and that is why we are funding them in the way we are. We will continue to make sure that they receive the funding so that they can continue to carry out great health care in Western Australia.

303. Mr Basil Zempilas to the Premier:

I have a supplementary question. Does the Premier acknowledge that his dismissal yesterday of the concerns of hospital staff, nurses and doctors about the conditions they are working in was disrespectful, damaging to morale and demoralising to those staff?

Mr Roger Cook replied:

I completely reject the premise. What was I supposed to have said—I dismissed?

Ms Sandra Brewer: You were waving your arms about.

Mr Roger Cook: Oh no! I see. So I am critiquing the Leader of the Opposition and somehow that reflects on the doctors and nurses of Western Australia. We have seen some long bows drawn in this place, but that would have to be the longest.

Several members interjected.

Mr Roger Cook: We know that there is only one political party in this state that will fund health services to the extent necessary to ensure that we have great health care. Only the WA Labor government will provide that funding.

Several members interjected.

The Speaker: Members! Member for Central Wheatbelt, welcome back!

Mr Roger Cook: Between July 2015 and July 2016, we had a decrease of over 640 nurses, a decrease of over 130 doctors and a decrease of 17 paediatricians. That is what happens. I know we keep going back, because we have to go back some time to remember what it was like under a Liberal government, but that is what it was like.

Several members interjected.

The Speaker: Members!

Mr Roger Cook: It privatised the hospital system, it cut staff and it undermined the healthcare system in Western Australia. Only a WA Labor government will provide the record funding that we see today, and we will continue to back the doctors and nurses working in our system day in and day out.

HEALTH—INFRASTRUCTURE INVESTMENT

304. Mrs Lisa O'Malley to the Premier:

I refer the Premier to the Cook Labor government's record investment in Western Australia's health system.

(1) Can the Premier outline to the house how this ongoing investment is making Western Australia the healthiest state in the nation?

(2) Can the Premier update the house on what progress has been made in delivering the government's health infrastructure program?

Mr Roger Cook replied:

(1)–(2) I thank the member for the question. As I have said time and again, my government's focus is to keep the economy strong, to make sure we are creating great WA jobs, to focus on health and to increase housing, and we are doing just that. Meeting the health needs of a growing and ageing WA population is one of my government's key priorities. We can all acknowledge that the health system is complex, as it is in every jurisdiction around the world. Just like other places, WA has an incredible workforce of doctors, nurses and staff who are often under pressure. We have waitlists that we want to see get shorter and we have an ever-increasing number of emergency department presentations.

The work of improving the health system is never done. That is why, under my government, WA has a clear plan for a stronger and more resilient system. It is a plan that encompasses more staff, more beds, more care in the community and more new or redeveloped hospitals and health facilities. Our health system is one of the best funded in the country. On top of our recent recurrent funding, we are delivering a $3.2 billion health infrastructure program. Across the state, 11 major hospitals or health facility projects are underway—from the new women's and babies' hospital to the Geraldton Health Campus redevelopment to the Bunbury Regional Hospital redevelopment. The Bunbury hospital rebuild will be the biggest regional hospital project ever undertaken in Western Australia. That builds on the more than 900 beds that we have added since 2021. As our population increases and more beds are added, we also need more staff. Since 2021, our population has increased by 13% and, over the same time, we have grown the health workforce by 30%. That is more than 4,400 additional nurses and more than 1,800 additional doctors. This has been the result of initiatives like our free TAFE and international recruitment campaigns.

There has been a massive effort to strengthen our health system. Yes, there is always more work to be done, and, yes, we are making progress. A record number of elective surgeries is being undertaken. We have the fastest ambulance response times in the country. We lead the country in fast emergency department care—otherwise known as the four-hour rule. We are the best in the country. We have built the State Health Operations Centre, which is now up and running. We have introduced the WA Virtual Emergency Department. We are training up pharmacists to treat a range of conditions, taking pressure off

GPs, and we are working with the Commonwealth government to deliver more urgent care clinics right across WA. We are urging the federal government to step up so we can get more aged-care beds to get those patients out of hospitals and into a proper care environment.

No-one is claiming that the job is done; that job is never done. The work of creating a stronger, more resilient health system will not happen overnight. Even with the best plan in place progress is not always linear. But we do know this: there is a clear plan, there is the funding and there are more resources than ever going into the mission to make WA the healthiest state in the nation because we have a WA Labor government.

EMERGENCY HELICOPTERS—OPERATIONS

305. Mrs Kirrilee Warr to the Minister for Emergency Services:

I refer to the 2022 *Chief Health Officer's Inquiry into Aeromedical Services in Western Australia* and repeated advice from the Department of Fire and Emergency Services and the State Coroner all calling for an urgent expansion of the rescue helicopter fleet into the Mid West.

(1) Why has the government committed $26.7 million for new rescue helicopters based in Perth and Bunbury while continuing to deny the Mid West a single dedicated rescue helicopter service?

(2) How does the minister justify ignoring the clear, consistent advice of his own agency that a Mid West rescue helicopter is urgently needed to save lives?

Mr Paul Papalia replied:

(1)–(2) I thank the member for her question about our wonderful new emergency rescue helicopters, which are the best in the world, I have to add. As advised to me by the flight crew who are operating them, they are the equal of any in the world. They are the best in the country, but they are not just that. They were built in Milan in Italy. They are stylish—not like those Greek ones—and they are the best in the world. The Greek ones are probably good too, I do not know! The helicopters we talked about yesterday and drew to people's attention are not located in Bunbury or Jandakot because the Minister for Emergency Services thinks that is a good place to put them. The reason they are there, and the reason we have a third one, is that they have enhanced capability. They fly 40% further. They can get to Dongara and return without having to refuel. Fuel is obviously cached in places like Geraldton, so that enables them to operate in and cover points further north. Fuel is cached right around the state, so they can go anywhere, really. These aircraft are quite extraordinary. They have twin engines, so they have redundancy. They can get to Albany and back on the same tank of fuel. They are extraordinary aircraft. They are placed in those locations because the operators determine that that provides the greatest coverage of population in Western Australia. As I was advised yesterday, having them in those locations enables them to provide coverage to 91% of the state's population.

Mr Shane Love: Too bad for the other 9%.

Mr Paul Papalia: By covering 91%—

Mr Shane Love interjected.

Mr Paul Papalia: Let me finish, member for Mid-West.

The Speaker: Member for Mid-West!

Mr Paul Papalia: Member for Mid-West, everyone says I interrupt. You are as bad as me!

Ms Rita Saffioti: That is saying something!

Mr Paul Papalia: And that is saying something! Thanks, cabinet!

That is on one tank of fuel. Obviously, they can cover the entire state using caches of fuel. They can cover 91% and make a return flight without having to refuel, and obviously we want to go for the majority of the state, the vast majority of the population and the most likelihood of use.

That aside, in the event that there is an enhanced demand, an uplift in demand points further north, particularly in the member for Geraldton's own electorate—good on her for advocating for it—are not excluded; they are not omitted. There is a third aircraft that could potentially surge or they can shift the location. Those are the bases. What I said yesterday was that the basing and operation of those aircraft should be left to the operators and not determined by gobby members of Parliament like myself.

306. Mrs Kirrilee Warr to the Minister for Emergency Services:

I have a supplementary question. Given that the state's third rescue helicopter spends most of the year idle in Jandakot, will the minister commit to relocating it to Geraldton so it can be put to work saving lives in the Mid West and beyond?

Mr Paul Papalia replied:

I am getting up now on behalf of "Fitzy". He is a flight crew member who I met yesterday. He is a former soldier but he has been operating these rescue helicopters for decades now. They provide an incredible service. They are not sitting idle in any location. There are paramedics who jump out of these things and winch down. It has an 80-metre winch on it—can you believe that? Eighty metres is a fairly significant capability. They are massively upgraded. To operate those aircraft efficiently in times of need and urgency you have to train, you have to practise and you have to maintain skills and the aircraft, and that is what is going on all the time. I refer back to point one: anything associated with operating aircraft, in particular rescue or police aircraft or anything of that nature, I leave to the operators because they are the ones whose lives are on the line, the ones who put themselves regularly in harm's way on our behalf and the ones we should trust.

BYFORD RAIL EXTENSION

307. Mr Hugh Jones to the Minister for Transport:

I refer to the recent announcement of the reopening of the Armadale line and the opening of the Byford rail extension.

Can the minister outline to the house how the Cook Labor government is prioritising major infrastructure, investment and delivery for Perth's outer suburbs?

Ms Rita Saffioti replied:

I thank the member for Darling Range for that question. Of course, during the last few weeks we announced the opening date for the new Byford rail extension that will see the reopening of the Armadale line. Again, I want to put on the record a big thankyou to all of those who live along the Armadale line for their patience as we have upgraded the rail line. Of course, we have also built a new Armadale train station. We have removed seven level crossings around the entire area. It is of course the rail extension to Byford.

We have seen tens of thousands of people moving into that corridor. Particularly in Byford and even further south down at Mundijong, we see new homes being built every week. One of our priorities, which we are very, very proud of, is delivering services and infrastructure to the suburbs. We are not going to let Byford wait decades, like the Liberal Party made Ellenbrook wait for decades to receive that rail line. This new rail line has, again, an extension to Byford, a new rail station and level crossing removals. On the same day we will also see the opening of "Long Park" under the elevated rail through Victoria Park and Cannington. Already, we have seen incredible excitement and usage along Thornlie–Cockburn Link, and since that has been open we have seen families, people getting to work and school students using that TCL project. We have seen a lot of incredible feedback to all the members in the area. They know exactly the excitement around that opening day and also usage.

This, again, is our priority: delivering services and infrastructure to the suburbs. We know that the Liberal Party does not like Metronet. In fact, the shadow Treasurer said that we should not be building infrastructure to our urban fringes. I am not sure whether the people from the suburbs of Ellenbrook, Yanchep or Byford would agree with that. Of course we have to deliver infrastructure to where people are moving—to where first home buyers are settling down with their young children and buying their first home. That is what we are doing. From 1 January next year there will be a flat public transport fare, a one-zone fare. Again, that is affordability and accessibility. As a result, we are seeing more and more people flock back to public transport, which is great for public transport users. It is affordable, it is efficient and, of course, it is also great for everybody else because there are fewer cars on the road. It is a win–win and that is why we will continue to push public transport, services and infrastructure in the suburbs.

SIR CHARLES GAIRDNER HOSPITAL—MAINTENANCE

308. Ms Libby Mettam to the Minister for Health:

I refer to media reports of over 1,000 maintenance and repair work orders at Sir Charles Gairdner Hospital from January 2023 to May 2025.

(1) Has the minister now read through all the work orders?

(2) Is it acceptable that doctors, nurses and hospital staff should have to work in those conditions?

(3) Has the North Metropolitan Health Service or the Department of Health raised with the minister the requirement for additional maintenance and repair funding?

Mr Roger Cook: You're afraid of the member for Perth, aren't you.

The Speaker: The Minister for Health.

Several members interjected.

The Speaker: Members! Sorry, minister; just wait.

Several members interjected.

The Speaker: Members! If you want to have a little private conversation, you are more than welcome to take it outside. Minister for Health.

Ms Meredith Hammat replied:

(1)–(3) Of course I am very happy to respond, although I think it is important to note that we do have a Minister for Health Infrastructure. It might surprise the member for Vasse to know that the maintenance of infrastructure is one of his responsibilities.

Several members interjected.

The Speaker: Members!

Ms Meredith Hammat: I am very happy, though, to talk about the work that we are doing. We had an opportunity to talk about this yesterday in question time. It is no secret that Charlies is an ageing hospital. It is an important part—

Ms Libby Mettam: It is not new infrastructure, minister.

Ms Meredith Hammat: It is an important part of our health system, but it is ageing, so it does require maintenance from time to time, as all buildings do.

Ms Sandra Brewer interjected.

The Speaker: Members, listen to the response.

Ms Meredith Hammat: Basically, as issues are identified, the health services repair them. They undertake repairs, as we would expect them to do. In doing that, they raise work orders—again, that is a very normal process in any workplace and any setting—to highlight what those issues are. Those work orders, in the ordinary course of business, are investigated. Of course, there might be duplicates.

The member raised an issue about maintenance spending. I think this is important, because we heard claims from the opposition in this place yesterday about maintenance and repair spending across our metropolitan health service providers. They claimed that it had decreased since we came to government. We invited the member to share the figures so that we could have a look at them, but she did not. She chose not to.

Ms Sandra Brewer interjected.

The Speaker: Member for Cottesloe, this is not your question.

Ms Meredith Hammat: It is now clear why they did not. We have undertaken a close look at the maintenance figures. In our first year of government, the entire repair and maintenance investment across WA's four major metropolitan health service providers was $69.6 million in 2016–17. That increased to $92.9 million in 2023–24, an increase of 33%. One thing the member might want to do is to have a closer look at the health services that she counted. She might want to have a closer look at the annual reports, not just for the North, South—

Several members interjected.

The Speaker: Minister! Members!

Ms Meredith Hammat: They got it wrong. They would not table their analysis, and no wonder, because they got it wrong. If they had had a closer look, they would have seen the figures, not just in terms of what we spend on maintenance, but also the $3.2 billion that we are spending on health infrastructure, including the upgrades to Charlies; the $50 million for the new emergency department at Charlies; and the $25 million for a 10-bed ICU pod. They would have seen the amount of funding that we are putting into hospital services. The last budget had a more than $800 million uplift just to meet increased demand. I thank the member for the question but I again reject the claims that she has made in this place about cuts to maintenance funding, because they are wrong.

309. Ms Libby Mettam to the Minister for Health:

I have a supplementary question.

Several members interjected.

The Speaker: Members!

Several members interjected.

Ms Libby Mettam: I have a supplementary question.

Several members interjected.

Point of order

Mr Lachlan Hunter: The Deputy Leader of the Liberal Party is trying to ask her very relevant supplementary question and she is being interjected on by members of the front bench. They should be called to order.

The Speaker: Thank you, member; I will not uphold that point of order but you are correct in the fact that the ministers are actually preventing the member from asking her supplementary question. Member.

Questions without notice resumed

Ms Libby Mettam: Has the North Metropolitan Health Service or the Department of Health made any submissions to the Expenditure Review Committee requesting additional maintenance and repair funding over the past two years, given that they clearly need it?

Several members interjected.

The Speaker: Members!

Several members interjected.

Ms Meredith Hammat replied:

Honestly, member!

Several members interjected.

The Speaker: Minister, just wait. Member for Central Wheatbelt and minister!

Ms Meredith Hammat: I take this opportunity to clarify it for the member. She claimed that the repair and maintenance amount for the North Metropolitan Health Service dropped from $37 million in 2016–17 to $33 million in 2023–24. That is wrong on two fronts.

Ms Libby Mettam: Answer the question.

Several members interjected.

The Speaker: Member for Vasse, you have asked the question and the minister can respond.

Ms Meredith Hammat: The member came in here and made claims about what has happened to funding and she was wrong about that. The $37 million that she referred to included PathWest. That is no longer included in the North Metro numbers. She has excluded a whole health service and forgotten all about it. Secondly, she is wrong; she does not understand the health system.

Several members interjected.

The Speaker: Members! Minister! Member for Central Wheatbelt and member for Vasse, thank you. The more you interject, the longer this takes. Minister.

Ms Meredith Hammat: The second reason the member is wrong is that if we look at the more recent data for 2024–25, we see that expenditure on repairs and maintenance was $38 million. Basically, the member's understanding of the health system and her analysis of the figures are wrong. She should retract the statements that she and others in her party have made in this place.

POLICE—COMMUNITY SAFETY LAWS

310. Mr Frank Paolino to the Minister for Police:

Before I ask my question, I acknowledge all the wonderful Western Australian police officers who serve our community. They certainly serve my community and all our communities right across Western Australia, and I thank them for the fantastic job that they do.

I refer to the Cook Labor government's commitment to community safety through a strong, cutting-edge police force.

(1) Can the minister outline to the house how this government is supporting our police force to keep the Western Australian community safe?

(2) Can the minister advise the house whether he is aware of any attempts to wind back important community safety laws?

Mr Reece Whitby replied:

(1)–(2) I thank the member for Mount Lawley for that very important question and for his advocacy for our men and women who wear blue and keep us safe. I appreciate that. As the member knows, we have more police officers on the beat than ever before—7,300 strong—we have a police academy that is now training 1,000 new recruits a year and we are investing like never before in new technology for our police. The member will recall the $15.6 million in upgrades to the Joondalup facility so that we can give regional

young men and women an opportunity to join the force and have free accommodation in Perth while undergoing their training in Joondalup. That is a very good initiative for both the police and the regions. In the last two months I have attended the opening of two brand-new police stations. The Speaker himself will be aware of one of them in Forrestfield, and of course the other happened to be in the electorate of Kwinana. Fantastic! It is the Baldivis Police Station, but it is a great addition to the community in Kwinana.

Ms Rita Saffioti: He needed that primary vote!

Mr Reece Whitby: That is right.

At the same time, in that period, we unveiled a fleet of new vehicles for the rapid apprehension squad. They are the most elite and technologically advanced police vehicles that exist. They are virtually police stations on wheels. They allow officers to work from their vehicles without having to go back and forth from the station, keeping more officers on the front line more often. At the Baldivis Police Station I also unveiled an incident command vehicle, which is a quite impressive facility. It is like a major police station that can be transported anywhere in the state for major operations. Whether it is for a missing person or a state emergency, it can be deployed across Western Australia. There are also two forward command vehicles with that same capability that have satellite linkages and advanced communication, really extending the impact of our police force and giving our men and women in blue the latest technology to operate.

It is important to keep the community safe, which is why we can question members opposite about their commitment to community safety. There will be a very important vote in Parliament tomorrow in the other place. It is an opportunity for members opposite—I look to the Leader of the Opposition in particular—to show real leadership. The last time this Parliament had the opportunity to vote on gun laws and support the regulations that underwrite those gun laws, we had silence from the Leader of the Opposition—

Several members interjected.

The Speaker: Members!

Mr Reece Whitby: The opposition voted no to our safer gun laws. The opposition wanted to undermine them.

Mr Lachlan Hunter interjected.

The Speaker: Member for Central Wheatbelt!

Mr Reece Whitby: Quite frankly, it was astounding that the member who represents the suburb of Floreat not only stayed silent, but also voted to undermine those gun laws. The opportunity is there.

Several members interjected.

The Speaker: Members!

Mr Reece Whitby: This is a very significant—

Several members interjected.

The Speaker: Minister for Police, just let everyone settle for a second and then you can carry on.

Mr Reece Whitby: Thank you, Speaker. This is a very significant and important moment for the Parliament tomorrow. If members vote to disallow these regulations, they will undermine the very foundation of our new gun laws. It will mean that the police will no longer be able to remove firearms in circumstances of family and domestic violence. It means that the police will no longer be able to remove firearms from criminal elements and outlaw gangs. More than that, members—

Several members interjected.

The Speaker: Members! Minister for Police, this is how it grows.

Mr Reece Whitby: More than that, more than undermining the ability of police to keep us safe, it will actually bring chaos to gun owners because what has not been explained by the proponents of this disallowance motion is that—

Several members interjected.

The Speaker: Members!

Mr Lachlan Hunter interjected.

The Speaker: Member for Central Wheatbelt!

Ms Amber-Jade Sanderson interjected.

The Speaker: Minister!

Several members interjected.

The Speaker: Members!

Several members interjected.

The Speaker: Members of the opposition! The minister is about to complete his remarks.

Mr Reece Whitby: This is important because it not only supports our police, but also law-abiding sensible gun owners who are doing the right thing because if we remove—

Several members interjected.

Mr Reece Whitby: They do not want to hear this, but this is the truth.

Several members interjected.

Mr Reece Whitby: If we cannot have the current act in operation, we cannot go back to the 1973 legislation, so gun owners will not be able to operate.

Several members interjected.

The Speaker: Member for Central Wheatbelt and Leader of the Opposition!

Mr Reece Whitby: They will not be able to go to the gun club, sell a firearm or go shooting or hunting.

The Speaker: Leader of the Opposition and member for Central Wheatbelt, please stop interjecting.

Mr Reece Whitby: The opposition's actions would impinge on law-abiding gun owners.

The other thing I will bring up very briefly is the appalling situation on social media. Deepfake videos have been broadcast and the police and Consumer Protection have been forced to speak up about this today. They are deepfake videos in which police are being impersonated and information about the gun laws, which the police say is false and is leading to unnecessary anxiety in the community, are being broadcast. There will be a protest at this place tomorrow and the organisation involved in that is also involved in spreading these deepfake videos. I ask members opposite: Do you disown and condemn the use of deepfake videos to promote these messages that are going out on social media? This is an organisation that—

Several members interjected.

Mr Reece Whitby: It is a very important question. The police have gone public today to criticise and make the community aware that there are deepfake videos impersonating police officers, misinforming the public about this very crucial issue. Everyone in Parliament should condemn that activity, like the police have. This is a test of the Leader of the Opposition. He has the opportunity—

Mr Basil Zempilas interjected.

The Speaker: Members!

Mr Reece Whitby: The Leader of the Opposition has the opportunity to stand up for his community.

Several members interjected.

The Speaker: Members! Member for Central Wheatbelt! Thank you, minister.

Mr Reece Whitby: Can I conclude?

The Speaker: Please do.

Mr Reece Whitby: I will end with this very important message—

Mr Basil Zempilas interjected.

The Speaker: Leader of the Opposition!

Several members interjected.

The Speaker: Member for Central Wheatbelt!

Mr Reece Whitby: You've got nothing, mate. You've got nothing.

Several members interjected.

The Speaker: Members! Member for Cockburn!

Several members interjected.

The Speaker: Leader of the Opposition and member for Cockburn, none of you is helping. Please conclude your remarks, minister.

Mr Reece Whitby: There is an opportunity for the Leader of the Opposition to do the right thing tomorrow and stand up for his community and for safer guns. The test is on him.

Several members interjected.

The Speaker: The member for Kalamunda.

Several members interjected.

The Speaker: The Leader of the Opposition's continual interjecting is not helping. Members of the government, neither is yours. Let the member for Kalamunda ask his question in silence, please.

SIR CHARLES GAIRDNER HOSPITAL—LEGIONELLA BACTERIA

311. Mr Adam Hort to the Minister for Health:

I refer to reports in the media today that testing for Legionella at Sir Charles Gairdner Hospital returned results above the minimum benchmark 59 times from January 2023 to May 2025.

(1) Since the Minister for Health was sworn in, how many notifications has the minister received regarding positive Legionella test results at Sir Charles Gairdner Hospital?

(2) Did any patients receive precautionary treatment because of the 59 test results that exceeded the minimum benchmark?

(3) Were any areas of Sir Charles Gairdner Hospital closed after any of the 59 test results that exceeded the minimum benchmark?

Ms Meredith Hammat replied:

(1)–(3) I thank the member for the question. I am happy to provide a response to the reports that were in the paper today. As I said in question time yesterday, and as I said again in question time today, Sir Charles Gairdner Hospital is a very important part of our health system. It treats about half a million patients every year. It is an important part of our health system and network, but it is old infrastructure. Of course, we continue to work with it and are very mindful about providing timely and appropriate maintenance.

I want to talk about legionella. It is a naturally occurring bacteria that is often found in the environment and particularly in soil and freshwater sources. It is not uncommon for it to be found in the water supply of large buildings or complexes. That does not just include hospitals; it can be found also in shopping centres, aged-care facilities and universities. That is why all hospitals have water quality management plans that include testing for Legionella and other pathogens. I have been advised that Sir Charles Gairdner Hospital has a dedicated water quality specialist, and is regularly testing and providing a rapid response. Any detections are immediately actioned in accordance with very strict guidelines for Legionella control. The hospital has robust water quality management. I want to reiterate the point that I made yesterday that the quality and safety of the care in our health system is paramount. It is our number one priority. Our hospitals are safe. The work that we are doing in Charlies and in all hospital systems around the world is to ensure that we provide high-quality care.

312. Mr Adam Hort to the Minister for Health:

I have a supplementary question.

Is the minister satisfied that processes and procedures relating to the testing of water systems in all our public hospitals, including the testing for Legionella, a deadly bacteria, and the management of waterborne disease is appropriate to maintain the safety of patients and hospital staff?

Ms Meredith Hammat replied:

As I said, we take this issue seriously. In a large asset like a hospital, obviously a range of testing occurs. When problems are identified, we fix it. As I said, Legionella is a common organism found in many water sources in the environment, and that is why we undertake testing. We undertake testing as a standard regime in all our hospitals as part of the routine water management. When results are detected, there is action in relation to those. The advice I have received from the department is that it is undertaking appropriate water testing and that when it finds issues of concern, there is an appropriate response.

BYFORD HEALTH HUB

313. Mr Terry Healy to the Minister for Health Infrastructure:

I refer to the Cook Labor government's commitment to delivering world-class health infrastructure in Western Australia.

Can the minister advise the house how the recently announced Byford health hub will provide innovative, community-based care for the people in the community?

Mr John Carey replied:

I thank the member for his question. We are delivering a big, bold health infrastructure program that is worth $3.2 billion and will be across the state. I have talked before about the incredible transformation that we are seeing, like the Premier outlined, in terms of the major redevelopment of Bunbury Hospital, the single biggest regional redevelopment, worth more than $400 million in investment, and even smaller projects like Laverton Hospital, which is critical to that local community, or the contract to lock in for Mullewa Hospital. We look across this state and we see that there is substantial investment in our hospital infrastructure. Already to date, we have added over 900 beds and we have a pipeline of new hospital upgrades, expansion and construction to produce hundreds and hundreds of more beds and build the capacity into the system. One of those was an election commitment that we made to the Byford health hub. I am really pleased to say that we have just released the tender for construction of the $42.2 million project to five companies that were successfully shortlisted following an expression of interest. This critical hub demonstrates the wide scope that we are taking with the health system. It will provide a single entry point for local residents to access a range of primary care and community, social and specialist health services in one location. It will include a mix of services by private providers, not-for-profit groups and WA Health. Patients will have access to a range of health outpatient services. This is really important. The tenders will close on 28 August. It is on track for delivery in 2027. It is these kinds of projects that demonstrate the width and breadth of delivery.

I note and want to back in also that what we see from the other side is a campaign of misinformation. It says, "Don't look at our record." But we have to look at the previous government's record. We can keep going back to the great example of Royal Perth Hospital, when in 2008, it committed, I think, $600 million, and by 2016, it said it was doing a bit of maintenance. That is the previous government's history. It privatised, cut and saw a reduction in staffing. That is its record. That is its history and its approach. I believe in our health system.

Mr Lachlan Hunter: Is it world-class?

The Speaker: Member for Central Wheatbelt!

Mr John Carey: But what we saw from the Leader of the Liberal Party—

Mr Lachlan Hunter interjected.

The Speaker: Member for Central Wheatbelt!

Mr John Carey: —I should say former Leader of the Liberal Party—is that she did not compare like for like. One of her researchers ran out and said, "We've got them. We've got a gotcha moment here", and did not check the figures and facts. She did not.

Several members interjected.

The Speaker: Members of the opposition!

Mr John Carey: This is classic: She took one figure and did not compare it like for like. The figure that she used included PathWest. Then she got another figure that did not include that. Her research team—

Mr Lachlan Hunter: Is it world-class?

The Speaker: Member for Central Wheatbelt!

Mr Lachlan Hunter interjected.

The Speaker: Minister, this way. Member for Central Wheatbelt, if you want to get up and ask a question, you might get the opportunity, and maybe someone on the opposition will get the opportunity to ask another one. But if you keep interjecting the way you are, that will not happen.

Carry on, minister, and please conclude your comments.

Mr John Carey: I am not going to have the member yell and scream at me. Yesterday, the member made commentary about a female politician's clothes. That was a low for the member. How low can the member go? Imagine if anyone else did that. But the member can do it. That is the member's standard. That is what the member does.

Mr Lachlan Hunter: I am just backing the Premier.

Mr John Carey: No. This is extraordinary. The member screams and yells and is very happy to make commentary about a female politician's attire for budget day. How low and what shame the member has. The member has been warned. He makes personal attack and personal attack. Does the member think it is acceptable? Does the member think it is acceptable?

Ms Sandra Brewer: You call people buckets, minister!

Point of order

The Speaker: Member for Cottesloe, points of order will be heard in silence.

Mr Shane Love: The minister was responding to a question and it has turned into some sort of critique of the behaviour of the member for Central Wheatbelt.

Several members interjected.

The Speaker: Members!

Mr Shane Love: That is not part of the minister's administrative responsibility. He should refrain from that and return to the question. I ask him directly to do so.

Several members interjected.

The Speaker: Members, Treasurer and Member for Central Wheatbelt, points of order will be heard in silence. Did anyone hear what the Leader of the National Party raised?

Mr John Carey: Yes.

The Speaker: Yes, I did, too. I will not uphold that point of order. Minister, I ask you to conclude your comments very quickly.

Questions without notice resumed

Mr John Carey: Sure. I was just saying that it is all very well and good for that member to interject, yell, scream and carry on at every opportunity, yet when the member does something that is sexist and misogynistic, he does not like being called out. The point I am making is that we have seen now again and again that the Liberal Party of WA lies and misrepresents health data. It is either because of its staff's poor research or it is deliberate. The Liberal Party of WA lies about health data.

LIQUOR CONTROL AMENDMENT BILL 2025

Second reading

Resumed from an earlier stage of the sitting.

Question put and passed.

Bill read a second time.

Leave denied to proceed forthwith to third reading.

Consideration in detail

Clause 1: Short title

Mr Lachlan Hunter: First of all, I thank the minister, the department and the minister's officers for the good briefing we got this morning on various aspects. This question relates to page 3 of the bill and is probably more about the act amendment and the title. They are more general questions at the start. Who was consulted in the drafting of this bill?

Mr Paul Papalia: There was obviously consultation with the two peak bodies—the Liquor Stores Association of Western Australia and the Australian Hotels Association WA—the community, interested parties and individual businesses right across the state. This has been an ongoing process for some years. Tourism bodies were also consulted about the night-time economy. A lot of this bill is about freeing things up, reducing red tape, encouraging and enabling small businesses to succeed and creating more vibrancy and diversity in our hospitality offerings. Those were clearly matters that were consulted on across the community. In addition, on the regulation element, the response to elevate penalties associated with sly grogging has come from consultation with communities, police and harm-minimisation advocates.

Mr Lachlan Hunter: I get that the government did the consultation when the bill was being drafted, but once it was drafted, how much further consultation was had with stakeholders before the bill was read into Parliament?

Mr Paul Papalia: In late 2024, additional consultations were undertaken with key stakeholders, including the AHA, the LSA, Retail Drinks Australia, the United Workers Union and UnionsWA.

Mr Lachlan Hunter: Which specific health services were consulted on the banned drinkers register component of this bill? I can ask this during debate on that clause, but the minister could touch on it now if he likes.

Mr Paul Papalia: There was very specific consultation about the transfer of powers to the State Administrative Tribunal. That was canvassed with the Liquor Commission, the State Administrative Tribunal and the key agencies of the Department of Health, the Western Australia Police Force and the Mental Health Commission. Issues were raised about possible barriers to engagement, which were addressed in the drafting of the legislation. Beyond that, most of the elements of the bill will have no direct impact on health agencies we consulted during the initial

drafting. The last consultations that I referred to earlier were with the very specific bodies that represent people who will be directly impacted by this bill.

Mr Lachlan Hunter: Did the department consult with the WA Country Health Service when the bill was being drafted given that a lot of the end users of this will end up in its system? If, for example, a health practitioner—we will get to this later in the bill—is required to write to someone, obviously they would need to have been consulted about how they will do it.

Mr Paul Papalia: There has been extensive consultation with Health, WA Country Health and also some specific providers. The member will be familiar with the fact that two health providers have taken advantage of the opportunity to refer people to the banned drinkers register under the changed laws. The changes that enabled that practice have already been enacted. They are not part of this bill and will not be impacted by this bill. We made changes through the last amendment as a result of the initial implementation. It clearly did not elicit many referrals from health practitioners, but they are doing it now. It is only specific ones. It is entirely up to them. It is their choice. Those people clearly were involved.

Clause put and passed.

Clauses 2 to 7 put and passed

Clause 8: Section 37A replaced

Mr Lachlan Hunter: Proposed section 37A states that a person must inform the director in writing. Does that include email? What sort of form of writing is that?

Mr Paul Papalia: Yes, it does.

Mr Lachlan Hunter: Does it include any other forms of communication? Is it email or letter? Can the minister clarify what "in writing" includes?

Mr Paul Papalia: In answering what I think the member is getting at, I am informed that it obviously includes conventional forms of written correspondence or electronic communication that is written, such as an email, but not texts or other forms of messaging.

Clause put and passed.

Clauses 9 to 11 put and passed

Clause 12: Section 56 amended

Mr Lachlan Hunter: Just a clarification on section 56 amended, under clause 12. The insertion under clause 12(b) states:

> (e) being liquor containing spirits, if —
>
> (i) the spirits was distilled by that person, or under the control or direction of that person from wine produced by that person; and

I just want to seek some clarification on this because it is a little confusing. Is it all spirits? This is the bit where they can put the gin and tonic from Roam Distillery so you can be invited, but is that only spirits that come from a by-product of wine? Subsections (a), (b) and (c) show different types of spirits—for example, spirits made from wine versus spirits not made from wine products. As the minister knows, spirits made from wine include brandy and cognac, and spirits not made from wine are things like tequila, gin and vodka. I know the minister is a liquor connoisseur; maybe he can enlighten us.

Mr Paul Papalia: I am informed that wine is mentioned because it is the only liquor that can be further distilled to create a spirit. I do not think the member's friends at Roam should be concerned. Is this a change from previous language? I will just check. I assume that that particular use of the word is just a convention that has been continued; it is not related to the change we are making. If we go to the marked-up bill, there is another subparagraph. This is the addition—the change. There is another subparagraph. Proposed section 56(1)(c) states:

> being spirits not made from wine, if it was distilled by that person;

So the member's friends are covered; they are already enabled under the current legislation. This is just an additional change.

Mr Lachlan Hunter: I thank the minister for that clarification. That is good. It is wine and non-wine, like barley whisky products and stuff like that—liquor that does not contain liquor produced by any other person. Okay.

Clause put and passed.

Clause 13 put and passed

Clause 14: Section 82A amended

Mr Lachlan Hunter: What does "informal application in writing" mean, and does this require the signature of the person who is outgoing? I will ask those two first.

Mr Paul Papalia: Looking at the marked-up version, we are inserting something that will simplify the process, but we are not actually impacting the persons involved or the nature of their involvement, so there is no change to those elements. It is just inserting that phrase, "informal application in writing".

Mr Lachlan Hunter: Can the minister just clarify that? Basically, if someone wants to come off a liquor licence, what will stop someone falsifying an informal application in writing? If someone wanted to copy my signature and send it to the department to get them off, how will the "informal" bit work? How do we define "informality", basically?

Mr Paul Papalia: Essentially, that could occur now, just by handwritten correspondence. Someone could carry out the same sort of subterfuge or falsehood, but it would be interrogated during the normal administrative process, I imagine. All this does is enable an email to be used as well as a handwritten application.

Mr Lachlan Hunter: Is the minister satisfied with a simple email to the department to remove someone? If there is a business or family bust-up and someone sends an email on behalf of someone else, they could be removed from a liquor licence. Surely there needs to be other safeguards in place to ensure that that is not utilised maliciously.

Mr Paul Papalia: Yes, essentially I am. It is a role of the department to interrogate these matters and prevent malicious behaviour of that type. Ultimately, though, the motivation here is to simplify the application process. The event occurs regularly where people want to remove themselves, and rather than go through an application process they can just use an email.

Clause put and passed.

Clause 15 put and passed

Clause 16: Section 107 deleted

Mr Lachlan Hunter: Clause 16 deletes section 107. I just want to understand what "Loss of lodger's property" is, and why that is now redundant. Why is it being removed? Is it some sort of old technical term or something? I just want to understand more around "Loss of lodger's property".

Mr Paul Papalia: Essentially, circumstances change. During consultation, it was advised that it is normal practice for licensees to have insurance in place that covers loss to lodger's properties. As a result, the licensee's liability will be limited to maintaining the insurance and any excess payable on a claim. It is a redundant practise.

Clause put and passed.

Clause 17: Section 108 deleted

Mr Lachlan Hunter: I will have great calf muscles at the end of this—up and down! Clause 17 deletes section 108, "Certain licensees to exhibit charges for meals and liquor". I understand from the briefing that licensees do not have to sell a meal if customers want to buy a beer. Is this because there was no certain licence that required a meal? Is the government getting rid of that licence, basically? That is the question.

Mr Paul Papalia: No, that is just terminology. The effect here is removing the obligation to serve a meal in order to serve alcohol. Hang on. They used to have to exhibit charges. That is no longer required. It is a reform to remove red tape—the obligation to exhibit things of this nature. It is for all licences.

Mr Lachlan Hunter: If there was, say, a pub in Northam that just sold grog and customers could not buy a bowl of wedges or a bowl of chips, there is no longer the requirement to sell food with alcohol?

Mr Paul Papalia: It is my fault. I think I misled the member initially with my response. This clause is not about that. This is just about the obligation to put up a sign with information, which is deemed not commensurate with current expectations, so it just removes that obligation.

Clause put and passed.

Clause 18: Section 126 amended

Mr Lachlan Hunter: This question is in relation to the amended section 126, about digital ID. What forms of digital identification will be accepted? I know the department briefed us on this, but what digital identification currently available to Western Australians will be acceptable? I note that the minister in his second reading speech talked about people who have come from over east to live here, but under transport requirements people have to forfeit their licence from the other jurisdiction within a matter of, I think, a couple of months. Can the minister clarify what will be an acceptable form of digital identification?

Mr Paul Papalia: As the member sees, the amendment states:

(III) a photo card, as defined in the *Western Australian Photo Card Act 2014* section 3, that is current; or

(IV) another form of evidence prescribed by the regulations;

Those regulations will be reviewed. I can give the member some regulations now, but they will be reviewed in light of the passage of this bill to ensure they accommodate people. What the member says about people having to renew their licences and change them is true, but when they initially arrive there is a grace period when they can utilise that licence as proof of identity. There are also digital proof of ID cards in other states; I am not sure. The regulations will include whatever is necessary.

Mr Lachlan Hunter: The bill is being futureproofed for when the government finally gets around to bringing in digital identification in Western Australia. What training will be rolled out to licensees and staff serving alcohol regarding acceptable forms of digital ID? We do not want the confusion of underage people rocking into a premises with a photo of a fake passport, if you like, and then being able to say, "Digital ID is accepted now." How will the good word of the government about this be spread?

Mr Paul Papalia: I outlined the extensive history of the whole establishment and rolling out of this over time, with the different iterations of the banned drinkers register. The department has been exceptional at engagement with the community, particularly packaged liquor outlets, training people in advance of the first rollout and then with successive rollouts, upgrades and changes to the technology. I am very certain that the department will be able to do the training necessary to inform people with a responsible service of alcohol obligation about the threats associated with things like screenshots and the like. The technology will assist them as well, but beyond that there will be adequate training.

Mr Lachlan Hunter: I refer to the banned drinkers register, and this question is for everyone in Western Australia. If I buy alcohol in Morley, I can use digital ID; is that correct? It is not just BDR participants?

Mr Paul Papalia: Yes.

Mr Lachlan Hunter: I refer to digital ID. I am a proud holder of a responsible service of alcohol certificate, and I go to the York race club, which I invite the minister to, because I think he is giving it some funding under his former Royalties for Regions race round. Will I get an email or a text? How will I be informed, as an RSA certificate holder, that I can now accept digital identification under the government's new act?

Mr Paul Papalia: Licensees will be informed and then potential employers will be notified.

Mr Lachlan Hunter: Has the minister had any conversations with the Minister for Transport—or the Minister Assisting the Minister for Transport; I think it might be the member for Kingsley who looks after licences—about when we can expect digital identification to come into Western Australia? A lot of these licensees would love to see it. When can we expect that, minister?

Mr Paul Papalia: That is not relevant to the bill. The same department is the responsible agency for delivering that capability, and they are talking all the time.

Mr Lachlan Hunter: Is there no timeline for when we can expect this? No? I will move on.

I refer to proposed section 126(2D), which states:

Subsection (2a) does not apply to evidence produced as described in subsection (2C).

That relates to security—a bouncer, if you like, or a security guard—being able to confiscate false ID. If an underage person utilises a photo of a passport or fake ID, can the security person basically snatch the person's phone and confiscate it? How will all that work?

Mr Paul Papalia: At the moment ID that is not digital can be confiscated by security staff, but they will not be able to grab someone's phone. They can just kick them out.

Mr Lachlan Hunter: If the security guard is not allowed to confiscate a phone, which is fair enough, how will that security guard or licensee be able to report it? If someone who says they are Joe Smith and does not have a physical form of ID rocks up to Northbridge and the security guard is not allowed to take the phone, how are they reported for having a fake digital ID?

Mr Paul Papalia: In that case they would just be denied access, and that is intended in that part of the bill.

Mr Lachlan Hunter: At the moment security can confiscate current forms of ID. If someone has a physical card or a fake passport or something, they are allowed to confiscate it under the legislation—is that right?

Mr Paul Papalia: Yes. I have seen some confiscated by the Harbour bar and grill across the road from my office. A couple of kids had fake IDs—fake drivers' licences—and they were confiscated by that very responsible outlet.

Mr Lachlan Hunter: What mechanism at the moment is there to report someone with a fake ID in Western Australia? Obviously, there will not be their real name and it cannot be clarified who they are. Are there mechanisms to report that? Is there an obligation for the licensed premises to say it had 10 fake IDs this year?

Mr Paul Papalia: I think the member is straying off the bill. That aside, I know from experience that it is just a matter of reporting things to the police. That is not part of this bill, and I do not think it is part of the act. The member is talking about reporting crimes to the police or other authorities in the normal manner.

Mr Peter Rundle: This is starting to remind me of the firearms regulations. We were trying to ask questions about the legislation and the minister kept saying to go to the regulations, which had not yet been formed.

Further to the question of the member for Central Wheatbelt, can one of the 2,856 people registered on the firearms portal as licensed firearms owners use—

Mr Lachlan Hunter: Like the Australia Post one.

Mr Peter Rundle: Yes, as a form of identification—digital identification?

Mr Paul Papalia: I have to admit, I was not paying intense attention. What was the member talking about?

Mr Peter Rundle: I was just saying that 2,856 people have managed to grind their way through the firearms portal to register. Can they use that form of digital identification for the purposes of this act?

Mr Paul Papalia: Let us not be silly; let us stay focused. Right now, those digital IDs are not covered by the act because we have not passed a bill. Digital IDs will be assessed and put into the regulations regarding this bill—that is normal practice. It is a reasonable thing to determine what the type of digital ID is through consultation and working with different bodies. I am informed we are working with national Austroads on digital drivers' licences, but there is no timeline on that. We have to try to ensure that we accommodate as many different jurisdictions and different types of licences as possible. I am also informed that fake digital IDs will be very hard to attain, due to the proposed identity proof requirements that will be associated with digital IDs.

As the member has indicated, it is pretty difficult to get a digital ID. It is pretty difficult to get a firearms licence—as it should be. That is the appropriate measure to ensure that the privilege of possessing and using a firearm is given to people who are responsible and able to use them responsibly, in the same way digital ID is associated with that practice or any other digital ID; it will be a robust process. But right now, despite the member for Central Wheatbelt's suggestion that everyone has them, actually not every jurisdiction has digital IDs.

Mr Lachlan Hunter: Two, or something.

Mr Paul Papalia: Yes, I think it is New South Wales and Queensland, but I may be wrong about that. New South Wales has them, but I am not sure about others. It is an emerging technology, and we want to futureproof the legislation to enable it, but it is not like I am slowing the member down or diverting his line of questioning by suggesting that we have to do that in regulations. It will be appropriate to do that. By then, there might be more out there and we want to try to accommodate all of them. I cannot tell the member what they are at the moment.

Mr Peter Rundle: Clause 18, which inserts proposed section 126(2C)(b)(ii), states:

> a QR code, or other prescribed method, by which the authorised person may access the evidence in its original digital form.

Can the minister explain to me how that will transpire?

Mr Paul Papalia: This is one of the measures I indicated earlier to avoid the deceptive use of digital IDs. If people have a screenshot of somebody's ID and present it as their digital ID, this is a measure that might serve to prevent that from occurring. Instead, we will send, divert or direct them to a QR code where they can access the actual digital ID on a secure site.

Mr Lachlan Hunter: The member for Roe asked a valid question about digital ID and the Australia Post–approved digital identification. There is also the Services Australia digital identification. These are two of the biggest ones. Is the department or government working on an approved list? The minister said that these things evolve, and more states are doing it, so is there an approved list of approved digital identifications, if you like?

Mr Paul Papalia: Yes, member. The department is working to look at what is currently available to ensure that the processes for applying for and receiving those digital IDs are robust to our satisfaction and our state's satisfaction, and then they will be accommodated in the ultimate system and the list of approved IDs. But that will be in the regulations; that is not a normal thing, because that will be something we would want to change on a regular basis, as the field of digital IDs grows and gets bigger.

Mr Lachlan Hunter: This is a topic of great interest. The minister said before that the phone cannot be confiscated when there is a supposed fake digital ID. I want to clarify: what are the reporting requirements for a licensee? I know the Minister Assisting the Minister for Transport gave the minister a note to say it is very hard to copy a

digital ID, but we live in a world of AI, and the Minister for Police was talking about deep fake videos that we should all be very scared of. Therefore, how does one report a fake digital identification?

Mr Paul Papalia: Thanks, member. Currently, they can confiscate conventional ID forms, and that can be provided to authorities. We have decided that we are not going to enable people to grab other people's phones and confiscate them. They will just be denying access, and that will be an adequate response. There are informal means of cooperation between outlets and authorities. Members would know that in many parts of the state, police informally work with crowd controllers or security personnel to pass on information about people who may have been trying to access a venue inappropriately or illegally, but that does not mean there is an obligation for the fake digital ID to be reported.

Mr Lachlan Hunter: Therefore, what the minister is saying is: at the moment, even with the current traditional means of identification, if you like, the government has basically no idea how many people are providing fake ID and going into licensed venues, because there are no reporting requirements for a licensee. Is that basically saying: "This month we have had 10 people come to our door trying to enter our premises under some sort of false identification"? That is quite a troubling remark, minister.

Mr Paul Papalia: That is troubling because it is not what I said. Currently, IDs can be confiscated. There is an obligation for confiscation and reporting of conventional ID forms. There is not an intention to enable crowd controllers or security staff or venue operators to confiscate digital IDs. That is not the intent. Currently, they are empowered to confiscate, and, if they do so, it needs to be reported by an authorised person under section 126(2a). The authorised person must deliver the document to a police station or return the document to the person from whom it was confiscated within 72 hours. That is the obligation associated with conventional ID. It is not our intention for a reasonable reason—that is, we do not want people confiscating phones and all that that entails. As the member has identified, it is a difficult task to acquire that ID and somehow report it to authorities when the person is not confiscating the phone where the digital ID is located. Our intention is not to impose red tape and obligations on small business and make it more difficult to do business. That may be something that the National Party would enjoy, but it is not our intention.

Clause put and passed.

Clause 19 put and passed

Clause 20: Section 152YK amended

Mr Lachlan Hunter: This clause will amend section 152YK(1)(a), in which the Commissioner of Police must:

> … ensure all reasonable steps are taken to give a banned drinker a written notice stating that the order is revoked …

Is it an issue to track people down to give them this written notice?

Mr Paul Papalia: It could be. Normally we would not expect so, but this state is a third of the continent. It is a massive jurisdiction with a sparse population across vast tracts of the state. There are potentially people of no fixed address who are transient by nature. All those things mean it is reasonable to oblige the authorities to ensure that all reasonable steps are taken.

Mr Lachlan Hunter: Can the minister explain what "all reasonable steps" are?

Mr Paul Papalia: It is a legal convention to utilise that language and it is well understood.

Clause put and passed.

Clauses 21 to 24 put and passed

Clause 25: Section 171 amended

Mr Peter Rundle: I find this slightly unusual so I wonder whether the minister could give me an example of when an authorised officer or another person at the request of an authorised officer would purchase or obtain liquor in connection with the performance of the authorised officer's function under the act.

Mr Paul Papalia: That is a mechanism by which the authorities, the Liquor Enforcement Unit and potentially other authorities or agencies test the processes and practices of licensees to ensure that they are complying with the law.

Mr Peter Rundle: Is it the government's intention to send undercover enforcement agency people to test various licensees across the state for whether they are complying on that basis?

Mr Paul Papalia: Yes. They do that right now. It is normal practice and it is a reasonable expectation that authorities will test compliance without notifying their presence.

Mr Peter Rundle: Roughly how many people are in the Liquor Enforcement Unit doing this sort of thing around the state? Does the minister have a number?

Mr Paul Papalia: I am not the Minister for Police. That is not under this bill.

Mr Lachlan Hunter: What a shame. You were such a good police minister!

Mr Paul Papalia: I was a good police minister. I was exceptional!

Mr Lachlan Hunter interjected.

The Acting Speaker (Mr Stephen Pratt): Order, member! The minister is on his feet.

Mr Paul Papalia: I enjoyed all my portfolios. If the member wants to know, he can put that question to the Minister for Police, although he might not tell the member!

Mr Peter Rundle: If I am an unsuspecting licensee up in Broome trying to do the right thing and one of my employees has an oversight when the liquor enforcement agency turns up to purchase alcohol on that basis, what would be the implications for that licensee?

Mr Paul Papalia: Every individual who serves alcohol has a responsible service of alcohol qualification, as does the member for Central Wheatbelt. They are all individually obliged to comply with the legislation, as is the licensee.

Clause put and passed.

Clauses 26 to 40 put and passed

Clause 41: Section 98 amended

Mr Lachlan Hunter: I refer to the increased trading hours on Anzac Day, Christmas Day and Good Friday. Given that these new permitted hours will come into place, has any consideration been given to additional policing for those hours on public holidays and for the department that is checking the regulatory requirements? I assume not, given that it is only a couple of hours.

Mr Paul Papalia: No. Essentially, it will be business as usual, and the relevant authorities will respond as required.

Mr Lachlan Hunter: I refer to these increased hours under section 98. Is this for licensed venues but not takeaways? If I wanted to go to the Liquor Barons in Northam and buy a case of Emu Export, could I not do that on Good Friday, Christmas Day or Anzac Day? I am an Export drinker, by the way.

Mr Paul Papalia: No, we are not changing the packaged liquor legislation or regulations. This will apply to venues and the people who attend them.

Mr Lachlan Hunter: This is probably a bit of a cheeky question, but will it be considered in tranche 2? Why would it be different for someone to be able to go to a restaurant or a pub and drink but not buy a sixpack and go home and drink it?

Mr Paul Papalia: Were someone to make a submission to that effect, it would be considered. I cannot say for sure. Whether it would be considered in tranche 2 would be canvassing opinions and suggestions across the full spectrum of liquor legislation.

Clause put and passed.

Clause 42: Section 98AA amended

Mr Lachlan Hunter: I have the same question on this clause and the deletion of section 98AA(d) and (e). Will this also not apply to takeaway alcohol?

Mr Paul Papalia: No. Small bars are not able to sell packaged liquor, so it will not apply.

Clause put and passed.

Clause 43 put and passed

Clause 44: Section 98B replaced

Mr Lachlan Hunter: The permitted hours under a liquor store licence have not changed under this bill so they cannot open on Good Friday or Christmas Day. I think there was something about Sunday trading. Will they be able to open for Sunday trading? Was the industry asking for liquor stores to be open then?

Mr Paul Papalia: Yes, I think the industry is potentially proposing additional changes, but they are not in this bill.

Clause put and passed.

Clauses 45 and 46 put and passed

Clause 47: Section 98G replaced

Mr Lachlan Hunter: I suppose this is the same answer as the previous ones, but this is those produced for licences. At the moment can those that are allowed to trade on Good Friday, Christmas Day and Anzac Day sell takeaway alcohol? We have allowed them to have those premix cans, but can they sell a sixpack or anything?

Mr Paul Papalia: No, member. On those particular days, it is just for consumption on premises, not for takeaway.

Clause put and passed.

Clauses 48 to 51 put and passed

Clause 52: Part 5 Division 2 deleted

Mr Lachlan Hunter: I appreciate the patience; this is my first time doing this. As a good National Party member, an agrarian socialist as some may call us, all related subsidies under section 142 will be deleted. Why will these be deleted and what were those subsidies?

Mr Paul Papalia: It turns out that you lot did it. The subsidies are no longer available and were discontinued on 1 July 2015. This is just tidying up the legislation.

Mr Lachlan Hunter: What were the subsidies?

Mr Paul Papalia: I am informed they were wine subsidies. It was like a value-added tax or something of that nature.

Mr Lachlan Hunter: I know that the federal government has the wine equalisation tax—

Mr Paul Papalia: It was probably a state, not federal, tax.

Clause put and passed.

Clauses 53 to 69 put and passed

Clause 70: Part 2 replaced

Mr Lachlan Hunter: This is in relation to the Liquor Commission being kiboshed over for the State Administrative Tribunal. How will SAT members have enough experience to deal with liquor-related matters? The minister touched on that in his second reading speech.

Mr Paul Papalia: As I indicated earlier, the functions of the commission are essentially jurisdictional in nature. It determines whether people are complying with the law or whether there is a reasonable appeal against a penalty or something of that nature. It has not been a practise to have people other than lawyers do that. I put Kim Hames on there because I wanted a bit of experience from the tourism sector in particular, and he is also a general practitioner, but that is not normal. The SAT will be capable of performing the same function as the Liquor Commission normally undertakes.

Mr Lachlan Hunter: The Liquor Commission obviously had a bit of a wait time. The minister said that Dr Hames had to move to Queensland. What is the current wait times for the SAT? As I said earlier in my contribution, the old saying is that things go to the SAT to die because they never really get heard. Is the minister confident that licensees who have issues with the department can be heard by the SAT in a very timely fashion?

Mr Paul Papalia: The member is right. There have been concerns around completion of the task by the Liquor Commission. It was not associated with Kim Hames going to Queensland; that was not it. A number of people are in the Liquor Commission at any one time. I do not know. I do know that the SAT regularly hears disputes of this nature or matters of this kind and is well practised in making determinations around that type of issue when there is a conflict or when someone is appealing against a finding of an authority. That is essentially it. It is comfortable with making those sorts of decisions whereas perhaps the Liquor Commission—no reflection on the people who were on the body—may not have had the experience and comfort around making those decisions. That may have resulted in an extended duration of decision-making. I hope that we will rectify that and see an improvement and a more rapid response for everyone involved.

Mr Lachlan Hunter: Proposed section 16, "Protection from liability", says:

> An action in tort does not lie against a person for anything that the person has done, in good faith, in the performance or purported performance of a function under this Act.

Can the minister elaborate on what that means? Can the minister give an example of an action done in good faith?

Mr Paul Papalia: I am informed that this is reinvesting existing provisions for the Director of Liquor Licensing in the absence of the Liquor Commission. The terminology before had Liquor Commission and Director of Liquor Licensing. Now it is reinserting the existing provisions for the Director of Liquor Licensing—this whole section.

Mr Peter Rundle: I tend to agree with the member for Central Wheatbelt; I am concerned about two things.

Mr Paul Papalia: I have not heard him be concerned about anything!

Mr Peter Rundle: Well, I am concerned, even if he is not.

Mr Lachlan Hunter: I am very concerned.

Mr Peter Rundle: This is a serious matter. It is very difficult to get a hearing with the State Administrative Tribunal. There are a lot of disputes.

Ms Colleen Egan interjected.

Mr Peter Rundle: The member for Thornlie is well and truly aware of the number of disputes that the State Administrative Tribunal presides over. I am concerned about two things. If this affects someone who is a licensee or sells alcohol and they want to get a quick resolution, what is the minister's confidence level about two things: First, the ability of the SAT to have any experience in liquor-related issues and second, the ability to actually get an appointment or a hearing?

Mr Paul Papalia: I appreciate the member's concern, but his concern is not bedded in any practical experience. If he talks to people who have gone before the Liquor Commission over matters of this nature, he will understand that one thing you will not guarantee out of the Liquor Commission is a rapid resolution. From the perspective of an authority, there have been licensees who have acted in an abhorrent fashion and have had thousands of breaches of their licence obligations. To get a resolution to the matter as to whether they should be penalised has taken many, many months, if not years in some cases. Anything that the State Administrative Tribunal can apply in terms of its experience and capacity to make hard decisions in a rapid fashion will be beneficial. The member should look forward to an improvement in the delivery of service.

Mr Peter Rundle: I do look forward to the improvement in the delivery of services. I am worried about the timeliness.

Mr Paul Papalia: It would be nice to wrap this up before 4:00 pm.

Mr Peter Rundle: All right. I am worried about the timeliness. The minister is reassuring me that the State Administrative Tribunal will handle things in a quicker fashion than the Liquor Commission. I worry about the lack of experience with liquor-related issues. That is my worry.

Mr Paul Papalia: I appreciate that. I understand the member's concerns. But, ultimately, as I have said on many occasions, it is about the law. It is about decisions related to legislative matters. The State Administrative Tribunal is very well qualified to make those sorts of determinations. It will be funded. There will be adequate resourcing, and I expect that we will get much better results.

Debate adjourned, pursuant to standing orders.

SIR CHARLES GAIRDNER HOSPITAL—LEGIONELLA BACTERIA

314. Mr Liam Staltari to the Attorney General:

Following the Legionella incident at Sir Charles Gairdner Hospital in December 2021, the Minister for Health at the time, the now Premier, stated that he had spoken with the then Attorney General and that there was agreement for an amendment to the *Coroners Act 1996* to allow coronial post-mortem results to be provided to clinicians and hospitals. Where is that amended legislation?

Dr Tony Buti replied:

This is the second question that I have been asked all year. I thank the member for Carine for asking me a second question.

The member will be told about our legislative agenda when he is told about our legislative agenda.

Several members interjected.

The Speaker: Members! Minister!

315. Mr Liam Staltari to the Attorney General:

I have a supplementary question. Why, after four years, has the government failed to deliver on what the Premier committed to, which could have improved the management of Legionella outbreaks in hospitals like Sir Charles Gairdner Hospital?

A government member: That is a new question, not a supplementary.

Dr Tony Buti replied:

The member is right. It is not a supplementary question, but I will answer it, seeing as I get very few questions!

The Premier spoke to the former Attorney General, who is not here. I do not speak to the former Attorney General. I did not listen to the conversation. I do not think the Premier committed to it. Rather, he said that he had spoken to the Attorney General.

HOSPITALS—MAINTENANCE EXPENDITURE

316. Ms Emily Hamilton to the Treasurer:

I refer to claims made by the shadow Minister for Health in this place yesterday and the Leader of the Opposition on radio today regarding health maintenance funding levels. Can the Treasurer outline whether there is truth to these claims or is this just another example of the Liberal Party and the shadow health minister making things up?

Several members interjected.

The Speaker: Members on both sides!

Ms Rita Saffioti replied:

Yesterday, a number of claims were made in this place that were reiterated and given to the media—claims that were also backed in today on morning radio. I was watching what was happening yesterday. I was thinking, "Jeez, I just don't know whether these numbers could be true." They just seemed a bit far-fetched, and we know what the Liberal Party is like with numbers, members.

Several members interjected.

Ms Rita Saffioti: Not great. I thought, "Jeez, we increased the amount of spending in health from $8.8 billion in 2016–17 to $14.2 billion this financial year. The total cost of services is $14.2 billion." That is a big increase in anyone's language. I did not think that the numbers made sense. Yesterday, I was fortunate to be in the chamber during the matter of public interest when the shadow Minister for Health read out these figures and said there had been a cut in the funding of hospital maintenance from $106 million to $72 million. That is what the shadow Minister for Health said yesterday. Those who were in the chamber at the time might remember that I asked, "Can you please table those numbers? They're interesting numbers. I'd like to get to the bottom of that." The shadow health minister said no. She said, "I'm reading from my notes."

We like checking things. In the meantime, I got some further data from Treasury on the maintenance front. The quick take that I got from the data I received from Treasury was that there had been a significant increase over time in the funding of general maintenance. Specific claims were made so I tracked what the shadow minister was referring to. The shadow Minister for Health went and got the total spend for metropolitan health from the *Metropolitan Health Service Annual Report 2015–16* . That includes east metro, south metro, north metro, PathWest, other buildings and the Child and Adolescent Health Service. She included everything as her base. She then looked at the annual reports of three health services for 2023–24, added up the figures to $72 million and said there had been a $34 million cut in maintenance funding. That is simply wrong. The shadow Minister for Health got it wrong. It is now up to Liberal Party members to apologise and correct themselves. This is not the first time the member for Vasse has done something like this. Do members remember her tweet about our trains? During COVID, she used a photo that was taken by Ken Travers in 2012 and said, "How can this minister live with herself because the carriages are so full?" We tracked that photo and found out that it was taken by Ken Travers in 2012.

Several members interjected.

The Speaker: Members!

Ms Libby Mettam interjected.

The Speaker: Member for Vasse!

Ms Rita Saffioti: Another claim that was made yesterday was about north metro and the financial year 2023–24. Again, we have a full financial year behind us, 2024–25, and those numbers will be even better. She took the figure of $38 million, which included other things, and compared it with a figure that is now 14 months old. She did not compare like with like. The member for Vasse did not table the documents because she knew that any investigation would show that she misled the house. It is incumbent on you now, member for Vasse, to apologise. You, too, Leader of the Opposition. They went on radio and said that we cut health maintenance funding.

Several members interjected.

The Speaker: Members!

Several members interjected.

The Speaker: Members!

Several members interjected.

The Speaker: Minister, Leader of the Opposition and everyone else—enough. The minister is going to conclude her comments.

Ms Rita Saffioti: I was in opposition for a long eight and a half years. I know that you have to do the research and check and double-check.

Ms Libby Mettam interjected.

The Speaker: Member for Vasse!

Ms Libby Mettam interjected.

The Speaker: Member for Vasse!

Ms Rita Saffioti: The member comes in here without checking the data. When she did not table those documents, I knew that something weird was going on. If she had a gotcha—a like-for-like gotcha—she would have thrown those documents to us and been rubbing it in our face, but she refused. On the other side of the picture is the tens of millions of dollars the government is spending at Charlies right now building a new ED and upgrading—

Ms Libby Mettam interjected.

The Speaker: Member for Vasse!

Mr Basil Zempilas interjected.

The Speaker: Leader of the Opposition!

Ms Rita Saffioti: I like dealing with facts, Leader of the Opposition. You went on radio and did not tell the truth—again.

Mr Basil Zempilas interjected.

Ms Rita Saffioti: He is moving on from the data. The shadow Treasurer was yelling out "health maintenance expenditure" just a couple of questions ago.

The Speaker: Thanks, Treasurer—finish.

Ms Rita Saffioti: No, if they are going to interject, they can get it back. I am sick of these people interjecting.

The Speaker: Please conclude your comments.

Ms Libby Mettam interjected.

The Speaker: Member for Vasse! Please conclude your comments, Treasurer.

Ms Rita Saffioti: As I said, they got it wrong. It is not the first or the last time that the Liberal Party will get numbers wrong. Liberal Party members do not go to Treasury for costings, because they know that anyone who checks their data will know they got it wrong.

MEEKATHARRA HOSPITAL

317. Mr Shane Love to the Minister for Health Infrastructure:

I refer to the comments from a state government spokesperson to *The Geraldton Guardian* on 3 June that the detailed design of Meekatharra Hospital is being finalised before a tender is released.

(1) What is the timeline for releasing the tender for Meekatharra Hospital and will it occur before the end of 2025?

(2) Does the minister concede that the failure to commence construction of Meekatharra Hospital during the previous term is a broken promise to the people of the Mid West?

Mr John Carey replied:

(1)–(2) I thank the member for his question. No, I do not. We committed to the project, and we are working through it. As I have stated on the public record, regional health infrastructure projects can be challenging. We work hard to deliver those projects, but we have to navigate a range of factors to get them over the line, as we saw with Mullewa Hospital. We face challenges but, ultimately, we get to the point of signing a contract. That was also the case with Laverton Hospital. We encountered, for example, asbestos and further challenges. I have always been on the record as saying that regional health infrastructure presents harder delivery, but we are committed to the project.

318. Mr Shane Love to the Minister for Health Infrastructure:

I have a supplementary question. Can the minister give the people of Meekatharra a guarantee that their hospital will be built before the next state election?

Mr John Carey replied:

My guarantee is this: like with all our health infrastructure projects, we are committed to those projects. We are working hard to deliver those projects, but there are always challenges to do so.

The Speaker: That concludes question time. Members, as you can tell, we have gone a little bit over what we are trying to achieve at the moment. I would just like to forewarn you that, tomorrow, some of the behaviours that we saw today will not be tolerated.

HEALTH—GOVERNMENT PERFORMANCE

Motion

Ms Libby Mettam (Vasse—Deputy Leader of the Opposition) (3:59 pm): I move:

> That this house calls on the Cook Labor government to make addressing the worsening hospital crisis its number one priority, not a new racetrack at Burswood.

We, as an opposition, move this motion today, and I know that many members of our team will be making a contribution to this worthy motion in support of the many outstanding health workers we have right across this state. Our nurses, doctors, health workers and patients are feeling ignored by a government with the wrong priorities, such as a $217 million racetrack that does not even have a business case.

I rise in this house to bring attention to this issue at a time when we are seeing even more damning evidence of the appalling state of decay in our hospital system. People need only open today's *The West Australian* to see more evidence of a government with the wrong priorities and—this is really disappointing—a Premier who is deflecting and not listening to the voices of Western Australian nurses, doctors, health workers and patients. It is of note that although the Premier states that we have a world-class health system and, as all members on this side will agree, we have world-class nurses and doctors, they are not getting the world-class investment that they require. We even have the Minister for Health Infrastructure not backing him up on that position—backing away from the platitudes that we are hearing from the Premier on the most important issue in this state, which is the health of Western Australians.

Today, we are finding out more. We are learning that patients are being put at risk of contracting potentially deadly Legionnaire's disease at Sir Charles Gairdner Hospital through contaminated water and fittings. The *Legionella* bacteria was detected at dangerous concentrations in the water supply at Sir Charles Gairdner Hospital almost 60 times over two years. In some samples, it was hundreds of times above what is considered to be an acceptable level. We certainly welcome the testing of water at this facility. We know it is an ageing facility. This is more evidence of the decay we are seeing across the system.

I also point to the assurances that the government gave when we were in this position in 2021. That was at a time when the detection of Legionella bacteria at Sir Charles Gairdner Hospital had led to 16 rooms being treated for the bacteria and two patients receiving precautionary antibiotics. A patient who had been receiving palliative care was found to be infected with Legionella pneumonia in a post-mortem examination. At that time, the then Minister for Health, who is now the Premier, stated his significant disappointment at not being made aware of these concerns by the North Metropolitan Health Service. He raised real concern about the lack of communication. Commitments were also made by the following Minister for Health, Minister Sanderson, that work would be undertaken to address this issue. What we heard in Parliament today from the minister was a lack of awareness of the extent of this issue and how it may or may not be affecting patients, which is deeply concerning.

These issues cannot be ignored, they cannot be hidden and they cannot be excused. It comes after damning headlines and revelations this week that, according to a Sir Charles Gairdner Hospital nurse, mushrooms are growing out of mould on the ceiling in the main corridors. That was from Leanne, who called in to an ABC radio station. At the same time, the Premier is stating that our hospital system is performing extremely well.

Mr Basil Zempilas: World class he said.

Ms Libby Mettam: Yes, world class he said. I think our Premier is operating in a parallel universe, and it is one in which he is not willing to invest in the maintenance that is clearly required.

We had diversionary tactics from the Treasurer today in Parliament about maintenance funding. We stand by what is stated in the annual report, which is that $106 million was committed to repairs and maintenance in 2016 compared with $72 million in 2024. That is what the government does not want to talk about. That is quite right. That is in the government's own annual report from the metropolitan health service. The government does not want to talk about what it is doing about the 1,000 work orders relating to black mould, the very damning issues that Leanne called in about and the photographs that we saw in *The West Australian* at a time when it is flush with funds as a result of a GST fix and an iron ore boom. Certainly, our health workers deserve better. What we need to hear from members opposite is a commitment that there will be proper investment in maintenance at Sir Charles Gairdner Hospital and other hospitals across the state, because neither patients nor health workers need to accept unsafe hospitals.

What we have heard again and again from this government is platitudes, but there has been absolutely no commitment to meet with frontline health workers on this issue or to properly invest in the maintenance program and turn it around or even an awareness of how these issues might impact patients. We also heard a complete

dismissal from the government and the health ministers, who went on radio and blamed everybody else. First, patients were blamed. On one occasion, they believed that a patient had put a towel down a toilet. Then it was our hardworking and long-suffering health workers. The Minister for Health Infrastructure stated that they do not know how to fill out work orders properly. Then it was the pesky members of the public who were blamed. There was a comment that we just do not understand how big the health system is and how big their particular job is. Then it was the fault of journalists and inaccurate reporting. It was not 1,000 work orders; it was 500. But it turns out that what the journalists had reported was, in fact, correct. Do not shoot the messenger, minister! Then they said that there was not a radioactive leak in a pipe. It was explained that it was not a pipe; it was a sub pipe. Oh, well, that is okay, somehow! Then there was the old chestnut of COVID. We are saying that our Labor government cannot use that as an excuse anymore given we are seeing a damning situation right across our health system that is actually seeing results worse than during the COVID pandemic, particularly when it comes to those damning figures of over 7,000 hours of bed block in our hospital system, representing patients in pain, in some cases dying, who desperately need medical attention but are in an overstretched, under-resourced health system.

The government and the health ministers also blamed the construction industry. The industry just does not have the capacity to keep up, but apparently it has the capacity to deliver a racetrack and a film studio. This is all about priorities, Premier and ministers. There are enough of you to deliver this. There are enough of you to ensure that our patients are not waiting longer than is acceptable, because, according to the Productivity Commission, we are seeing the worst outcomes in the nation. We are seeing the worst level of ramping in Western Australian history. It is worse than it was during the COVID pandemic. Again, ramping is at 7,000 hours, representing patients and health workers who are also overstretched. We are seeing maintenance not keeping up with what is required. Patients are being exposed to Legionella bacteria. There are mouldy ceilings and even accounts of mushrooms growing out of such mould. There is human excrement in the ICU and water damage to equipment. The statistics do not lie. We have the second-lowest number of beds per capita in the nation. Under this government's watch, we have seven of the eight worst performing emergency departments in the nation. We have the worst wait times for urgent presentations to public hospital emergency departments. We have children waiting years to see a paediatric specialist and mothers in childbirth being routinely redirected away from overcrowded hospitals.

I also refer to the SOS message sent by the head of cardiology at Fiona Stanley Hospital, an issue that the member for Kalamunda understands only too well. It was a desperate action by the head of cardiology to urge the government to replace decade-old equipment that is beyond or coming up to its use-by-date. A plea was made 18 months ago for the ageing equipment to be replaced because it was exposing staff and patients to excessive radiation. It was at risk of delivering suboptimal results for patients as well as using higher doses of radiation, and we were seeing a number of significant equipment breakdowns within that department. Doctors were reporting patients being moved mid-procedure because of equipment breakdowns, causing major issues and concerns with infection control.

On the back of these revelations, what is the response from the Cook Labor government? The response is that a business case is being prepared and will be considered in the midyear review. It is extraordinary. We are talking about $10 million worth of investment to replace cardiac radiology equipment. How is it that this government can invest and contract out $217 million for a racetrack, but somehow has to wait for the midyear review when it comes to $10 million of investment for our cardiac patients in Western Australia, particularly given the warnings that were made some 18 months ago? How arrogant are the Premier and health ministers who, after hearing from patients and their families, offer nothing but a litany of excuses? This government simply refuses to see the impact that ambulance ramping is having on patients. It refuses to understand the impact on patients who have to wait 15 hours in emergency, the impact on elderly or young patients and patients with terminal cancer, or the impact on a family that has to wait over an hour for an ambulance because the ambulances are being held up at emergency departments, waiting because of bed block in our hospital system.

I can only imagine how our doctors, nurses and other health professionals feel while working in our hospitals that are crumbling and under-resourced. I know members on this side of the house and I am sure members right across the Parliament as well are being inundated with the same feedback that we are getting, which is: How is it that, in a state as wealthy as Western Australia, we are seeing such poor outcomes in our hospital system? How are we seeing such poor investment when it comes to delivering the fundamentals for our premier tertiary hospital, Sir Charles Gairdner Hospital, and hospitals right across this state? How is it that a party that espouses to be the party of the worker is ignoring the pleas of workers? In fact, it has gagged those health workers from speaking up through its Your Voice in Health survey, because it is not interested in the fact that over half of our health workers do not feel comfortable speaking up and do not feel that they are supported in their workforce.

This motion is a reflection of what our health workforce needs. Moving this motion is about sending a strong message to the Cook Labor government that it is not listening. It has its priorities all wrong. Only the Liberal and National Parties are actually committed to a better future for Western Australia. I know many of my other colleagues would like to contribute to this debate given it is close to everybody's heart here in the opposition. I will conclude my comments there.

Mr Shane Love (Mid-West—Leader of the Nationals WA) (4:17 pm): I rise to support this motion brought by the member for Vasse:

> That this house calls on the Cook Labor government to make addressing the worsening hospital crisis its number one priority, not a new racetrack at Burswood.

We have seen in question time this week and in the media great concern around the situation of some of our health facilities, especially Sir Charles Gairdner Hospital here in Perth. Throughout question time, we have repeatedly been told that we have to talk to this minister or that minister. There are now three or four health ministers. I do not know how many there are; I am losing count. There is only one health minister here. Where is the Minister for Health Infrastructure? Why is the Minister for Health Infrastructure not here? We are told he is responsible for maintenance, not the Minister for Health, so if we are going to talk about that, we would like to have him here as well. We are also talking about health measures that might keep people out of hospitals. Why would we not have the Minister for Preventative Health here? I do not understand why the Parliament is being treated so shabbily by the Cook Labor government at this time when we are talking about such a vital issue, just as the people of Carnarvon do not understand why they are being treated so shabbily by the Cook Labor government in the provision of maternity services for women in the Gascoyne, Carnarvon and surrounding areas.

In February 2022, the Western Australian Country Health Service made the decision to temporarily close maternity services in Carnarvon. Shamefully, that closure has now persisted for more than 1,260 days, adding a degree of permanency, I think, to this claim of temporary shutdown. It remains the case that there is nowhere between Geraldton and Karratha for a woman to go and give birth in a public facility, in a public hospital, and that is a great shame. It was a decision that was claimed to be temporary at the time, but we know that it has not been overcome.

I have toured the hospital; I have spoken to the staff. It is a great facility. It just needs the staff to be recruited and available in Carnarvon to provide that service again. This is a community with a number of young families. If members go down the main street of Carnarvon, they will see numbers of women with their new babies. It is not a place where there are infrequent births; there is a growing population of young people who want to be able to stay in town and have their children there. Instead, we are seeing a significant impact on families. Carnarvon mother Bronwyn, who was herself born in Carnarvon and had her first two children there, had to make the drive to Geraldton to have her third child. She stayed down there for three weeks when her daughter Shae arrived. She is quoted in an ABC News article:

> In booking my accommodation, I was quoted $3,000.
>
> PATS did come to the party for most of that …

But she was still $420 out of pocket to stay in Geraldton for three weeks. Similarly, in January 2024, two years after birthing services at the hospital closed, Della Otway made the decision to relocate to Geraldton for the birth of her first child. Unfortunately, whilst she was in Geraldton her grandfather Charles sadly passed away. She had to have a caesarean section, which meant she had to stay in Geraldton and was not able to see her grandfather for the last time. On the drive home her car broke down and she sat with her newborn for hours on the side of the road, waiting for help. These are the sorts of things families have to go through in Carnarvon, and it is just not good enough. Della Otway's sister, Chonte, also had to travel away from home to give birth. Her trip left her almost $6,000 out of pocket. She had to go further away, to Perth. We know that this has been going on for a very long time, since the decision was made in 2022 to close that service. There were 163 families impacted during the period from February 2022 to November 2023 alone. I would like the minister to let us know what the update is now as to how many families have been impacted by this decision and have had to leave Carnarvon to give birth to their children.

These are the discussions we need to keep to the fore in Western Australia, not discussions around whether or not there should be a racetrack at Burswood that nobody wants. Suddenly, there was a business case, then there was not. There was a figure, $217 million, for the racetrack, but now it has become some other thing—an entertainment precinct, or something. It actually is just disgraceful.

Today I asked a question about Meekatharra Hospital. Meekatharra is a community that was promised a hospital by this government but it has still not had that hospital delivered. It has been waiting for that facility for years. It is more than four years since the promise was made that there would be a hospital upgrade in Meekatharra. I note that Mullewa—which I used to represent, until March, when the boundaries changed—is finally getting a hospital, eight years after it was supposed to. In the meantime, that hospital has been allowed to fall into complete dilapidation. Most of the services that were formerly offered there were being offered from a very small section of the original building.

This is the sort of thing we are seeing throughout Western Australia. We know that WA voters understand that. That is why, at the last state election, only about 18%—or less, actually—voted for the Labor Party in the seat of North West Central. That is bearing in mind that the Labor Party came very close to winning the seat of North West Central in 2021; it had no hope in 2025. The way it is going, it certainly will have no hope in 2029, because

regional people understand that they have been dudded by this government. They understand that this government's priorities are all wrong.

Mr Peter Rundle (Roe) (4:23 pm): I also would like to support the motion by the Deputy Leader of the Liberal Party. I must say, I think my problem today is that I have too much information. We have issues right around the state. I want very briefly to focus on the situation our six local governments are facing in relation to the six shire alliance, of which Gnowangerup, Lake Grace, Kojonup, Jerramungup, Ravensthorpe and Narembeen are all members. In June, they had to travel to a meeting of the Australian Local Government Association in Canberra to talk about trying to get maximum grants to remote and very remote areas, from $100,000 up to $500,000. That was passed unanimously. It is about subsidising GPs. I know this is a federal issue to some extent, but it is a very concerning issue for our local governments. I know the member for Geraldton spoke yesterday in relation to an issue in Northampton as well.

I congratulate those councils for standing up to be counted and taking the bit between their teeth. In the Shire of Gnowangerup, 8% of its rates income has to provide $400,000 for a GP. That includes $250,000 cash to allow the doctor to list the practice with the shire and make it financially viable, and the rest of the money allows the shire to provide a house and a car; it also owns the practice building. These are the challenges that our local governments face, putting that rate income out there. In actual fact, there is an opportunity for the state government. As the Leader of the Liberal Party said yesterday, the government always likes to handball across to the federal government—

Mr Basil Zempilas: Hospital handball!

Mr Peter Rundle: That is it. There were not too many of those at West Perth, I am sure! Certainly, the hospital handball from this state government across to the federal government is becoming more and more evident. That is one thing I wanted to point out.

The other thing is in relation to an article in *The West Australian* on Tuesday, 12 August. It states:

> The president of WA's peak body for doctors says Premier Roger Cook needs to drop the rhetoric around WA's "world-class health system" if we want to fix the problems riddling the State's ageing hospital infrastructure.
>
> Australian Medical Association of Western Australia president Kyle Hoath said he was concerned by the Premier's continued claims that WA's health system is "world-class", while infrastructure at metropolitan hospitals crumbles.

I have to say, and the Leader of the Liberal Party has said it several times in here: take responsibility. There is nothing wrong with admitting that you are wrong.

Once again in the Legislative Council today, we saw a stream of residents from Burswood Peninsula who are not happy with the $270 million Burswood racetrack project. We also saw the Causeway pedestrian bridge—a $50 million bridge that cost $180 million. We know the track record of this government. We know those projects are going to blow out again, and we know there is no business case.

It is very appropriate that the Minister for Health Infrastructure has just walked in because he has a lot of work to do. He has some big challenges. The budgets for all these projects seem to be blowing out. Of course, we know very well the thought bubble in relation to the women's and babies' hospital. I was here at the time and I remember, despite consultation with all those obstetricians, gynaecologists and the like, the importance of having the women's and babies' hospital close to the Perth Children's Hospital. Despite all that consultation, I remember Premier McGowan and former Minister for Health Sanderson getting up, out of nowhere—a bit like the forestry announcement; no consultation: "Let's have a thought bubble. Let's whack it down near Fiona Stanley. Too bad if a child needs urgent surgery at the Perth Children's Hospital and you get caught up in a 40-minute traffic jam trying to get from Fiona Stanley across to the Perth Children's Hospital".

These are the issues that we are facing, but I certainly want to congratulate that group of six shires, mainly from the electorate of Roe, that are out there, doing the hard yards. They are going to Canberra, trying to do the right thing, and trying to make the state and federal governments aware of issues with their constituents and with their ratepayers' money. This is the time for our—I think about five—health ministers, and one in particular, to shine. Thank you.

Mr Adam Hort (Kalamunda) (4:29 pm): I rise today deeply concerned about the state of our health system, and I speak as someone who has lived it; I have worked in it. I spent 16 years in the hospital system, most of those on the front line working in busy emergency departments, serving as the state's heart transplant pharmacist and the Chief Pharmacist for the WA Country Health Service in my later career. It has given me a perspective that is not abstract or theoretical, it is real. Few people have been to as many hospitals and health service sites as I have. I have been to probably over 60 health services, nursing posts and hospitals. We have amazing staff right across our millions of square kilometres who do fantastic work. I have stood beside patients and their families in their most vulnerable moments. It is a great honour to be there and support people in those times. I have seen the extraordinary

dedication of our staff in the health services and I also have seen the consequences of a government that fails to invest where it matters most. I just cannot see how staff can possibly be put first. We hear a lot in this place about how staff are important. I will give an example of staff being important. I have just been informed by a few people who work at Fiona Stanley Hospital that 900 parking bays have just been removed, and the hope is that two multistorey car parks with 500 bays in each will replace those.

Mr Terry Healy: It is 2,200.

Mr Adam Hort: But with a new hospital coming at the same time, will it be enough? At the moment staff are being shuttled-bussed all over the place. We will have to check that number of 2,200 because I do not think that is what staff are being told. The consequences are really playing out in full view of everyone. We have seen it on the front page of the paper for a number of days. We have hospitals where mushrooms are growing in the ceilings. We have buildings where water damage and peeling paint are met with little more than a shrug from those who can make a difference. We have facilities that are years overdue for what I would describe as very basic repairs. I have seen them. I have seen these hospitals; I have been inside them. Yet, the government tells us that they are safe while refusing to commit to fixing them.

Let us look at the cardiac catheter labs, the angiography suites, which the member for Vasse spoke about. Many members may not realise it, but there are only three cardiac catheter labs in this state that are capable of looking after someone if they have a major heart attack in an emergency. They are at Fiona Stanley hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital. They are all under the pump. They have an enormous amount of work to do and a huge catchment right across our state. If someone has a major heart attack—they do all the time—they are rushed into that cath lab. The radial artery or another artery is accessed and the heart is gone into with a wire to see exactly what is happening. That cannot be done unless there are constant x-rays seeing whether the individual is safe and whether an intervention is required. But that equipment is out of date. We are told by the head of cardiology at Fiona Stanley Hospital that that equipment needs replacing urgently—in fact, not even now, it needed replacing 18 months ago.

These are not isolated incidents. In my own community of Kalamunda we have cancer patients forced to travel all the way to Sir Charles Gairdner Hospital. Nedlands is lovely, and I have told the member for Nedlands this many times, but it is a long way for someone in Wooroloo who is seeking radiation oncology treatments. These instances, these stories and these devastating impacts are symptoms of a system that is being starved of the attention that the government should provide it. Instead, the government pays attention to a new racetrack at Burswood.

Kalamunda Hospital in my electorate is a wonderful facility—a great facility. There are wonderful palliative care services there and incredible staff. They do an amazing job every day. They are outstanding, committed and skilled—some of the best in the state and deeply valued by the people they serve. But Kalamunda has the potential to do much, much more. It could take the pressure off our tertiary system and provide additional palliative care services, rehab beds and step-down services that keep patients closer to home while freeing up that acute hospital space that is so desperately needed. The health service itself wants to expand what Kalamunda can offer and it has requested that time and time again. The capability is there, the will is there and the community support is there. What is missing is the government's commitment. Time and again the government has stood in the way of this investment at Kalamunda Hospital, denying our community the full benefit that this hospital could provide. It has done a wonderful work in palliative care, it has done wonderful work in the services that are there, but it can be so much more.

Beyond the hills there is another injustice. I have mentioned it already: the east metropolitan region has no publicly funded radiation oncology services. A publicly funded patient in the south metropolitan region has access to radiation oncology services at a private local facility. I am sure the Acting Speaker (Mrs Magenta Marshall) has many residents who benefit from that service. In the east, that option does not exist. It is not fair. Patients, many of them already exhausted, nauseous and in pain have to make the trip to Sir Charles Gairdner Hospital, sometimes multiple times a week for many weeks on end. Families rearrange work, they rely on volunteers, and patients face the prospect of missing treatment altogether if they cannot make that alignment happen. The facilities to fix this gap exist. The only thing missing is political will.

While the cracks in the system widen, there are straightforward low-cost solutions sitting on the table. I have discussed them; I have taken them to the minister's office. One of those things is something I like to call dispensing closer to home. There is a list of medicines available to people in Australia. A chunk of those are on the pharmaceutical benefits scheme but a number of medicines not available in community pharmacies, not available on the pharmaceutical benefits scheme, must be made available to treat people in our community with very special conditions, and there are thousands of patients who would benefit. Unfortunately, they are only available if that person travels to a hospital. That makes no sense. If these people are chronically unwell, why should they have to travel to a hospital? Why should they have to try to find parking at Fiona Stanley Hospital when this is something that could be delivered by the local community pharmacy by the same health professional who delivers the rest of their medicines? They cannot do it because the government does not want it to happen.

It is similar with chemotherapy at home. In pretty much any other jurisdiction in Australia people have access to chemotherapy at home. If they are the right patient, they can get it at home, but not in Western Australia. You have to be a private patient to get it here. Some services have attempted to make it work, but, again, it is the will of this government. It will not support it, and it will not happen while the government continues to give its priority to the chequered flag at Burswood.

These are not abstract policy points, they are lived realities for patients and families. It is particularly frustrating for the health workers who see that time and time again. They reach out and they ask for the improvements. I know that, just like me and the many colleagues I served with over many years, they are frustrated because they are not heard. They are things I hear about from right across my networks in the health system—when I talk to community pharmacists in my travels and when I sit with families in the hills. These are urgent problems and they demand urgent solutions. Instead of putting its focus and funding into addressing them, the Cook Labor government is pressing ahead with a vanity project at Burswood. That is the wrong call. It sends the wrong message to every patient waiting in pain, to every family driving hours for treatment, to every health worker doing double or triple shifts or not even being paid for their shifts because they have to work around the clock to pick up the pieces. I work with staff who took money out of their own pockets to pay for someone to get a taxi to get home because they needed that support. Those people were stepping up in the moment of need.

We hear the Minister for Health speak about a career of working with people on the front line, as if she could possibly understand what it is truly like. I was the front line for many years. I was not sitting across from it, I was in it. I stood in the overcrowded emergent departments, I chased down the last available bed where I could and I made the tough calls when there were no good options left. I saw the exhaustion on the faces of my colleagues and the fear in the eyes of the patient who had already waited far too long. That experience shapes everything I say in this place, and it is why I will not sit quietly while this government tells the people of WA that their health system is performing well when every sign on the ground says otherwise.

I know from many years in the system that fixing this will not be easy, but it is possible. It starts with priorities. It starts with recognising that every dollar spent on a racetrack is a dollar not spent on opening beds, repairing facilities, funding vital treatments or giving the staff the resources they need. We can have a health system in which local hospitals like Kalamunda are properly resourced, cancer patients in the east metro get the same access to care as those in the south, pharmacists are empowered to use their skills to keep people out of hospitals and local hospitals are given the resources they need to keep care closer to home. We can have it, but only if we choose to put health ahead of headline-grabbing distractions. That is the choice before us. I urge the government to make the right one—to stop chasing the chequered flag at Burswood and start fixing the hospital crisis that is hurting Western Australians every single day.

Mr Liam Staltari (Carine) (4:40 pm): I, too, rise to speak to this motion, and I thank the shadow Minister for Health for raising it. Like other members on this side, I agree that it is really salient that this topic, in such stark relief, has arisen on the first sitting week back in the second half of this year, because it really highlights the fundamental failure of this government. At the outset, I will say that I have been quite surprised by the government's response to this latest crisis. Of course, after eight years, if there is one thing the Cook Labor government is good at, it is spin. It has an army of taxpayer-funded "spin-sters" to help it and it has had plenty of practice, yet try as it might, especially over the last two days, it cannot spin its way out of what it has done to Sir Charles Gairdner Hospital.

It strikes me that real tension has been evident in the government's response. On the one hand, we had the Premier tell the people of Western Australia that everything in our hospital system is fine. In fact, it is better than fine; it is going very well. When I first heard his response to the issue of record ambulance ramping last week and then, of course, the shocking revelations at the outset of this week, when he talked about the world-class health system, as he would call it, I had to do a double take. One would think that the Premier was suggesting to the people of Western Australia that they should be grateful for the state of the health system that this government has given them, and that Western Australians do not know how good they have got it. On the one hand, he will say that, but on the other hand, in the same breath, the government will say, "If something is wrong in our hospital system, it's not our fault. It can't possibly be our fault. We've only been in government for eight years. We only had total control of Parliament for the last four. We've only had access to billions of dollars."

We saw the same litany of excuses in question time yesterday: it is COVID's fault still; it is the Albanese government's fault; it is older Western Australians' fault; it is apparently the opposition's fault for raising these issues on behalf of the community. Most galling of all, as has been touched on by previous speakers, was the early insinuation from the government that, to some degree, it is the fault of the doctors and nurses who lodged the work orders or dialled into the radio out of sheer desperation to share their concerns. The suggestion was that they were wrong, mistaken or lying, or some combination of those. I have to say that even for a government with form in this space, that was particularly shameless. The government demands that Western Australians hold two positions in their heads at the same time. On the one hand, everything is great and we should thank the government. On the other hand, there are problems, but we cannot possibly blame the government.

There is another point of tension. We heard the Minister for Health, the Premier and the Minister for Health Infrastructure riff on a similar theme in the last few days by pointing out that Sir Charles Gairdner Hospital is a very old hospital, as we know, and a very important hospital. There were plenty of quotes. They used the term "heritage hospital" and talked about ageing infrastructure, as if that were a surprise to the government, the Parliament or the people of Western Australia who know, love and have relied on Charlies for decades. What is confusing is that if the government knows that this hospital is old, crucial and, as has been pointed out, was relied on by half a million Western Australians last year, why has it watched the infrastructure age in slow motion and allowed Charlies to decline to the state that we see it in today? The government has been presented with work orders that it has tried to discount, photos that it cannot ignore and testimonials from workers whom it claims to represent but is happy to conveniently sideline when their lived experience counteracts this government's political narrative. Even though it has been presented with all that, it is pushing on with a $217 million racetrack. As the member for Kalamunda said, the government is chasing the chequered flag. My personal observation from watching the body language of some government backbenchers yesterday is that they cannot say it but they know that something is wrong here. If we put to the people of Western Australia a choice between spending $217 million on a racetrack that the Treasurer put on the table in the election or $217 million to fix one of the most well-loved and clearly in-need hospitals in our state, I think we know what the people of Western Australia would choose. I know what those of us on this side would choose and I think, in a quiet moment, if they could, backbench members of the government would choose it too. I think they know what they would choose.

I want to reiterate that yesterday we heard an awful lot about how Labor is the party of the worker, yet if anyone listened to just one of the many interviews that the Leader of the Opposition cited yesterday or received just one of the emails or calls from frustrated nurses and medical staff—doctors, allied health staff and others—that we have received and I suspect others in this place have received, they would feel their desperation and frustration. Yet again, the interests of the frontline workers in the minister's own department are subordinated, as always, to the government's own cheap political interests.

I want to close by talking about some of the feedback I have had from my community of Carine. Again, I touched on it before. The 7,000 hours of ambulance ramping last week and the story this week have prompted an avalanche of feedback from members of the community. In my experience, they walk in or make a call. I had someone post a comment on social media earlier today. They are often workers in the health sector or they have had a terrible experience themselves despite the amazing work of our doctors and nurses, or they had to watch as a family member suffered. Having banked that personal experience, they sit and watch the nightly news as the Premier, who as health minister at the start of this government was the architect of this crisis, tells them to ignore their lying eyes as everything is fine and that the health system they have just experienced is "world class". I note that the Minister for Health Infrastructure did not use the term "world class" when pressed today. I think he has the good sense to not back the absurd claim from the Premier, who has presided over this crisis.

Even a short skip through some of the testimonials I have had from members of my community, some of them with regard to Charlies itself, has been deeply concerning. There was the family with two different people who were battling different types of cancer who visited Charlies at different times and were both redirected because the MRI machine was not working. Kim left a comment on Facebook earlier today. His son had to be driven to hospital by work colleagues after he had collapsed. Why? Because it was at least an hour's wait for an ambulance. The people sitting next to his son in the emergency department had been waiting for hours to be seen. There was the gentleman from Carine who had to wait in a corridor with 14 other patients for hours at Charlies. Again, those people were surrounded, as always, by amazing, talented staff who were at their wit's end because they have a government that has failed to support them and is now very happy to sideline their comments and concerns. I cannot help but wonder, having heard all those experiences and the stories that other members of the opposition will have encountered, whether this is the world-class health system that the Premier was crowing about yesterday. Would he like to come to Carine to talk to these people? Perhaps he will convince them why they should be thanking him for the state of the system rather than condemning the government that he leads for abandoning the system in this state. I think they would condemn the government for cynically trying to spin its way out of this crisis. The work orders do not lie. The photos do not lie. The testimonials from real people—patients, nurses, doctors—do not lie. I commit to those people, as other members on this side will, that we will keep fighting for them. We will keep fielding their concerns and raising these issues in this place, even if it is annoying and inconvenient for the government. There is something more important than maintaining the government's narrative on health, and that is actually delivering good health outcomes for the people of Western Australia. I thank the shadow minister for raising this issue and I commend the motion to the house.

Mrs Kirrilee Warr (Geraldton) (4:48 pm): I, too, rise in support of this motion and condemn the Cook Labor government for not recognising the crisis within our healthcare system. I spoke to this yesterday. We heard about it in question time this week and again today, as well as in a number of media articles in the past month, if not longer. Health care was one of the first issues that I spoke about in this house. I also spoke to it in my inaugural speech because regional healthcare delivery is deeply personal to me.

I would like to touch on general practitioners in and around rural areas. My colleague the member for Roe has just spoken to this, but I, too, believe that we need to do more to support our rural GPs. A classic example was highlighted last month in my electorate with GP services being retracted from and no longer available in Northampton. The local government there is working extremely hard to ensure that that service can continue and it is working with all stakeholders, but our state government can do more to support rural GPs. I would be happy to speak with the Minister for Health about ideas that I have collated over the last month or two. I would really appreciate this government taking on the task of talking to its federal colleagues because GPs are funded through Medicare and, as we heard from the Prime Minister, all we need to see a GP is a Medicare card. That is not the case, and it is especially not the case when we do not even have GPs in our community to show that card to. I call on this government to do more in that area and to support our rural GPs. We know that having rural GPs helps the hospital system because without them, those patients land in our emergency departments. That is why I am calling for more to be done in this area.

I wish to reply to what the minister said in response to my speech yesterday in this place by implying that I do not listen to my constituents and stakeholders. That implication is quite personal, and if she wants to get personal, let me talk to that. If she does not mind, I might have to compose myself here. The minister talked about the Geraldton Health Campus mental health unit expansion. This is personal, minister, because until you have walked with those people, family members who are trying to access that service—I am not sure that she actually has been talking to the stakeholders because yes, it is game changing, but it is game changing for members of my family. This year I have had two of my family members try to access mental health care in Geraldton and I can tell the minister that it is difficult. It is under-resourced. There are not enough services and she talks about those 12 beds—they are so critical to our community. Currently we have 14 beds in a makeshift ward and you have to walk through the day surgery check-in to even see those patients. Can you imagine that? Can you imagine having to rock up at reception because one of your family members had to present to ED over the weekend because they had suicidal thoughts? Can you just imagine that? Just imagine that for a minute. They had nowhere else to go. There were no other services that they could access over the weekend. Not even a mental health community team is accessible on the weekend. They work business hours. A person rocks up to allied health during business hours. Is that good enough? I do not think so.

We know mental health is a problem in our communities. More absolutely needs to be done and I cannot wait for this extension to happen at the Geraldton regional hospital. When the minister wants to get personal on this and she wants to accuse me of not listening to stakeholders, she should please come across the chamber and have a conversation with me. I am more than happy to enlighten her about the conversations I have on a day-to-day basis, particularly around mental health. That was the first presentation by a family member. They had to present for a second time again on the weekend. I had to become their strongest advocate because they had no-one else. They had to wait in the ED for over six hours to see a mental health clinician because there was nowhere else to go, and after that they were not admitted because there was not enough space in that makeshift ward. What ended up happening? They had to come to me. I had to then take that family member, someone whom I deeply love, into my care for over two weeks before they could get a referral to Perth. Two weeks on a referral is quite good. That is quite timely for a regional mental health referral, but it is still not good enough because it is up to six to eight weeks—six to eight weeks—to get a referral to the services these people most need. I cannot underestimate the problems that we are having in our healthcare system. The reality is that the government is prioritising racetracks over this issue. This is people's lives. These people are family members whom we care for. We need to do better.

I would like to take the rest of this time to talk on the matter around the radiology oncology unit that has also been promised for Geraldton. It is long overdue. We have planning money. Fantastic! But when we came to budget estimates, guess what? There is nothing in the out years, and for those years that have funding, it is $9 million. Where has that come from? It is federally funded money that was committed some years ago. Are we going to get this integrated radiology oncology unit? I really hope so because I am hearing about it. I hear about it from constituents. I listen to my stakeholders. I absolutely listen to my stakeholders! It is the number one thing that I do as a member of Parliament. I listen deeply and I take on their concerns. I am hopeful that during this planning exercise that the government is undertaking in the coming 12 months, it will think hard and deep around what it would mean to have a publicly funded MRI machine. It is so desperately needed. We heard the member for Kalamunda talk about what it would do for his electorate, and similar things were said about the electorates of Geraldton and the Mid-West and other surrounding regions where patients come into a central hub like Geraldton to get their health care. I hear about it from constituents either through Facebook posts, direct messages or drop-ins to my office. I have heard the member for Perth, the Minister for Health Infrastructure talk about my office hours and how I am the part-time member for Geraldton. I am always available. I try and encourage—

A government member interjected.

Point of order

Mr Lachlan Hunter: The minister has been here for some time and he knows that if he wants to engage in interjections and rude remarks across the chamber, he should do so from his seat.

The Acting Speaker: I will not uphold that point of order. Minister, if you do wish to interject it will need to be from your own seat.

A government member interjected.

Mr Lachlan Hunter: He was making remarks but not from his seat.

The Acting Speaker: Thank you, member. Continue member for Geraldton.

Several members interjected.

The Acting Speaker: Members! Member for Geraldton, you can continue.

Proceeding resumed

Mrs Kirrilee Warr: As I was saying, we desperately need a publicly funded MRI machine and I am encouraging and urging this government to please take that into consideration when it is planning for the radiation oncology unit. It would go a long way to assist in getting the care that our community needs as close to home as possible. I have talked about this before in this chamber and what it would mean because for patients to travel over 500 kilometres for a 15-minute treatment over extended periods of time places an extreme burden on families, loved ones and their pockets. We have the Patient Assisted Travel Scheme. I understand that the Nationals WA are very proud of introducing that scheme and have always said that they would apply the consumer price index to that from the very start. It has only taken six years for this government to think that that might be a good idea, but it is reimbursed, and if we think about the strain that our community members are under at the moment with cost-of-living pressures, some people simply cannot pay $250 up-front for transport and accommodation to receive the healthcare treatment they need.

I call on this government to think long and hard about its priorities. It has been demonstrated by those on this side of the chamber, and I am sure many more today will highlight what is of concern to them and their electorates and communities. I absolutely urge this government to think about its priorities, drop its vanity projects and start investing in health care.

Ms Sandra Brewer (Cottesloe) (4:58 pm): I rise to support the motion:

> That this house calls on the Cook Labor government to make addressing the worsening hospital crisis its number one priority, not a new racetrack at Burswood.

Before speaking about the health system and the various failings that we are seeing, I want to pay credit to the contribution we just heard from the member for Geraldton. It was a heartfelt contribution. It was thoughtful, genuine and powerful. I commend her for her contribution on behalf of her constituents. Nothing could underline more effectively the importance of this motion and the wrong priorities of this government than her contribution. The Labor government has been in power for almost nine years and it has become increasingly clear that it is struggling to manage the health system. The Premier has personally been engaged in observing and, at times, leading, the performance of the health portfolio for well over a decade.

My contribution today will focus on the Premier's recent decision as part of the machinery-of-government changes following the March 2025 election. This decision was to change the way health infrastructure is managed in Western Australia. I want to consider the motives for that change, how effectively it is being implemented and how effective it is likely to be in the future. The Premier's media release of 1 July includes the claim:

> Government services are now structured in a way that brings together the skills and expertise of the public sector to best deliver for Western Australians in 2025 and beyond.

As the member for Carine pointed out, the government is very good at spin but not so good at delivery. The Premier went on to say:

> It allows us to pursue our priorities of creating jobs, increasing capacity in our hospitals and getting more homes built for Western Australians.

I have major doubts about the government's ability to deliver more jobs, more health capacity or more homes. We already know its record in getting more homes built for Western Australians. Dwelling completions are at the lowest level of any government since Richard Court's, but that is not the only lie in this media line. If hospitals really are a priority, how does butchering the health department and transferring public service workers from here to there affect that? As I go around the electorate of Cottesloe, I talk to many people who work at Sir Charles Gairdner Hospital. Many people who live in the Cottesloe electorate are clinicians, doctors, senior executives, oncologists and surgeons, and they tell me things. They are very distressed about the conditions for workers, staff and patients at our beloved Sir Charles Gairdner Hospital. The insiders whom I have met have shared with me that moving new health infrastructure out of the health department was a thought bubble. It was an idea with no plan. It just enabled the Premier to make his mark on the Department of Health, but it was not fully thought through or fully structured. There was no detailed case and it came as an absolute surprise to everyone in the department.

Although I do have to admire the creativity of the Premier. He recognised that the Treasurer's priority for spending is the transport budget, not the health budget, so by giving responsibility for building new hospitals to a department called the Department of Transport and Major Infrastructure, perhaps he thought he had half a chance of getting funding for health. He was probably hoping that the Treasurer would be signing off on Treasury recommendations bleary eyed from staying up watching the Dockers, and if she saw the word "transport" at the top of the report, she would accidentally sign off on some extra funding to maintain health infrastructure. In question time yesterday, I was bemused to learn that one of the new infrastructure investments at Sir Charles Gairdner Hospital was to build a new pit-stop facility—a pit stop! I think that is perfect. I think that is the only way anyone could manage to get funding for health from this Treasurer. I can imagine the scenario: the member for Landsdale whispers to the Treasurer, "Hey, have you signed off on the racetrack yet?" And she says, "Yes, I signed off on the pit-stop facility this morning." He would say, "Oh, no, that's for health. I meant the racetrack at Burswood!"

One of the people in the Cottesloe electorate who shared this information with me told me that this approach to infrastructure—splitting out new infrastructure from the management of existing infrastructure—is a thought bubble and will be a disaster. Let me explain what appears to be happening. Traditionally, within the Department of Health there has been a health infrastructure directorate that is full of people who are clinical experts in the management and design of hospitals. I am told that most of those people are still there. They have stayed in the Department of Health because they are needed to continue to make improvements to the existing infrastructure. With the creation of the Department of Transport and Major Infrastructure—let us call it DTMI—there is a new unit called the Office of Major Infrastructure Delivery, or OMID. Within that there is a new health infrastructure directorate with around 20 full-time employees, I am told, and it seems that many of them moved across from the Department of Health. This new DTMI combines transport delivery with the delivery of hospitals, and apparently that is going to provide more effective management of infrastructure. As I noted yesterday in my contribution to the third reading of the budget appropriation debate, the Department of Finance is not involved, or at least it tries to only provide advice, so we know that managing that budget is unlikely to be a priority for that unit. I am told by insiders that there are still around 20 FTEs in the Department of Health infrastructure unit, but there are now 20 full-time employees, some of whom moved across from the Department of Health and now sit in DTMI. What is more, the departments now need to talk to each other. Of course they do. Clinical leaders running hospitals, services and facilities are not in the same building or organisation as the people who are delivering and building the hospitals. Therefore, what has the government done? It has created a liaison unit—not one but two, or so I hear from insiders.

Mr Jonathan Huston: How many in that one?

Ms Sandra Brewer: I will get to that, member for Nedlands. The member will hear how many extra public servants have been recruited to liaise between these two departments managing the hospital infrastructure.

Consider the complexity of this. The creation of the comprehensive cancer centre is going to be on the Sir Charles Gairdner Hospital site, but where will it go? Who will it be managed by? In truth, the delivery is going to be managed by a new team that has no connection with the existing Sir Charles Gairdner Hospital infrastructure. That is exactly how it has been set up and is why it will require an army of liaison unit bureaucrats to try to manage across these boundaries. People are telling me that with the creation of the new departments, the liaison unit officers are in both departments. I am told it is around another 20 FTE whose salaries cost around $110,000 to $120,000 per person. That could be an annual recurring cost of $2.4 million because, of course, they need to coordinate communications between the experts in the management and design of hospitals who still remain in the Department of Health and the team that now sits within the Department of Transport and Major Infrastructure.

Let us look at one example of how this is going to work, or not work. Our health department is undergoing a digital transformation. It is a major capital investment integrating the health records of patients and improving the ability of hospital management to rely on digital information to make decisions to pursue improvements and underpin a better performing system. How will those people who need that digital integration—the network, the wires, the ports and, in particular, the workspaces next to patients' beds—talk to a group that is in a whole other department? They are totally removed from them. They need to make sure that the electrical systems, network systems and connectivity are going to support the Department of Health's digital transformation project, but they are so far removed from each other. How will this work? The answer is that at the moment they have to go via liaison officers. One executive communicates with their liaison officer who passes the message on to the next liaison officer who passes it up to the department executive in the DTMI team. This is bureaucracy on top of bureaucracy. It is adding to the operating costs of the budget, which we know has issues with controlling government expenses. To add to the bureaucratic nightmare, I have even heard that the Department of Health now has another unit that is called the "tiger unit". That is a unit to fix the problems, because now there is so much confusion and so many mixed signals from government that it is causing problems to occur. The tiger unit in the health infrastructure team now has an additional level 7 worker on at least $150,000 and a level 8 worker on at least $160,000 to address all the issues that are coming up nonstop. Let us focus on just one of the issues.

I have heard about the Sir Charles Gairdner Hospital site. It is a complex site with a lot going on. It clearly needs to operate at very high levels of serviceability for patients, visitors and ambulances. There cannot be any issues on the site! Again, my insiders have told me that it is chaotic. The ICU rebuild is completely off track—that is what they are telling me—and perhaps it is off track because this cabinet is focused on another track, a racetrack, instead of what really matters. I am reliably told that the ICU rebuild project needs additional funding to procure other line items, some $2.5 million, but the project has been delayed because they are awaiting budget allocation at the midyear review. Well, good luck, because as we know, unless it is a transport or sports project, this Treasurer has very little interest. Perhaps the extra money might come for the ICU rebuild if it was called the "home straight", the "chicane" or the "finish line". Consider this: there are two teams of bureaucrats in two different departments. One is managing the existing assets of Sir Charles Gairdner Hospital while the other is managing the new asset, the Comprehensive Cancer Centre. Both assets are on the same site, but they are managed by two lots of bureaucracies, with layers of people going through liaison officers to talk to each other. It is a recipe for chaos.

This government has lost control. It thinks the answer is restructuring and adding layers to the bureaucracy and an extraordinary cost to the system. It is doomed to fail. We on this side of the house have our priorities straight. I applaud our shadow Minister for Health sitting in front of me, who does phenomenal work holding not one but two ministers, the Minister for Health and the Minister for Health Infrastructure, to account because they cannot seem to figure this mess out. The Deputy Leader of the Opposition is a champion of health in this state, a lot more so than members opposite whose best contributions are hiring more public service workers and trying to make sense of an organisational design that adds unnecessary confusion and chaos. They cannot even stay on top of basic maintenance. I commend this motion to the house.

Visitors

The Acting Speaker (Mr Ron Sao): Just before the member for Albany gets to his feet, on behalf of the member for Mount Lawley, I would like to acknowledge the president of the Laguna Veneto Social and Bocce Club in Dianella, Mr Sandro Barzotto, and his committee of volunteers. Welcome.

Proceeding resumed

Mr Scott Leary (Albany) (5:12 pm): I also rise today in support of the Deputy Leader of the Liberal Party's motion to condemn the government. Albany Health Campus is in a regional centre. It is a major health campus for the Great Southern. I recognise the dedicated and exceptional staff who provide an exceptional service, although that service is compromised with the facilities they have to deal with. It is about us supporting them with the correct resources, infrastructure and support so they can deliver the care that our communities really need.

We on this side of the chamber have outlined what is happening in our electorates. Unfortunately, I do not hear those same concerns from government members, which is a shame. It has already been identified that Albany Health Campus is operating well beyond its capacity. This has been documented for several years now. Like most services, a number of patients are in care awaiting placement. They are occupying acute beds as they wait to be moved to the correct and most appropriate care setting. This is holding up a lot of beds and preventing postoperative admissions, which, unfortunately, is forcing surgery cancellations. There was an incident just in the last few days. I will refer to recent history; I will not drag up past history, which is what the government does. I was not around then and cannot provide any input.

A lady who had been at Albany regional hospital for a number of hours on preadmission was advised that her surgery was cancelled because 17 beds were needed for admissions from the emergency department. Those numbers might not be very big to the government, but they are relevant to us in the regions because of why beds are being tied up. The hospital has only 80 beds. Capacity will be expanded by another 30 beds, but I will talk about that point later. This is not a once-off pattern. Every cancellation has an impact and unfortunately this lady had her surgery cancelled in the last few days. The cancellation of surgery has major impacts for those who live in the regions because they have to make family preparations. We have a lot of fly-in fly-out staff in the area and husbands and wives have to take time off to care for those who are expecting surgery within a timely manner.

In 2021, there was a business case for a revamp of Albany regional hospital at a cost of $320 million. It was clearly identified back then that the hospital was unable to meet the needs within the region. Four years later, there has been no uptake of that report; it is probably sitting on a shelf somewhere. I acknowledge the $60 million commitment for 30 new beds that was promised very loudly during the last election. That campaign line was used time and again, but we note from the estimates hearings the government has allocated only $1 million for planning. There is no additional funding in the out years to meet that $60 million commitment to supply the beds and staff that are so desperately needed. Meanwhile, the emergency department and its patients have to move between beds. I will cite an instance of one my staff members. Her niece was in the admission area of the emergency department. It obviously doubled as a storeroom because within that room was a corner full of mops and buckets and a waste bin that was full of crutches. Hospital staff are maximising the space, but that is not a good lead-in for a person who is being admitted into hospital for something that could be life threatening.

A number of smaller projects are around. I would invite all members to visit to Albany regional hospital but, seriously, there is nowhere to park. Approval has been given for a $2.1 million parking area, which will afford us another 100 bays. I am still struggling to understand commercially how you get $1,000 for a flatbed parking bay with some curving on the edges. That project has stopped for the moment because asbestos has been discovered on that site. One would think that with appropriate planning, the asbestos would have been identified earlier and mitigated prior to the commencement of the project, which has now been on the go for more than four years.

There is an issue with the I-MED system. A lot of locals travel to Perth for MRIs and CT scans because there is no bulk-billing facility in Albany. That facility is available and government-funded in Kalgoorlie and Perth. People from Albany will drive five hours to Perth so that their MRI or CT scan can be bulk-billed, such is the pressure on their household income. They simply cannot afford to pay the out-of-pocket expenses for something that they need desperately for their own health care. It is simply not acceptable.

The hospital's hydrotherapy pool has been closed for some time. It is a valuable piece of infrastructure that helped people with their arthritis, post-surgery recovery and chronic pain management. We are currently waiting on a study to be completed before that facility can be reopened. We know that other places around the state have hydrotherapy pools. The facility and structure are there so it would be great to see it reopen.

The hospital's $4.1 million level 2 special needs nursery was completed in November 2024. This great facility cannot be used because it cannot be staffed sufficiently. Most of us have had babies—not me, personally—but most of us in the chamber have young families and have experienced the joy that is associated with bringing a baby into the world. Can members imagine the stress that would follow the euphoria of having a newborn if parents have to relocate to Perth so their newborn can receive treatment? We have patients with cancer who need time-sensitive immunotherapy drugs who must travel to Perth for that treatment. This is another issue. The drugs cannot be delivered to the hospital in a timely fashion because we do not have a reliable air service. It is that simple. I will deal with the Rex Airlines issue later. There is obviously a tax on the Patient Assisted Travel Scheme when people travel to Perth. The government could save money if the regions had the correct infrastructure to treat people rather than having to pay them to travel to Perth.

Through Care Opinion my staff are picking up that staff morale within our major care centres is not in a good place at the moment. That is creating a high level of staff resignations and putting more pressure on other staff. It also highlights some areas that need maintenance and repair. I know that there are mould issues within the Albany Health Campus in some of the low areas. They are probably not as great as the vertically integrated food process system currently at Sir Charles Gairdner Hospital, where one can pluck mushrooms from the ceiling for soup and move on! That is not sustainable.

Mr Lachlan Hunter: Beef Wellington?

Mr Scott Leary: Definitely not a beef Wellington! I think that the situation in Albany is not unique. Across regional Western Australia we have a lot of metropolitan transfers to Perth that are delayed due to bed shortages in Perth. Patients from the country must secure a bed before they can be transferred. Metro patients with the same medical conditions are admitted directly from their own emergency department. It is clear there is inequity in this process and we need some urgent specialist care. Albany is a central hub, and we are crying out for specialist facilities, so I reach out to the government. We are not asking for these things—we are pleading. We are screaming for assistance.

Part of the $60 million commitment that has been made is for training, and the government has touched on the fact that training will be available to us for new staff. I will cite the experience of an 18-year-old girl who came into the office yesterday. We are talking about a girl who achieved three As and one B in her schooling life. She has now completed a pre-course for nursing, only to be advised that there is no place for her. There are only 15 spots available at the TAFE campus in Albany for people wanting to enrol in nursing training. We have people reaching out, wanting to be trained to join our health system. This has been the dream of this young lass since she was 14 years of age, and she is unable to commence her training so that she can help out in the health system, mainly within Albany, but maybe statewide; we will see where her training takes her.

I turn to the racetrack funding. Based on the government's project management so far, we are talking about $217 million. I seriously doubt whether it will be completed for that figure. If it does eventuate at all, it might be closer to $320 million, which is what we need to complete the Albany Community Hospice upgrade. From my time on the TAFE board in Albany—I am sorry, not the TAFE board, it was the hospice board; we have done a few—I was privy to a design that was done up for two wings of the Albany Health Campus. We have had the first boomerang completed. The hospice was to be situated in the centre with another boomerang completed on the other side. We have seen the first tranche and we want to see the second one. They did move our hospice, which I might add is one of the few remaining privately run hospices in Western Australia. It is a great accolade to Albany and what those people have achieved.

I am reaching out to the government. I am calling for the $320 million expansion of the health campus. Please deliver the $60 million for our modular ward by early 2027 as promised, reopen our hydrotherapy pool and restore

our vital rehabilitation service, supply some staff to our special care nursery and fix the equipment gaps. We have a—I will try to pronounce this—lymphoedema assessment machine that is unfortunately non-operational at the moment. It is a critical part of assessing people's health, so it would be a great asset to have that back within our area. Also, I call on the government to improve our regional specialist access.

Albany has a growing population. We are a growing regional centre. We have an ageing demographic, and our people demand a hospital that is fit for that purpose. Delays in funding and half-measured costs are costing patients their health and wellbeing. This is about dignity, fairness, and delivering on promises. Albany and the Great Southern deserve nothing less.

Mr Jonathan Huston (Nedlands) (5:24 pm): I rise in support of this motion. Of course, this hospital is within my electorate—the electorate of Nedlands. Every day, because my electorate office is on the other side of Subiaco from where I live, I actually drive through this hospital—on my bike, that is—and I see the ramping. I visit the staff as they are lining up at the bus stops and I talk to them. Once a week I visit the hospital for one reason or another because of the different agencies that are in the hospital. Last week I was there visiting the National Centre for Asbestos Related Diseases (NCARD). I also receive many letters from constituents. Of course, the constituents who have issues with the hospital are not just within Nedlands but from throughout Perth, but I thought I would give members an example of one that came in just last week, before this incident came to light on Monday. It is from the Cahif family—Marion and Geoffrey—whom I know well. I have met them and spoken to them over the course of the last year for other reasons. I received this letter from Marion, Geoff's wife, last week. She wrote:

> 1) Mr. Cahif had a fragment of a spinal disc break off and press on the sciatic nerve causing excruciating pain.

By the way, Geoff is an ex-dentist and served the community in the City of Stirling for more than three decades. Marion said:

> 2) We phoned 3 neurosurgeons all of whom wouldn't give an appointment until he had an MRI. We have Private Cover.
>
> 3) We phoned every radiological clinic we could find and were told it would be between 2 and 4 weeks before he could have an appointment.
>
> 4) On Friday, 18th July at approx. 3 pm he was having trouble breathing which then got worse and he was gasping for breath.
>
> We phoned 000 who stayed on the line until an ambulance arrived about 35 minutes later.

Remember that this family lives in Dalkeith. It is very close to the hospital. The letter continues:

> 5) The 2 wonderful young paramedics gave him some medication and ran tests.
>
> They said he had to go to Emergency …

Hollywood Private Hospital's emergency department said, "Don't bring him here; we're too busy", so then they rang up the emergency department at Murdoch. They were willing to go that far. The paramedics said, "Don't bring him here, they're too busy." They called Sir Charles Gairdner Hospital's emergency department, but it was full of ambulances being ramped. They called Hollywood again and said that they were coming and were told there would be at least a five-hour wait. They went to Sir Charles Gairdner Hospital. The letter continues:

> After 2.5 hours in the waiting room, Geoff's breathing started to deteriorate again. Was taken into a Bay and administered more medication.

Finally, at 11:00 pm, a doctor spoke to Geoff, after they had arrived at 4:00 pm. Marion herself wrote this, and I am not one to have prepped her. She wrote:

> How can this government find $217.5 million dollars for a MotorSport Circuit, NRL team etc., when basic medical needs are being ignored?

That is from the letter from Marion Cahif herself. Ladies and gentlemen, members, I note for the public that I am basically talking to a fairly empty chamber on the other side.

Mr Dan Bull: We're here.

Mr Jonathan Huston: You are, but here. This is not our Australia. This should never be our Western Australia. This is a wealthy country. This health system is rotten. The budget of the state of Western Australia, as I have said before, is $50 billion. That is the budget of this state—$50 billion, or $50,000 million. It is unacceptable to the people who work, strive and labour in this state that we can be talking about this problem in our state with our wealth, and it is somewhat a symptom of the issues that we talk about with Metronet. I do not think that members on this side have a significant problem with Metronet itself, but we do have a problem with the extent to which it has sucked the wealth out of the state, and that day-to-day operational infrastructure and maintenance has become the casualty of that. The overspends on Metronet meant that money had to be found from somewhere else.

I am sure that we are going to find many, many more examples of operational funding being sacrificed for infrastructure spending. I can tell members opposite now: I am astounded at the number of people beating a path to my door in Nedlands who come from jurisdictions that we might not ordinarily think would be on this side of politics, and they are vastly and deeply concerned about the cuts occurring at operational levels in health, the arts and education—the list just goes on.

This is also interesting because, with respect, the minister spoke about her union links, but is it not the fundamental role of a union to protect the rights and the working environments of workers? This light on the hill that has been presented to us for 100 years is now a fairytale; it is an illusion. We often talk about the difference between the private sector and the public sector, and as members know, I come from the private sector. There is just no way known, if I had an organisation or a company in which this level of maintenance was not being conducted, that I could just wave it off or not even talk to the people. These are my workers; if I do not treat them with respect, they will leave. How can they endure this?

I would like to finish by doing something that I have not yet heard the minister do. I would like to talk directly to the workers in my electorate—the doctors, the nurses, the allied professionals and the support staff at Sir Charles Gairdner Hospital, and say that I acknowledge the resilience and professionalism that you are putting up every day by working under these conditions, which have so lain waste to the people of Western Australia in media reports over the last two days. The photographs we see in the newspaper they are looking at right now in their workplaces. Despite these working conditions, you turn up. You are committed by compassion, professionalism and an unwavering commitment to your patients. You skip breaks. You work double shifts. As I said, I speak to them at the bus stop and on my walks through the hospital, which is part of my electorate. You comfort the sick. You look after the frightened families who are there in those hospitals. Your dedication is nothing short of heroic. Your job for the people of Western Australia is to look after and care for the sick. It is the government's job to make sure that you have the resources, support and safe working environment that you deserve, and right now that is not happening.

I know from my own life that there is nothing worse, nothing more cancerous and nothing that gets under the bone more than when you are working hard and your bosses are working in another world. This goes straight back to *Animal Farm*. We should be setting an example to our workers. That is what we do. That is what Bevan does on his farm, what Scott did at his dealership and what the member for Kalamunda did when he worked. You have to stand with your people. You have to live and walk with them. I say to you that we would never live with these double standards and faint words. I would finally like to say thank you for what you are doing and thank you for what you are enduring. I support this motion.

Mr Bevan Eatts (Warren–Blackwood) (5:33 pm): I rise today in support of the motion to condemn the Cook Labor government for its failure to make the failing health system its priority. Let me be very, very clear: this is about patients, this is about nurses, ambos, doctors and the allied health staff who are doing their best with what very little they have been given. It is about the people of regional Western Australia who are simply asking for the same access to health care and emergency services that others in this state have access to.

I represent Warren–Blackwood—a proud region and a growing region; one of the fastest-growing regions. It is a region that contributes to this state's economy through agriculture, forestry, tourism and community leadership. Yet when it comes to health infrastructure, we are being left behind, forgotten and ignored. Let us begin with Manjimup hospital, a regional hub servicing a large and ageing population. Despite repeated requests over numerous years, there is still no CT scanner at Manjimup. This is not a new issue and it is not a vague idea. It is a clear clinical gap that has been formally raised by local doctors, documented in correspondence and highlighted through budget estimates. A local rural GP put it plainly. He said:

> Due to the need for interhospital transfers, our patients cannot access timely imaging, limiting their treatment options and reducing the likelihood of a full recovery.

Stroke patients are missing the window for life-saving treatment. Trauma patients are being shipped hours away for scans that could be done locally and the nursing workforce and ambulance volunteers are being stretched thin by having to escort patients for every transfer to those hospitals. Manjimup doctors have asked and asked for a CT scanner for years. Where is it in the $1 billion investment program? There is no line item and no commitment.

Margaret River is a booming town and a tourism hub, yet its hospital is showing signs of neglect and underinvestment. The Labor government has developed a business case for hospital upgrades, but will not release it. Recent correspondence from local residents John and Di paints a troubling picture after a nine-week stay in the hospital. They refer to a main light in a patient room being broken for eight weeks, despite a work order and a ceiling in another room with a recurring damp patch every winter—patched every year instead of fixed, but there were no mushrooms yet; lucky! They also refer to disabled parking bays on uneven ground, making access difficult; call buttons that sometimes fail; entire wards carpeted, raising hygiene concerns; and there was no patient hoist available on their arrival—they were told that they had to wait because it had to come from Augusta Hospital, 50 kilometres away. While all these faults mount up, there are also nights when there is only one nurse covering

10 patients, and sometimes also assisting in the emergency department. This is in a region that the state government heavily promotes as a tourist destination, yet it will not commit to long-promised upgrades. Instead, the Premier said that people can drive to Bunbury Regional Hospital to access health care.

At Bridgetown Hospital the situation is bordering on the absurd. The roof of the emergency department is leaking. Patients arriving for emergency treatment are being seen under a roof that needs replacing. The estimated cost to re-roof this section is $1 million. In the context of this government's $1 billion infrastructure program that is less than 0.1%. So, we ask: Is it funded? Again, no clear answer, no line item, no transparency.

What kind of government allows emergency care to be delivered under leaking ceilings? It gets worse. In February the government made an election promise to deliver urgent care clinics across the South West, including Warren–Blackwood, to relieve pressure on emergency departments. It was in writing—a commitment to deliver urgent care clinics in the regions. With the 2025–26 budget having been handed down, we ask: where are the clinics? What is the timeline? Which towns? What funding? Still no answers. The same applies to ambulance and patient transport services. Despite regional demand increasing, the forward estimates show a decline in funding year on year. We asked for the assumptions behind this. How will the service levels be maintained? Are the cuts being covered somewhere else? Again, nothing but spin.

Let me bring this down to what it means on the ground in the real world. When a mother in Manjimup has to drive nearly two hours one way to Bunbury for her child to have scans done because there is no CT scanner at her local hospital, that is not world-class health care.

When an elderly man in Bridgetown has a fall at home and arrives in an emergency department only to find a bucket under a leak in the roof, that is not world-class health care. When nurses in Margaret River work double shifts in crowded facilities with no communication from government about overdue upgrades, that is not delivering for the regions and it is certainly not world-class health care. With volunteers, the very backbone of our rural ambulance services, forced to transport patients for basic scans or emergency needs over long distances because the government will not invest in the basic needs of local hospitals, it is an insult to the communities who keep the system running, and that certainly is not world-class health care.

Our ask is simple. For all Western Australians, and in particular the people of Warren–Blackwood, we are asking for basic, timely and safe infrastructure to support their health and dignity. Our requests are not new: fund the CT scanner in Manjimup hospital, fix the leaking roof at Bridgetown Hospital emergency department and commit to infrastructure upgrades at the Margaret River District Hospital. The government must honour its election promise to deliver urgent care clinics and reverse the trend of declining investment in ambulance and patient transport services. These are practical, costed and widely supported initiatives. The doctors support them, the nurses support them, the community supports them and the evidence backs them.

We condemn the Cook Labor government for its failure to prioritise health over racetracks, but more importantly, we call on the government to act decisively, transparently and fairly because when it comes to health delay is not an inconvenience, it is a risk, and regional Western Australians are tired of being told to wait.

Mr David Bolt (Murray–Wellington) (5:41 pm): I also rise to make my contribution to this motion and in just a short time hope to bring a little bit more local context to my electorate. In the Peel region, there are two hospitals: the Murray District Hospital and the Peel Health Campus. Once the region's primary health facility, the Murray District Hospital has continued to decline in its position. The rapid and significant growth in the Peel region has seen no investment in this hospital for many years. Now it is just a shadow of its former self. It is just a small acute site within the Rockingham–Peel group, with inpatient medical and palliative care services only. I think there are about 27 beds used for medical and palliative respite. There is no general, acute or surgical campus and there are no emergency services in the growing town of Pinjarra and the region.

In a recent health survey in my electorate only one-third of the community said that they could access health services when they needed to—only one-third. That is a shocking statistic. I can go into a lot of detail but I do not have time here—maybe some other time.

The other hospital is the Peel Health Campus. It is where my son was born and it is where my mother was lovingly cared for until she sadly passed away just a few years ago. It was a state-owned facility leased to a private operator under a 20-year service agreement. The state brought it back under its full control in August 2024, or sometime over that period, so it has ended its private operation model. I just make the point that the Peel region includes the Shire of Murray, City of Mandurah, Shire of Serpentine Jarrahdale, Shire of Waroona and Shire of Boddington. That is about 168,000 people. In Mandurah alone there are about 103,000 people. I note that in the South West region Bunbury has about 201,000 people and in the Mid West region Geraldton has about 58,000 people. I did a quick sum comparing the Peel Health Campus budget commitment of $152 million with the Bunbury Regional Hospital commitment of about $471 million and the Geraldton Health Campus for $188 million. I have normalised that and looked at the population, and we are getting about $900 per resident in the Peel region. While the projects in the other regions are great, the South West is getting about $2,340 per person and the Mid West about $3,260 per person. I am not saying that those things should not be funded but I just put into context the underfunding in

the Peel region. That is about one-third of Bunbury's support and about one-quarter of Geraldton's. On any fair test the Peel Health Campus is being short-changed.

The promises for the Peel Health Campus are well known. In 2020 a commitment of $152 million was announced, with no new wards, beds, staff for upgrades actually delivered over the last five years. In late 2024 the government re-announced the same funding and touted forward works for roads, car parks and energy plant shell, yet the final cost timeline and real patient servicing has not been resolved. I heard yesterday that the crisis in our hospitals is caused by record population growth and people who have the audacity to get old and frail and have no other time on their hands but to spend it in hospital rather than sitting in a comfy aged-care home. I can tell you, Acting Speaker, my mum was in an aged care home when she became critically ill. She did not need a bed in a care home, she needed urgent, critical emergency care in hospital. Many old people deserve that and they need it. It is not just about aged-care home beds, it is about beds in our hospitals for those who need it, including our aged residents.

I turn to population. It is the government's job to plan. Claiming population growth as an excuse is poor. The government's core business is to plan ahead so services meet needs. The prediction is that the Peel region will have 440,000 people over the coming two decades. We need to plan for that growth. We need a Peel Health Campus that supports the needs of our region.

I have limited time, but I just want a quote a letter. It appeared in an article of the *Mandurah Times* on 13 June 2025. It contains a claim made by an anonymous staffer and the letter was leaked to the paper. It says that nurses are burnt out and patient care is compromised at Peel Health Campus. It was an explosive letter sent to the federal Minister for Health because nobody here was listening. The letter says:

> There has been ... no improvement in service provision, and those in... management lack the insight, innovation, and clinical expertise needed to deliver a modern, responsive healthcare system ...
>
> ...
>
> This has resulted in continued reports of excessive emergency department wait times, clinically deteriorating patients left without timely care, and families left helpless in the face of system inaction ...
>
> The situation is further exacerbated by widespread staff burnout. Morale is at an all-time low, with many experienced healthcare professionals, nurses and nursing managers leaving the system due to a lack of support and unsustainable workloads.

Another staff member at the hospital told the *Mandurah Times* that patients were still being left in beds and corridors after naval veteran Blayde Merson was left waiting in the middle of a busy emergency department for 48 hours last October. The letter goes on and on and I will not repeat all the details. All we are asking for in the Peel region is a timeline and the money we need to get a health system that our residents deserve. It is not a lot to ask. I condemn the government for the lack of funding for the Peel Health Campus over the last several years.

Visitors

The Acting Speaker: Before I give the call to the Leader of the Opposition, on behalf of the member Geraldton I acknowledge Zoe and Rhyse Warr and Carina Edminson. Welcome to the gallery.

Proceeding resumed

Mr Basil Zempilas (Churchlands—Leader of the Opposition) (5:48 pm): I too rise in support of this motion and I thank those colleagues on the side of the house for their very valuable, heartfelt and empathetic contributions. We have heard from members on this side real-life examples of why and how the crisis in our health system is affecting the people in our communities—the communities that we represent. It is not just the communities that members on this side represent that are impacted by this crisis, it is people right around Western Australia. One thing we have heard throughout our time in this chamber is this determination to do what is best for the people of Western Australia. Make no mistake, the Health issues we are experiencing at the moment plaguing our hospitals are amongst the most significant we have seen in recent times. It is why we rise in support of this motion, it is why this very motion is on the table and it is why the discussions held in Parliament yesterday and today are being held. One would think that the gravity of this situation, the seriousness of what we are talking about, would mean that members opposite would be willing participants, not only to listen and hear how community members are being impacted by this crisis, but also would respectfully be here to acknowledge what those frontline workers have been going through. I remind everybody that the stories that we have heard over the last two days, the stories that have resulted in the headlines in the newspaper, are real stories. They are stories that belong to real doctors, real nurses, real hospital workers, real patients and real loved ones of patients. They are not fictitious; they are not made up. They are genuine, heartfelt, real accounts.

We would think that the least we could do if we were in government is treat those claims, concerns and issues that have been raised with the seriousness that they deserve. I know it is not the practice of this chamber to outline members who are present or not present; but, as a generalisation, it is within my power to look opposite and see a very sparsely occupied bench on the other side. Why is that? Why is it that the members opposite do not feel that they should be here to participate in this discussion? Is it because they are not taking seriously the people who

have raised these questions? We now know, after a little bit of practise, how this works. We get to go for two hours, then the members opposite have an hour. That is a good system—two hours here, one hour there. I ask those opposite, who will grace this chamber with their presence at their leisure, to ask themselves this. Perhaps they could respond in their response time. Are the maintenance crews, the nurses, the doctors, the patients who have issued these reports and highlighted the technical deficiencies in the building, the black mushrooms, the mould and the leaks wrong? They are wrong. We do not take them seriously; we just dismiss them, do we? Are they overreacting? Are those pictures that we have seen in the newspaper fake? Did somebody make them up? Is that what happened? How would members feel if they were a patient tonight in Charlies, lying back on their bed and when they looked up, they could see black mould and maybe mushrooms coming off or through the ceiling? How would they feel?

It is really important that the staff who have raised these concerns—the health staff in Western Australia—are the best of the best. We are blessed. They are world class. When we hear "world-class health system" from those opposite, they are actually talking about the staff who are in our hospitals. They are the very best of the best and we should be proud of them; yet, we are not providing them with the best environment to do their work. We keep hearing from the Premier; we have heard it time and again that we have a world-class health system. In actual fact, Premier, what we have are world-class health workers. But this week from Charlies we have seen third-world health conditions. We should not be asking those magnificent practitioners—

Ms Meredith Hammat interjected.

Mr Basil Zempilas: So the mushrooms are fake, are they, minister? Those pictures are fake, are they? Are they acceptable in the Western Australian health system that the minister presides over? If that is the case, if that is the standard that we think we should be happy with, then I will let everybody know that that is the minister's position. The staff are the best of the best and the way this government, led by the Premier yesterday, dismissed and waved away their claims, their reports and what they have had to say, is treating them like fools. That should be a source of great embarrassment to the members opposite. I am not greatly surprised that there are not a great deal of them here.

We have learned very quickly in our time here that those opposite love a list. They love reeling it off. We have heard members opposite speak about a great number of things. Well, here is a list of our own. Last month, ambulances stranded outside public hospitals recorded a record 7,009 hours. That is the equivalent of nine ambulances out of action every single day. It was the worst month for ramping in our state's history, yet the Premier said we have a plan. He also said we have a world-class health system. Ageing equipment is reducing diagnostic accuracy, compromising patient and staff health and safety. Yet, the Minister for Health Infrastructure says it is having no adverse impacts. We heard of an 84-year-old man waiting 11 hours in emergency at Fiona Stanley Hospital for urgent care after taking a maxi taxi, because the wait for an ambulance was over two hours, before being placed in a police holding room. We have Australia's worst hospital ED wait times; yet the Premier says again that WA's health system is one of the best in the world. A code yellow has been declared at WA's biggest public hospital, where a hospital is considered unsafely overloaded and a potential threat to patient safety, yet the Premier says code yellows are a normal part of health system management.

There is an average wait time of two years for children to see a paediatrician in WA's public health system, yet the former Minister for Health says the growth in demand was far exceeding what we would expect for our population. The population growth has been sudden and dramatic over the last few weeks; it is not something that has happened over the last nine years. An average of 232 elderly patients are forced to wait more than 13 days in hospital for an aged-care place, yet the Premier buck-passes the responsibility to the federal government.

I think members opposite need some reminding of why we are on our feet tonight. I am not certain whether members opposite read the paper. As I said yesterday, I understand if they choose to get their news elsewhere. But for those who have not had the opportunity, I will remind them of the headlines in the paper over the last two days. Yesterday's headlines were "Hospital of horrors", "Our corridors of absolute shame", "Budget cuts to maintenance, repairs" and "Government's failure is no longer a dirty secret". Today's headlines were "The march of legionnaires", "Living under a mushroom", "Labor can't ignore hospital crisis forever", "Patients at risk of legionnaires", "'A health system on its knees'" and "Hospital drama in the house". Those headlines come from work orders produced as a result of real staff reports of failures and malfunctions. They were produced and led to revelations of seeping radioactive waste, black mould and sewage leaks at Sir Charles Gairdner Hospital. They also led to reports of patients being at risk of contracting potentially deadly legionnaire's disease. Yet, insistently and repetitively, there has been a waving away from the members opposite of these very legitimate stories that have emanated from the health professionals at Sir Charles Gairdner Hospital. Those people deserve better. Our frontline workers deserve to be treated with respect.

Our frontline workers deserve better from the Premier of Western Australia than for him to use his time on his feet to belittle what they have said. He has had multiple opportunities to directly address what the health workers have raised. His response to the health workers' commentary from Sir Charles Gairdner Hospital has repeatedly been to

say that we have a world-class health system. How embarrassing that is for the Premier. How embarrassing that must be for the members opposite.

More importantly, my concern is not for those members opposite; my concern is for the people of Western Australia, and the demoralising effect that we know this is having on the health professionals. I note that the Minister for Health said that she has spent a lifetime on the front line with workers. The great thing about this job, being in public life and in public office, is that people from all sections of the community contact me frequently and regularly. Just today I met with representatives of those staff who give their very best for us day in, day out at Sir Charles Gairdner Hospital. They were horrified by what the Premier has had to say. They were shocked and disappointed by the treatment their claims were given, and they were mortified by the lack of respect, from the Premier down, for their very legitimate concerns about Sir Charles Gairdner Hospital—one of the biggest hospitals in our state

To members on this side, those opposite like to play a game with us about who has responsibility for which area of the portfolio. That is fine! We are new to this place; if that is one of their tactics, that is no problem. Ultimately, it is not us that members opposite are accountable to; it is the people of Western Australia.

If I have read it wrong—I am happy to be educated—I refer now to the statement that was released after the ministerial portfolios were allocated after the re-election of the Cook Labor government in March. Here it is. The headline states: "Groundbreaking Cabinet Sub-Committee to deliver new collaborative era in health". A few lines down, it refers to who is doing what, and then a paragraph to describe what that title means and what their job will be. It states:

> As Health Minister, Ms Hammat will have responsibility for the operational aspects of Western Australia's public hospitals and ambulance services.

I do not think there is any dispute there. I think it is pretty clear. Then a couple of lines down it states:

> Health Infrastructure Minister John Carey will drive the delivery of new capacity in WA's health system. This includes the new Women's and Babies Hospital project …

Okay, that is fair enough. It does not refer to the old hospitals. It does mention some upgrades at Royal Perth Hospital and Midland. It does not mention Sir Charles Gairdner Hospital and it certainly does not refer to older hospital facilities. It states:

> As Health Minister, Ms Hammat will have responsibility for the operational aspects of Western Australia's public hospitals and ambulance services.

This charade of just trying to pass it around—that is fine. If members opposite think they are being clever and are teaching the new opposition a lesson, that is no problem. But remember, we are not on our feet for us. We are not spending time in support of this motion for us. We are doing it for the people who we represent, the Western Australians who expect that if they are sick, if they are injured or if they have family members who are dying, and they present to Charlies, they will present to a hospital that is of sufficiently high standard to then allow the Premier to say, "Yes, indeed, we do have a world-class health system."

Again, we know that lots of things get said in this chamber; lots of denials that are made. There are lots of claims and counterclaims, and that is all fine; that is all part of it. But members on my side, we know, very consistently, we have talked about a project that appears to have no support from members opposite. We are clear that it has very little support in the community, yet the insistence on this Burswood racetrack, costing $217.5 million, remains a metaphor for the wrong priorities of this government. Instead of the Premier of Western Australia over the last couple of days saying, "Tell you what. What we will do is we will stop that project because we accept that at this time a racetrack at Burswood is probably not the best use of $217 million. What we are going to do is pause this project, and put that money into urgent upgrades that are required at Sir Charles Gairdner Hospital. We might also put some of that money towards Royal Perth Hospital." But no. Such is the arrogance of this government, the Premier will not even say sorry. He will not even acknowledge that things are not as they should be. He pushes on with that project that we know people do not want, and, worse still, he continues to double-down on this line that we have a world-class health system.

I will remind members again. It is not us who are aggrieved by these claims; it is the people of Western Australia who expect their health care to be provided in facilities that are of a certain standard. Even more significantly than that, the people whose opinions the Premier devalues are those great health professionals who actually give us the opportunity to lay claim to a world-class healthcare system because they are so good. We have the very best of the best working for us in our hospitals and in our health system, yet we let them down and mistreat them by providing the facilities that we do.

I want to remind members that some of those claims that we have seen in the last couple of days in the newspaper are not things that have been made-up; they have not been manufactured. They come from work orders produced as the result of real staff reports of failures and malfunctions. Again, I say to the Premier: it is your job to own this. It is your job to set the tone. It is your job to stop the deflection, denial, disrespect and the dismissive attitude, and

give these health workers what they are looking for—reassurance that the Premier understands their genuine concerns and that they should not be treated like fools when they come forward and say there are some problems in our hospital system that need urgent attention. They should not be dismissed and waved away with that claim that the Western Australian health system is one of the best in the world.

I note today that when asked whether he supported the Premier's comments that we have a world-class health system, the Minister for Health Infrastructure—stand by me for moment, colleagues, while I go to the guide to work out which part of health he is responsible for; he is there to drive the delivery of new capacity in WA's health system. The health infrastructure minister did not take that opportunity and perhaps that is because finally someone opposite has realised that it is not appropriate to continue to label the Western Australian health system—which is failing badly, with record ramping and over 1,000 work orders in place at Charlies—as a world-class health system.

I will say again, as I prepare to sit down, that we have world-class health workers. We are incredibly lucky to have the best of the best. The least we should do is acknowledge their concerns and give them the facilities they require to do the work that they need to do on behalf of all of us.

Ms Meredith Hammat (Girrawheen—Minister for Health) (6:08 pm): We will not be supporting the motion that is before the house this evening. We have heard a lot in the opposition's contributions, so it is hard to know where to start, but it is an opportunity to talk about all the things that we are doing in health. I want to start by saying that we are spending a lot of time. We talk—I as minister and everyone else—on our side of the house. We spend a lot of time in the community talking to the people we represent, the people who work in the health system and the people who rely on the health system. That is what we do. We do it all the time and we do it in an ongoing fashion because we are really committed to the communities that we represent, and we are very proud of that work.

We take those things that are raised with us seriously. I know that all my colleagues here feel the same. Whether those issues are raised with me as the minister as I go about my job meeting with people who use our system and who work in our system or whether it is my colleagues as they go about their business representing their communities, we take those issues very seriously. We take them particularly seriously in relation to health. That is why this government has been clear about its priorities. Our priorities are jobs, housing and health. They are our priorities. Labor governments always take seriously the health of everyday people in Western Australia and in Australia more broadly.

I find it a bit galling to listen to those opposite championing workers, having only just discovered the workforce. I will come to the former government's record and how it treated the health workforce when it was in government. I find it a bit galling to hear from those opposite that their primary concern is the people who use and work in the system when it is clear that the motivation of many of them is their own ambition and desire to talk about themselves rather than to talk about other people. I will come to that later. Whenever we have the opportunity to discuss health, we hear from members opposite a long list of things they want to point to and things they claim we should be doing more of and doing better, but we never hear a plan from them. We never hear their ideas about what they would do, whether it is for health or anything else. They do not say how they would go about the business of delivering outcomes. Again, I will come to the former government's record because that tells us how members opposite would go about business if, unfortunately, they ever got in the position of being on the government benches.

We never hear a plan. Of course, at the last election there was an opportunity for opposition members to put forward their plans and talk about their ideas and their commitments on not only health, but also a range of matters. That is when people put forward their ideas to the community and ask for support. What did we see at the last election, particularly on health? I will talk more about that as we go through. We saw a paucity and a complete lack of understanding of health and the needs of the community. We saw nothing that would address the issues. Did we see a plan for Sir Charles Gairdner Hospital? Was there any plan for maintenance from the opposition? Was there any plan for upgrades from the opposition? Was there any plan at all? No. There was nothing, yet they come in here and want to talk about Sir Charles Gairdner Hospital as though they have only just discovered it.

Mr Reece Whitby: They are commentators.

Ms Meredith Hammat: They are commentators, but never contributors.

We see from members opposite cheap shots and cheap, easy politics, but no ideas, no commitment and no substance about dealing with an issue that we know is important to everyday people in this state. We never see that from the opposition. I think that is incredibly disappointing. We on this side of the house are getting on with the job and the serious business of working to ensure that Western Australians get access to the health care they need, no matter where they live in this great state. That is something we have been working on since we were elected in 2017. Many people on our side will remember what we inherited when we were elected in 2017. Many members opposite have just arrived and like to pretend that has nothing to do with them, but it has everything to do with them. They belong to the two parties—the Liberals and Nationals—that when in government underinvested in our health system, and we have been working very hard to correct what was left behind. We are very proud of our record. Our commitment to funding has been significant. It is a record amount of $15.7 billion

in new funding just since 2021. That is a 61% increase in additional funding in our health system since we were elected.

I will talk this evening about some of the things we are doing. Some of those things are very important, including providing more beds. We know they are significant. We have provided 900 new beds in the system and hundreds more are in the pipeline, but it is not just about beds. We are very proud of our commitments to do that and of our commitments to expand the EDs at Royal Perth Hospital and the Midland Health Campus and the work we are doing at Sir Charles Gairdner Hospital, including the upgrade that we are currently delivering to the emergency department at Charlies and the work we are doing to expand the intensive care unit. Those things are incredibly important, but we know that the health system now and the health system of the future is not just about beds and staff, although we have done the hard lifting for staff as well. That is why we increased our workforce by 30% since 2021. That is 4,400 new nurses in the system today since 2021. That is 1,800 new doctors in the health service today who were not there in 2021. We are not stopping there, though, and that is what I want to talk about tonight. We are looking at all the things we need to do to build the health system of the future. Hospitals will always be an important part of that, and that is why we have an ambitious infrastructure agenda and will invest $3.2 billion in new infrastructure in the coming years. That is why, as I said, we are very proud of the work we are currently doing at Charlies and the work we will do at Midland and Royal Perth, but we cannot stop there. Anyone who knows anything about health understands that. We also have to make sure that people can access to the care they need in the community and close to home. We have to use the opportunities that come with new technology to think differently about how people access the care they need. They are all the things we are doing. That is the work this government is doing every day. We know there are challenges, so we are also applying ourselves to those challenges. I will talk about aged care, which we have also talked a little about this week, and how we are approaching ensuring that older Western Australians have access to the appropriate care they need.

I will start with just the last budget. I want to talk about the commitments that we have made in just that one document alone, because I think it points to the work we are doing across a wide range of areas to ensure that people get access to the health care they need. It has been significant. There has been a $1.4 billion increase in funding for hospital services, including more beds, and we are progressing on our election commitments. As I said, those commitments are incredibly important because they are setting us up for the future.

Tonight I also want to talk about the WA virtual emergency department and the work we are doing on that. That is leading the nation. These kinds of approaches are incredibly important. I think that the Leader of the Opposition dismissed the WA virtual ED as health care in the cloud, demonstrating how little he understands what modern health care looks like. It is located in our State Health Operations Centre. I will talk more about that as well. We committed in this budget to provide $60.5 million to continue to expand the WA virtual ED because since it has been stood up we have seen that it has been successful. It ensures that people can access the care they need without needing to go to an emergency department. It is clinically appropriate care that people can access in a different way so that they do not have to go to an emergency department. More than 70% of people have been able to access care.

It is better for the patient because they do not have to go to an ED; they can get care closer to home. Further, if people do not need to be in an emergency department and can access care at home or in the community, that is better for our system. It is important. Since it was stood up in September 2023, more than 5,700 virtual consultations have been completed. As I said, about 72% of those were managed outside of a public emergency department. This is a great result for not only patients and the quality of care that they get, but also our system. That figure equates to more than 4,000 avoided public ED admissions or presentations. We know it is working, and we will continue to invest in it. It is such an important part of considering what health care looks like in the future and what we need to do now.

The budget provides $24 million to deliver 60 additional beds in Perth's north at Joondalup Health Campus. I have talked about the importance of beds. We are very excited and proud of the work that we have done to put more beds in the system, but, of course, we have not stopped there.

I will talk briefly about our commitment to the Patient Assisted Travel Scheme. Every time I mention it, members opposite like to wail. The reality is that it took a Labor government to increase the contribution for those who rely on the Patient Assisted Travel scheme. We increased the fuel surcharge to 40c per litre. The Patient Assisted Travel Scheme provides additional support for people living in regional WA who need to travel to access care. Work is underway to expand it because we are committed to making sure that people can access the care they need. We are not stopping there. Part of the important work we are doing is to always ask what more we can do to make sure that people can access the care they need. Access to specialists will be improved with our $8.2 million GP ASK program that will support GPs. This new initiative means that GPs can access specialised advice from five high demand disciplines—immunology, paediatrics, respiratory medicine, spinal surgery and geriatrics. A GP undertaking a consultation will be able to access a specialist who can give them advice, making care for the patient quicker and easier. Again, we are relying on the fact that we live in a modern and emerging world. We want to make sure that people get excellent advice closer to home when they need it. GPs can seek input on complex cases

using things like secure messaging and phone consultations. They will not need to refer patients to specialists, which means that we can continue to make sure that we deliver care close to home, where people need it.

Of course, we were very excited to announce targeted support for families whose children are suffering from ADHD, with funding for ADHD WA and the rollout of GPs being able to diagnose and treat ADHD. Again, we are making sure that people can get access to care closer to home more quickly when they need it.

I will talk some more about our work with community pharmacists because, again, it is another example of how we are looking at all the ways we can deliver care at home. This budget provides $1.26 million to help train pharmacists so that they are able to take part in the pilot program. This will extend the range of conditions that pharmacists will be able to treat.

The government is committed to the workforce and is always striving hard to do the right thing by those who work in the system. There is $24.9 million in the budget to continue the rollout of nurse-to-patient ratios, which is something that the nurses unions have wanted for years. It took a Labor government to deliver it. Those ratios have not only resulted in better working conditions for nurses, but also made sure that the number of nurses on wards is confirmed as part of their industrial agreements.

I want to talk a bit about the workforce before I move on, because it is the heart and soul of our health system. I take this opportunity, as I have taken so many other opportunities, to recognise the incredible work that they do every day. On this point, we can all agree; we are very fortunate to have an outstanding health workforce that does important work every day. That is why our government has been committed to supporting it. That is why the government has increased the workforce. As I have said, the workforce has increased by more than 30% since 2021. But we have not stopped there. We have rolled out things like nurse-to-patient ratios because we understand the importance of supporting our workforce. We have been working through collective bargaining to make sure that we make ongoing improvements for the workforce. Members opposite might not have been around when the last Liberal–National government was in power, but I was. It is a bit rich to hear them come in here crying crocodile tears for the workforce because when their parties were in power, they did not invest in the workforce or increase workforce numbers. In fact, they contracted the work out. They privatised our hospitals and contracted out the workforce because they did not care about the people who work in the health system. They did that at Fiona Stanley Hospital, having contracts with Serco for years. They contracted out Midland hospital, meaning that women could not access reproductive surgeries and the care that they needed. They contracted out Peel Health Campus because of their ideological determination, not because it was in the best interests of the staff or community. In fact, history shows us is that it was not in the interests of the community at all. This government has looked closely at what the outcomes have been for the community and have brought those hospitals back in-house, as we have at Peel Health Campus. The former Liberal–National government froze staff numbers, put in place short-term contracts and made no investment in the workforce, yet members opposite come in here—I do not want to use the word that is on my mind—crying crocodile tears for the workforce. Every time their parties have been in power—

Ms Sandra Brewer interjected.

Ms Meredith Hammat: That is what we judge you on, member. We do not judge you by what you say. We judge you on what you did when you had the opportunity. Members opposite are touchy about this.

Several members interjected.

The Acting Speaker: Thank you, members—everyone!

Mr Basil Zempilas interjected.

The Acting Speaker: Leader of the Opposition! Keep going, Minister for Health.

Ms Meredith Hammat: Members opposite are touchy about their record. They will come in here and say anything. But we know what they have done when they have had the chance. That is how people judge them. The people of Western Australia know to never trust the Liberal and National Parties on health and the health workforce because they have never made investments or hard decisions. They have never maintained a commitment. But they know that Labor governments take health and the health workforce seriously, which is why every day we get on with the job of thinking about all the ways to continue to work hard to make sure that we have a strong health system.

There has been an increase in workforce numbers, and we have been working hard right across the board to ensure that industrial agreements provide support for all the people who work in the system. Pay is important, but so are a range of other things. We have put in a whole range of provisions and improvements in the collective health agreements to ensure that our staff have access to training and study leave. We have taken into account things like shift lengths, breaks between shifts and providing better professional development leave for some of our doctors.

We are looking at ways to ensure that people have work–life arrangements that support them and we will keep doing that. We will keep looking for ways, we will keep talking to our staff and we will keep working with them to make sure, as we have always made sure, that our workforce is supported and has access to the pay and

conditions that they need. That is a fundamental difference between our side of politics and those opposite who do not care—who only care for political gain. They come in here only because they want to score political points, but they never get on with the hard business of actually building a strong and important health system.

I want to talk a bit about some of the ways that we are also working on demand in the system. I have talked in this place before about the fact that we are facing a context in which we have an ageing population. We also have a growing population. About 300,000 people have moved to Western Australia—that is about the size of the population of the Northern Territory—so a significant number of people have moved to our state, putting additional pressures on our health system. That is why we continue to invest in health, not just in hospitals, but in all those other ways that I have described.

I want to talk tonight about some of the other things that we are doing that are very important. Again, we do not hear anything from those opposite about these. We have committed $5 million to start up and expand Hospital in the Home. Again, I know that the opposition leader sort of dismissed this and rubbished this notion, but this is really important. Right around the country, and right around the world, in fact, there is growing recognition that we can provide people with excellent care in a home setting. It is better for patients to get that care at home and of course it delivers better outcomes, so we are looking at expanding that system. We are also looking at what we need to do to manage aged care. Again, I have talked in this place about how important it is to consider how we provide appropriate care for older Western Australians. One reason our hospitals are under pressure is that every day, a significant number of people are in hospitals even though it is not the best setting for them. There are about 200, and in the peak of the winter season it got to 250 people in hospital who did not need to be there. That is why we are now rolling out things like Time to Think beds. These are really important because they provide an opportunity for people to have an appropriate placement while they and their families look to find an appropriate aged-care bed. We also have the Transition Care program, which is assisting older Western Australians to get access to appropriate aged care.

During the election, we committed to the rollout of our older adult health hubs. Again, these are a very important demonstration of how we are looking at ways to deliver care in the community. These older adult health hubs will bring together a range of services and supports for people to access as they get older, because hospital is not always the best place for someone, and we want to make sure that people get appropriate care in a setting that makes the most sense for them.

As we have also talked about here, it is important that we engage the federal government on this. Aged care is a federal government responsibility. Those opposite might want to talk about blame shifting or whatever, but that is a fact. The fact is that it is the federal government's responsibility. As a state government, we are doing a range of things, but we will also make sure that we engage with the federal government so that it does its piece as well, not just in terms of places in aged-care facilities, but also in accessing home-care packages, which are a key part of making sure that people can stay at home and get community support to be able to live and age well in place. On any measure, we are underdone in WA in terms of our number of home-care packages, so we do want to see greater investment from the federal government, and we do not shy away from that, which is why I, the Premier and the Minister for Aged Care and Seniors will travel to Canberra. But we are also doing more than that. We have the commitment for a $100 million loan facility to stimulate the private sector to be able to provide more aged-care infrastructure over coming years.

We are looking at everything we can do in terms of aged care to free up capacity in our hospitals—not just to free up capacity, but because that is how we deliver the best care for the people who need it. We are looking at the beginning of a patient journey and all the ways people can access care in the community, like through the WA virtual emergency department or through our State Health Operations Centre. When someone needs to access care, these are options that do not require them to travel to an emergency department. More appropriate care, closer to home and in the community is better for the patient.

That is why we are working with the federal government to deliver urgent care clinics. It is rolling out more of those clinics. They have already been established in a number of locations and we are very excited to see those numbers grow because that is an excellent way that people can seek the care they need close to home and in the community without needing to present at an emergency department. We are going to keep doing these things that are working and we will keep looking at what more we can do.

I really want to put on the record that it is important for people to appreciate that the capacity challenges we experience here in Western Australia are being experienced right around Australia and, in fact, in many places around the world. It is not a unique event. We have experienced challenges with demand on our hospital system, particularly through this winter, which we know has been a very challenging and difficult time. I think it is important that people appreciate that the challenges we face here are being experienced right around Australia. We are responding as other states are responding.

By way of comparison, South Australia has seen an increase in total ramping between 2022–23 and 2023–24. Earlier this year, Queensland put a pause on elective surgeries. It put out a statewide pause on elective surgeries

to deal with the pressures being faced during winter. Meanwhile, we have delivered record months of elective surgeries. As I said earlier this week, we delivered a record month in June.

Every state has experienced a difficult winter. Flu rates have been high. We have had presentations of respiratory syncytial virus as well, but our health system has responded. It has been challenging and difficult, and it has been challenging everywhere. But we have responded and we will continue to do that. As I said, we are not just responding in the short term. We are putting in place initiatives right across the system that mean people will be able to access the care that they need and have real alternatives to ensure that not all roads lead to emergency departments because that is not always the best place for people to go.

Before I sit down—I know others are also really keen to talk about this—I wanted to talk briefly about our work with community pharmacies. This is another great example of the work we have done and will continue to do. Pharmacies are a great example of how people can access appropriate care in the community. The sheer size of our state—its geography and sparse population—means that pharmacists will always be a really critical part of our health system. We have already implemented trials so that community pharmacists can diagnose and treat uncomplicated urinary tract infections, resupply the oral contraceptive pill and administer some vaccines. These initiatives have been game changers, particularly for Western Australian women. They have shown that people have embraced the opportunity to seek health care at their local pharmacy, freeing up GP appointments so that they are able to deal with more critical and important medical issues.

I wanted to share that I recently had the opportunity to visit Kimberley Pharmacy Services up in Broome with our excellent member for Kimberley. I spoke with community pharmacist Hannah Mann. She is providing prescriptions right throughout the Kimberley. She shared with me one story about how she recently had a phone call from a woman about 1:30 pm on a Saturday afternoon. This woman had flown to Broome that morning. She was there for a wedding, and she suspected she had a urinary tract infection. Of course, at that time on a Saturday afternoon, there was no opportunity to go and visit a GP in Broome and if she had waited to get back to Perth to see a regular GP, it might have transformed into a much more serious condition. She was able to go and visit Hannah at her pharmacy, who could then diagnose and provide treatment for her. It meant that it was a simple and easy-to-treat health condition. If left untreated, it could have escalated into something much more complex and possibly quite dangerous. This is just one example of how our initiative to do more with community pharmacies is making a real difference to people. There have been 14,000 incidents of care through community pharmacists, just in relation to UTIs, freeing up GP appointments for more serious conditions.

That is why we recently started the rollout of our enhanced scope of practice for community pharmacists through the Enhanced Access Community Pharmacy pilot. We are very excited about this training. The first round of training will start in September. It will then be subject to a trial, and we are extending the range of conditions that they will be able to access. We are providing $1.26 million to support those pharmacists to get training. This is another great example of the work that we are doing—work that ensures that people can get access to care in the community, closer to home. We will continue to do that.

I will bring my contribution to an end because I know there are others who are very keen to talk on this. There is so much we could talk about in terms of the important work we are doing every day, and the important work we will continue to do every day in health. Labor governments understand how important it is. We understand that this is a core part of delivering a better standard of living for everyday people, making sure that they have access to health care and making sure that we are supporting the workforce in our health system. We are doing the hard yards. We are looking at all the ways we can provide care in the community. How can we make it closer to home? Not every road needs to lead to an emergency department, but we are still committed to supporting all our hospitals, expanding them with a really ambitious infrastructure program of $3.2 billion, which includes work in regional areas as well as in the metropolitan area.

We are making sure that we are looking at all the ways we can modernise how health care is accessed, because that is how people can get access to the care they need. It makes it easier and quicker; it makes our system modern and fit for purpose, and that is absolutely what we are about. We are going to continue to work hard every day. We are very proud of our health system in this state, and we know we have work to do. We are going through a significant transition. We know there is increasing demand in the community, but we do not shy away from that task. We take it seriously and we understand the importance of it—unlike those opposite, who come in here and want to play politics with it, making all kinds of statements that do not bear up to scrutiny. We will do the hard yards. We have always done the hard yards, and that is why the people of Western Australia trust Labor governments to deliver health care for them.

Mr John Carey (Perth—Minister for Health Infrastructure) (6:42 pm): I am happy to speak on this issue. I will say that the proposition that the state government is not investing in our healthcare system is wrong. An extraordinary amount of money has been invested and, as we have heard, more than $14 billion in new funding since 2021, which is an incredible uplift in funding. In this budget alone, there is an extra $1.4 billion, funding a whole raft and range of different measures, which the Minister for Health went through, in relation to tackling the important issue of pressure on our emergency departments. As the Minister for Health said, the way the opposition

talks, one would believe that Western Australia is the only state facing this challenge. Every state, whether blue or red, is facing the same critical pressures. Look to the Northern Territory, to Queensland, to Tasmania, to Victoria and to New South Wales: whether it is blue or red, every state is facing critical pressures.

As Minister for Health Infrastructure, I can say that we have a big, bold infrastructure program, and I am sincere about this. If we look at our investment and works, it is across the state—even the smaller projects. I have talked about Geraldton, Bunbury and the women's and babies' hospital, which is a completely new build, but there are also the smaller projects, like the Fitzroy renal centre expansion, which I visited, where works are underway to increase the capacity to assist our community in the far north. That is an $8.6 million project. What I am saying is that we understand the critical challenges that we face and we are making systemic funding upgrades and infrastructure improvements across the board. There are challenges in the health construction market. It can be specialised. As I have put on the record, at times we have had to expand or extend the tender process because there has not been enough. We have really had to work hard to get those projects over the line. A case in point is Mullewa; we got there and that project will be delivered. There is a sincere and driven approach to this.

I want to raise some of the issues regarding Sir Charles Gairdner Hospital. I respect the doctors, nurses and staff in our health system, and I will come back to that later. The point that I was making with regard to work orders was that, first of all, a single piece of maintenance can actually generate multiple work orders about the same problem. When we think about it, a minor leak in an internal pipe might create five work orders—for the initial plumbing repair, drilling access through gyprock, gyprock patching and painting, facade restoration and carpet replacement. One job, as a result of one issue, can generate a number of works. Secondly, there can be duplication. For example, one nurse will come on and report an issue, and when she gets off, another nurse will come on and report the same issue. Of course there is duplication in the system about the same issues. That was the point that I was making. But it is a robust system and we do address issues.

I think this is really important. The opposition again made claims today that radioactive waste was leaking. What I am demonstrating is that people can write anything on a work order believing that what they are writing is the truth. I am not attacking the staff by saying that; it is just that people write out a work order believing they know what it is and, of course, someone then comes out to do the assessment or seek to resolve it and it is not that. I have experienced that with 45,000 public houses, with people saying that there is an issue that needs to be fixed and, when we send someone out, it is something completely different. Regarding that issue, it was not a radioactive leak. That was the advice that I got. It was on 13 March in a sub-basement of G Block. It was not about the location; it was about the fact that it was not a radioactive leak. We did everything in accordance with our hospital standards so that any leaks that may occur are managed appropriately. I said on the record—I went on multiple radio programs and did interviews—that radiation levels in these pipes are very low and they may be zero, depending on the use of toilets and treatment schedules. As such, they pose no risk to other patients, staff or the broader community. In this instance, the advice to me was that the leak was very minor. As I pointed out, it occurred in a sub-basement, and patients and other staff did not have access to that area. What is also interesting is that a physicist in nuclear medicine confirmed that there was no issue before remedial works were undertaken. I am not making that up. As the Minister for Health Infrastructure, I have to act based on the advice from the agency and the health service provider, which oversee a lot of work orders. I have not denied that. I want to be clear: I have said it is ageing health infrastructure. It is ageing health infrastructure in a large system with half a million patients coming through. There is wear and tear and everything else. Of course, a large amount of maintenance and work is being undertaken. But I respectfully say that the claims made by the WA Liberal Party that there was radioactive waste leaking, which it made multiple times, is not what I was advised after the resolving of that minor leak. I have to base things on that evidence. A physicist in nuclear medicine actually looked on that occasion.

There have been issues highlighted in the media that I have, again, covered extensively in interviews. Regarding the sewerage incident, I was given a specific circumstance and got the advice on it. A blockage was created by towels flushed down toilets. I was not trying to make a political point there. I was just saying that I was asked about a particular issue, we responded and that was the advice given to me. I have also been advised that air quality testing has not detected any black mould spores at Sir Charles Gairdner Hospital. That was also advice provided to me. Air quality testing did not detect any black mould spores in the air at Sir Charlies. When surface mould is present, work is done to remove it and air quality testing is always done. I just wanted to address those things.

I turn to Legionella. That pathogen is found across all buildings such as shopping centres and other buildings where there are cooling systems. It is to be anticipated that it will be found across the health system. As I think the Minister for Health said, it is found in water supply of large buildings or complexes, including shopping centres, aged-care centres and universities. We take it seriously. All hospitals must have a water quality management plan. I am advised that Charlies has a dedicated water quality specialist. There is regular testing and any detections are immediately actioned in accordance with the guidelines. I need to be clear that the new water quality management system came in in 2021 and it is reviewed annually. It follows strict policies set out by the World Health Organization and Australian government guidelines. The protocols at the hospital include regular water testing, flushing, dosing of water and changing of showerheads, taps and hosing. For example, in inpatient areas all taps

are turned on twice a week by designated cleaning teams so there is no static water. Water taps and showers are run in unoccupied areas and staff areas once a week, and there is quarterly thermal flushing of all patient outlets. There is also a 12-month service of thermostatic mixing valves and quarterly chlorine profiling of water systems. All of that work is done and it is thorough. The advice to me is that there have been no confirmed cases of legionnaire's disease acquired at the hospital since 2021. The hospital is safe and provides high-quality care. It was also pointed out to me that it is not just old buildings; it can be new buildings. It can be a new hospital or an old hospital. It obviously relates to water cooling systems and so forth.

We heard some commentary from, I think, the member for Carine and others, saying that because I was addressing particular inquiries relating to work orders, we were being disrespectful to the workers in the system. I do not accept that. I have great respect for anyone who works in the public or private health system.

We all have stories in our lives about the incredible work that we see in our health system. Respectfully, within seven years, I lost my father, my mother and my sister. They all went through the hospital system and I saw extraordinary support and expertise. I think there is a general consensus. We do respect our health workers. Certainly, looking at all my commentary, there is no suggestion that we were seeking to belittle medical health staff. I respect the advocacy of all the medical unions. I do believe that we have world-class health staff. I do believe we have a world-class health system. I look around the world and there is no other place where I would rather access health care and hospital services. I say that sincerely, based on my long experience. It is not current but based on understanding what we do. I think it is unfair for the Liberals to say there are Third World conditions or Third World hospitals. I think they said something like that. I think we do have a world-class hospital system. I genuinely believe that, but we recognise the challenges and that is why, as a state government, we have this dogged determination to drive reforms, drive change and get that infrastructure program out the door, despite the challenges that we face in Western Australia, like every other state in the nation.

Let us be a little bit circumspect about this idea that there is great respect for our workforce. We are backing that in, even Charlies when we think about it. Yes, I have been on the record saying there is ageing infrastructure. Yes, we face challenges. Yes, we have to keep working through the maintenance issues, but we are making significant new investment like a total redevelopment of the emergency department at $50 million and a complete new intensive care unit at another $25 million. That is backing in the staff, the doctors and the nurses. That is real and substantial investment that is really making a significant upgrade to those working spaces.

Mr David Scaife (Cockburn—Parliamentary Secretary) (6:57 pm): I am very happy to follow the Minister for Health and the Minister for Health Infrastructure in opposing this motion. A lot of the debate, as the Minister for Health Infrastructure said, has not given enough credit to the seriousness of these issues. I am always disappointed to hear the attacks on the health minister, the Premier and the Minister for Energy and Decarbonisation, who are all people I have known for many years, who have done a very difficult job being health ministers over the years. I want to make the point that if the opposition wants to talk about failures in the system, then they have to talk about the failure of their own shadow health minister, because we have a failed shadow health minister here in this chamber in the member for Vasse. Remember, this is a member who, at the time when Parliament rose before the last election, the only two health policies that the Liberal Party had announced were that they would ban puberty blockers and that they would not build the women's and babies' hospital at Murdoch. Those were the two policies that they had released when Parliament rose, when they were no longer subject to the scrutiny of this chamber. There is no greater disrespect that we can give to health workers and to clinicians than to say that politicians like the member for Vasse would be better placed to make clinical decisions about the treatment of vulnerable people than they are. The member for Vasse's flagship policy when Parliament rose was that she would replace the judgement of health workers with her judgement when it came to the prescribing of puberty blockers to vulnerable young people. Despite having no medical or clinical experience herself, she thought it was appropriate that politicians should substitute their opinion about medical treatment for that of the multidisciplinary and expert teams that we are fortunate to have in hospitals like Perth Children's Hospital. There is no greater disrespect to the professionals in our health workforce than to say that a politician should usurp their job.

Debate interrupted, pursuant to standing orders.

CONSTRUCTION INDUSTRY PORTABLE PAID LONG SERVICE LEAVE AMENDMENT BILL 2025
PILBARA PORT ASSETS (DISPOSAL) REPEAL BILL 2025

Receipt

Bills received from the Council.

House adjourned at 7:01 pm

Questions on notice answered today are available on the Parliament of Western Australia's website