



HEALTH LEGISLATION AMENDMENT (MISCELLANEOUS) BILL 2024



AN INITIATIVE OF THE
SUSAN MCKINNON FOUNDATION

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WHAT IS THE BILL?

The object of the Health Legislation Amendment (Miscellaneous) Bill 2024 is to make miscellaneous amendments to the following Acts—

- (a) the *Assisted Reproductive Technology Act 2007*,
- (b) the *Crimes Act 1900*,
- (c) the *Drug and Alcohol Treatment Act 2007*,
- (d) the *Health Records and Information Privacy Act 2002*,
- (e) the *Medicines, Poisons and Therapeutic Goods Act 2022*,
- (f) the *Mental Health Act 2007*,
- (g) the *Private Health Facilities Act 2007*,
- (h) the *Public Health Act 2010*,
- (i) the *Public Health (Tobacco) Act 2008*.

This Bill also repeals the Health Services Amendment (Ambulance Services) Act 2015.

WHAT IS A SHADOW SPI?

The Shadow SPI is a new initiative of the Susan McKinnon Foundation that builds upon the work of the Evidence Based Policy Research Project. It seeks to support parliamentarians in the Legislative Council of NSW during the legislative consideration and voting process, to inform decision making and robust parliamentary debate. It is also intended to improve the quality of tabled SPIs and their usefulness, and to shine a light on the importance of transparency in policy making. Each Shadow SPI is collectively developed by a collaborative team from two ideologically differentiated think tanks (Per Capita and Blueprint Institute) and is intended to be utilised as a companion to the tabled Government Statement of Public Interest in the Legislative Council of NSW. The Shadow SPIs aim to demonstrate a comprehensively answered SPI, within the constraints of time and publicly available information.

This Shadow SPI was developed by Blueprint Institute and reviewed by Per Capita.

Need: Why is the policy needed based on factual evidence and stakeholder input?

The Health Legislation Amendment (Miscellaneous) Bill 2024 ('the Bill') forms part of the well-established legislative amendment program by the Ministry of Health designed to ensure Health legislation remains current and fit for purpose. Outdated legislation is often the root of inefficient or flawed healthcare systems, which results in negative outcomes for patients.ⁱ

The need for reform to health legislation in NSW is supported by the 2020–25 National Health Reform Agreement ('NHRA'), which emphasises systemic reform as essential to delivering better outcomes for Australians in all states. The NHRA roadmap points to data protection, mental healthcare, and informed patients as key areas for improvement—themes touched upon by the amendments in this Bill.ⁱⁱ

This Bill was developed in consultation with a range of stakeholders who represented the experiences and interests of both healthcare professionals and their patients, including but not limited to: the Australian Medical Association; the Information Privacy Commissioner; Mental Health Carers NSW, and the Health Services Union.

Both healthcare providers and their patients will be affected by this Bill.

Patients of Assisted Reproductive Technology ('ART') will now face limits on the gamete donors they can use, decreasing their options when selecting an appropriate donor. Children conceived using ART will have fewer half-siblings after the Bill's commencement, thereby limiting their chances of unwittingly forming a sexual relationship with a blood relative when they grow up.

Patients of drug and alcohol and mental health treatment programmes will benefit from this Bill as they will be better represented by having an advocate available for them when an official visitor is unable to fulfil their statutory functions. Patients suffering from severe mental health disorders will also be more likely to receive notice of a Community Treatment Order ('CTO') being issued or breached with respect to them, and will receive the additional support of their carers in complying with the CTO.

Healthcare providers such as General Practitioners and their staff will be positively affected by this Bill as the amendments to the Crimes Act 1900 will afford them a safer and more secure working environment. ART service providers will also be affected by the Bill as they will be responsible for ensuring ART patients do not exceed statutory limits for offspring when choosing a gamete donor. Official visitors under the Drug and Alcohol Treatment Act 2007 and the Mental Health Act 2007 will be positively impacted by the Bill as they will be able to take temporary absences from their duty without concern that the patients they advocate for being neglected. Carers of patients who are issued CTOs will also be positively affected by the Bill as they will be notified of a CTO being issued, thereby granting carers more information to respond appropriately.

The Secretary of the Ministry of Health ('the Secretary') will also be affected by the Bill greater discretion being granted when requesting information from and determining requirements for specified agencies relating to the safeguarding of public health. By proxy, public health facility licensees, actors involved in legionella control and human remains disposal, and principals of schools and childcare facilities will be affected by the Secretary's expanded powers.

Other parties affected by the Bill are State Owned Corporations ('SOCs'), who will be newly liable to the Health Privacy Principles set out in the Health Records and Information Privacy Act 2002 when handling patient information. Authorised officers appointed under the Public Health Act 2010 for the purposes of enforcing the provisions of the Public Health (Tobacco) Act 2008 will also be affected by the Bill, as they will be recognised as inspectors appointed under the Public Health (Tobacco) Act 2008 once the Bill commences.

COMMENT

For most SPIs, the Need section should describe the need for the Bill with regard to its specific focus and functions. However, as this Bill contains several miscellaneous amendments to several pieces of health-related legislation, this section should outline the general need to update health legislation, with specific examples that indicate this need. This description should convincingly explain why some action in terms of updating legislation is necessary.

The evidential case pointing to the need for each of the Bill's amendments should still be clarified in the SPI, but this may be captured in the Objectives section.

The SPI should state who the affected parties of this Bill are, specifically being the parties affected by the amendments of the Bill. The Government SPI rightfully states that this Bill is part of the Ministry of Health's long-established legislative amendment program, but more context on this program could have been provided.

Objective: What is the policy's objective couched in terms of the public interest?

The Bill makes minor amendments to a series of Acts within the Ministry of Health's portfolio. Broadly speaking, these amendments serve the public interest by improving the clarity and ease of healthcare systems for patients, and remedying operational issues for healthcare providers. As this Bill concerns a range of amendments across a number of areas, the public interest objectives of each of the amendments in the Bill are set out below.

The Bill will repeal the Health Services Amendment (Ambulance Services) Act 2015 ('the Ambulance Services Act'). In the ten years since it was passed by Parliament, the Ambulance Services Act never commenced due to concerns that it would not be able to effectively achieve its intended outcomes of delineating a role for the private sector in supporting the NSW Ambulance Service in patient transport.ⁱⁱⁱ It is in the public interest for the record of legislation to reflect only what is currently in force, so that citizens of NSW may more easily understand their obligations under law.

The amendments to the Assisted Reproductive Technology Act 2007 ('the ART Act') in Schedule 1 of the Bill will reduce the number of families that can use an individual donor's gametes in ART procedures. The Bill also amends the ART Act to permit ART service providers to request non-identifying information concerning the use of a donor's gametes, in particular the number of women who have given birth to or plan on giving birth (or the number of children born) using that donor's gametes, to ensure the usage rate is not exceeded.

Although cases of excessive gamete donations by a single donor are not representative of the majority of donations used by ART clinics, the excessive usage of a single donor's gametes Australia has occurred in both regulated and unregulated settings.^{iv} To this point, Australians conceived through ART are now calling for greater visibility on gamete donor usage as to limit the number of half-siblings they may have.^v

There is a strong case for reducing the potential for children produced using ART unknowingly entering into sexual relationships with their blood relatives as adults. It is also in the interest of the public health to prevent close genetic inbreeding, as the children of first-degree relatives have a higher incidence rate of birth defects such as congenital malformations, deafness, and mental and physical disabilities.^{vi}

The Bill amends the Crimes Act 1900 to extend the existing offence of assault against a frontline health worker to include assaults of staff in medical practices.^{vii} A 2012 survey of clinical medical practitioners across Australia found patient aggression towards staff in medical practices to be a common experience, with over half of the 3,515 General Practitioner respondents reporting being verbally or physically abused within 12 months prior to the survey.^{viii} In New South Wales specifically, 88% of medical practices reported experiencing verbal aggression from a patient.^{ix}

Poor workplace safety has been shown to contribute to detrimental mental health outcomes of healthcare practitioners, which in turn decreases the quality of care received by patients. Expanding protections against assault to all healthcare workers would therefore improve public healthcare outcomes by enabling medical practitioners to treat patients in a safer and more secure environment.^x

Schedule 3[1-2] and Schedule 6[6-7] of the Bill amend the Drug and Alcohol Treatment Act 2007 and the Mental Health Act 2007 to permit acting official visitors to fill in for official visitors under those acts who are temporarily unable to fulfil their statutory functions—for example, if they are unwell. Acting official visitors will be appointed by the Minister of Health and are entitled to remuneration for their service.^{xi}

Official visitors under the Drug and Alcohol Treatment Act and the Mental Health Act are qualified persons appointed by the Minister of Health to inspect drug and alcohol or mental health treatment facilities and who advocate for patients of these programs to resolve issues arising from the facility's provision of care. These amendments to the Drug and Alcohol Treatment Act and the Mental Health Act serve the public interest by ensuring that rights of patients in drug and alcohol and mental health treatment programs are safeguarded in the event that the usually appointed official visitor is temporarily unable to perform their duties.

Schedule 6 of the Bill further amends the Mental Health Act with regard to the communication of Community Treatment Orders (CTO), which are orders for the compulsory treatment of a person while in the community, as determined by a magistrate or the Mental Health Review Tribunal upon application by a carer for that person.^{xii}

The Bill amends the Mental Health Act by inserting a provision that all practicable steps should be taken by the director of community treatment at the mental health facility declared in the CTO to give written notice to each designated carer and the principal care provider of the person to whom the CTO or CTO breach notice is being issued.^{xiii} Schedule 3 of the Bill also amends the Mental Health Act to enable CTO breach notices to be sent to the affected person by email as well as via the post or in person.

Increasing communication pathways for notices of CTOs and CTO breach notices decreases non-compliance with these orders caused by a lack of awareness of the order's existence. For example, the current legislation designates that if breach notices cannot be handed to the affected person, they should be posted to their last known address — yet the prevalence of homelessness amongst people with severe mental health disorders means that some breach orders may never reach the person affected.^{xiv}

Carers play an important role in the treatment of a patient, so notifying an affected person's carers a CTO is made or breached will allow carers to protect themselves and encourage the patient to comply with the order. Additionally, increasing the channels through which a CTO breach notice may be sent to the affected person will encourage patient compliance and potentially minimise the need for police intervention.^{xv} These amendments serve the public interest by ensuring that people affected by severe mental health conditions receive the appropriate treatment for their conditions without causing them unnecessary distress.

Schedule 4 of the Bill amends the Health Records and Information Privacy Act 2002 to extend the definition of public sector agencies under that Act to include State Owned Corporations that are not subject to the Privacy Act 1988. This change will make SOCs subject to comply with the Health Privacy Principles set out in Schedule 1 of the Health Records Act, which regulate how patient information can be collected, stored, and used.

This change will align with recent amendments made to the Privacy and Personal Act 1998, which obligated SOCs not captured in the Privacy Act 1988 to disclose data breaches when they occur.^{xvi} In tandem, these amendments will standardise the complaints process for matters regarding personal information and health.^{xvii} As such, this amendment in the Bill serves the dual public interest of protecting patient's information privacy whilst also improving grievance redress mechanisms for when this information privacy is breached.

The Bill amends the Medicines, Poisons, and Therapeutic Goods Act 2022 ('the MPTG Act') to decrease the maximum penalties levied against corporations for tier 5 offences, that being the least serious offence tier under the MPTG Act.^{xviii} The Bill will reduce the penalty for a corporation committing a tier 5 offence from 60 points to 50 penalty points—with the penalty for continuing to commit the offence reduced from 120 points to 100 points per day.

This amendment is intended to correct a drafting error in the MPTG Act, which legislated the penalty for corporations for a tier 5 offence to be 6 times that levied on individuals.^{xix} Decreasing the tier 5 penalty for corporations will standardise the penalty multipliers levied on individuals and corporations for tiers 3 to 5 offences, thereby benefiting the public by increasing simplicity and legibility of the law.

Schedule 7 of the Bill makes a minor amendment to the Private Health Facilities Act 2007 to permit the Secretary of the Ministry of Health to request specific information from private health facility licensees. This amendment is similar to those in Schedule 8 which insert provisions into the Public Health Act 2010 to permit the Secretary to determine additional requirements for the installation, maintenance, and operation of legionella control mechanisms and prescribe additional occasions principals of schools and childcare facilities to obtain from parents immunisation certificates of children enrolled at the school. Schedule 8 of the Bill also grants the Secretary discretion to exempt a person or a class of persons from regulations on the disposal of human remains, with or without conditions attached to that exemption.

The purpose of the amendments in Schedules 7 and 8 of the Bill are to bolster the Secretary's flexibility in affecting public health regulations with consideration for the specific circumstances of the party governed by the regulations. The Secretary's expanded powers under the Bill with regards to disease prevention will be particularly relevant with regards to the recent outbreaks of legionella and measles in Sydney.^{xx} These amendments are in the public interest as they will function to protect public health without relying on a 'one-size-fits-all' approach for disease prevention and management.

Finally, Schedule 9 of the Bill amends the Public Health (Tobacco) Act 2008 ('the Tobacco Act') to permit the Secretary to appoint inspectors, whose function is to seize and dispose of tobacco products which cannot be legally sold under the Tobacco Act (e.g. if the concentration of nicotine is too high or it is not in its original packaging).^{xxi} There is currently no provision within the Tobacco Act for whom this responsibility falls to, and the role has fallen into the remit of authorised officers appointed under the Public Health Act 2010.

The shifting of this duty to authorised officers appointed under the Public Health Act has created confusion for when enforcing the Tobacco Act, as these officers carry identifications stating they are appointed under the Public Health Act, rather than the Tobacco Act.^{xxii} This minor change will reduce potential confusion which may arise when inspectors fulfilling their functions under the Tobacco Act are carrying out their duties. This serves the public interest by increasing the transparency and thereby public trust in the carrying out of law enforcement activities.

COMMENT

Although the Government SPI described the function and purpose of each of the Bill's amendments, it failed to specify how each of these changes would serve the public interest. A satisfactory response to this section would clearly articulate how the Bill serves the public interest with specific examples on how it does so.

For example, when discussing the amendment to notify a patient's carer's when a Community Treatment Order (CTO) concerning them is issued or breached, the government SPI explains that this change is to 'ensure compliance by a patient with a community treatment order, and to recognise the important role carers play for patients with mental health conditions'. Whilst this explanation is true, it does not clarify that a patient's compliance with a CTO serves the public interest by better enabling vulnerable people in society suffering from severe mental health conditions to receive the treatment they require.

Options: What alternative policies and mechanisms were considered in advance of the bill?

The changes in the Bill can only be achieved through legislative amendment—for instance, expanding the statutory powers of the Secretary of the Ministry of Health and creating a new criminal offence for assault against staff working in medical practices.

An alternate option would be the option of 'no change', that being to not make any amendments to the Acts amended by this Bill. Options considered with regard to the formatting of the Bill were to either separate the amendments into separate bills or to consolidate the amendments into a miscellaneous amendment bill.

Other alternate policy mechanisms could have been considered in the creation of this Bill to address the need at the root of each of the changes. For example, the need to prevent children born using an individual Assisted Reproductive Technology (ART) gamete donor from unknowingly entering into a sexual relationship with a half-sibling could be managed by increasing ART patient knowledge of gamete donor usage.

COMMENT

This section in the government SPI was insufficient as it did not list any alternative policy options and did not provide any justification for the consideration of this chosen legislative amendment as the sole mechanism to action the objectives of the policy. We could not determine through research whether any other policy options were considered in the making of this Bill, but if other options were considered, these options should be included here.

Analysis: What were the pros/cons and benefits/costs of each option considered?

If none of the changes in the Bill were pursued, the Acts amended by the Bill would remain unable to most effectively and efficiently address issues arising in NSW's healthcare system. For example, if further legionella outbreaks were to occur due to the current state of prevention controls, hospital resources would be pressured by the influx of legionella related patients. Although difficult to ascertain exact figures, a legionella outbreak would also result in productivity costs for society from workdays lost and premature deaths of those infected.^{xiii} This example illustrates why it is necessary to continually update NSW health legislation to ensure it remains fit-for-purpose.

The amendments in the Bill will actively address identified gaps in NSW's healthcare structure. As the majority of the changes are administrative, there will be minimal fiscal costs to implementing the amendments in the Bill, but a social benefit in improving working conditions for healthcare providers and supporting healthcare outcomes for their patients.

The amendments in this Bill could create risks to individual privacy, but these risks have been identified and addressed. For example, although Schedule 1 of the Bill creates a provision for Assisted Reproductive Technology service providers to access information on gamete donors to ensure that an individual's gamete donations are not excessively used, only non-identifying information limited to the number of offspring born or the number of families using the donor may be requested. The policy options in the Bill were selected because they successfully managed the sensitive balance between the public health benefit and the individual right to privacy.

COMMENT

An exemplary SPI should weigh the costs and benefits of each policy mechanism considered in the making of the Bill as outlined in the 'Options' section. As no alternate policy mechanisms were described in the Government SPI or apparent in background research on the Bill, we are unable to outline the cases for or against policy approaches other than what is in the Bill.

The Government SPI does briefly compare the efficacy of the formatting of the amendments into a consolidated Bill, as opposed to presenting the changes in stand-alone Bills. Although this comparison is an appropriate inclusion in this section, the primary focus of the Analysis section should be comparing the policy options and mechanisms considered in advance of the Bill, rather than the formatting of the amendments.

Pathway: What are the timetable and steps for the policy's rollout and who will administer it?

The Bill will commence on the day it receives assent.

The Bill contains two transitional provisions for the amendments made, located at schedule 4[5] and schedule 9[3]. The first of these provisions dictates that State Owned Corporations must abide by the Health Privacy Principles in the Health Records and Information Privacy Act 2002 only for information collected after the Bill is commenced. This means that complaints cannot be made against or SOCs held liable for information collected before this amendment comes into force.

The second transitional provision concerns the new class of inspectors under the Tobacco Act. Before the Bill, this statutory function was carried out by authorised officers appointed under the Public Health Act 2010. The amendment will mean that any authorised officers appointed before the commencement of the Bill under the Public Health Act 2010 for the express purpose of enforcing the Public Health (Tobacco) Act 2008 will be considered appointed as an inspector under the Tobacco Act.

As some of the amendments in the Bill concern additional powers granted to the Secretary of the Ministry of Health, no implementation pathway is required for these changes. It will be necessary for agencies impacted by the Bill to be informed of the changes to their legal obligations—for instance notifying Assisted Reproductive Technology service providers and State Owned Corporations of the new data protection and sharing provisions contained within the Bill.

Minor implementation measures will also have to be made to give effect to the Bill, for example issuing new identification cards to the authorised-officers-cum-inspectors under the Tobacco Act. It is the responsibility of the NSW Ministry of Health to ensure these steps for implementation are undertaken.

The Bill does not indicate an evaluation plan with respect to its provisions, however it may be assumed that these changes will be subject to ongoing review as part of the Ministry of Health's legislative amendment program.

COMMENT

The government SPI indicates that the Bill will commence upon assent and that NSW will be generally responsible for administering the changes. However, the government SPI fails to provide any clarification on how the Bill will be implemented (e.g. transitional measures) or whether there is a plan for review or evaluation in place.

Consultation: Were the views of affected stakeholders sought and considered in making the policy?

A range of internal and external stakeholders were consulted in the creation of the Bill, including peak and advocacy groups, State Owned Corporations, government bodies, and trade associations. In particular, consultations were held with The Medical Services Committee, the Australian Medical Association, Association (NSW), the Nurses and Midwives' Association, the Information Privacy Commissioner, the Health Services Union, BEING Mental Health Consumers, Mental Health Carers NSW, Hunter Water, Sydney Water, Landcom, Water NSW, the Port Authority of NSW, and the Transport Asset Holding Entity.

COMMENT

The government SPI extensively detailed the range of stakeholders consulted in the creation of the Bill. An exemplary SPI would detail the nature and extent of the consultation with each stakeholder, and how stakeholder feedback impacted the content of the Bill.

ASSESSMENT

BLUEPRINT INSTITUTE COMMENT:

This Government SPI is insufficient as it did not address how the amendments in the Bill would serve the public interest or demonstrate that any alternate policy mechanisms were considered in the drafting of the Bill. Although the changes encapsulated in the Bill are wide-ranging and make minor amendments to several pieces of legislation, the purpose of a SPI is to explain why a legislative change is required, no matter how small, so Members are provided with information that will assist them to make an informed decisions as to how to treat the Bill and its policies. An SPI on a Bill of this nature requires far more context and analysis of what the amendments in the Bill do, and why the specific policy mechanisms were decided as the best option to address the need for change.

PER CAPITA COMMENT:

We agree with Blueprint's assessment of this Government SPI. The SPI should outline the public interest in implementing the proposed amendments provided in the Bill. The purpose of providing the Parliament with an SPI is to ensure Members have enough information to make an informed decision and for the Government to demonstrate sound policy making. To do this, it requires more information about why this Bill is appropriate, and why it, and not alternative policy mechanisms, is the best pathway for achieving the policy objectives.

Assessment of the tabled Statement of Public Interest

Exemplary	Good Practice	Adequate	Insufficient
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- ⁱ Heather A Buchan et al, 'Australian clinical practice guidelines – a national study' (2010) 192(9) *Medical Journal of Australia* 490.
- ⁱⁱ Australian Health Ministers, *National Health Reform Agreement (NHRA): Long Term Health Reforms Roadmap* (Final Report, 17 September 2021).
- ⁱⁱⁱ New South Wales, *Parliamentary Debates*, Legislative Council, 21 March 2024 (Rose Jackson, Minister for Water, Minister for Homelessness, Minister for Mental Health, Minister for Youth, and Minister for the North Coast); New South Wales, *Parliamentary Debates*, Legislative Council, 9 September 2015 (Sarah Mitchell, Secretary).
- ^{iv} Brett Lackey, 'The dad with 1000 Kids: Why this 'broken' mother-of-five fears her children will be forced to run background checks on every potential love interest – or face an unthinkable reality – as an entire state is put on alert', *The Daily Mail Australia* (online at 4 November 2023) <<https://www.dailymail.co.uk/news/article-12708721/Sperm-donor-1000-kids-Queensland-mother-five-fears-children-forced-run-background-checks-love-interests.html>>; Tory Shepherd, 'I had two babies born last week: the unregulated world of Australia's online sperm donors', *The Guardian Australia* (online at 6 February 2023) <<https://www.theguardian.com/science/2023/feb/06/i-had-two-babies-born-last-week-the-unregulated-world-of-australias-online-sperm-donors>>.
- ^v Tahlia Roy, 'People born from sperm donations want urgent crackdown on assisted reproductive technology industry', *ABC News* (online at 12 June 2022) <<https://www.abc.net.au/news/2022-06-12/donor-conceived-people-want-crackdown-on-industry/101146102>>.
- ^{vi} Cristian Rodrigues do Nascimento et al, 'Analyzing inbreeding and estimating its related Deficiencies in Northeastern Brazil' (2022) 11(04) *Journal of Pediatric Genetics* 272.
- ^{vii} *Crimes Act 1900* (NSW) div 8A s 60AE.
- ^{viii} Danny Hills, 'A national study of workplace aggression in Australian clinical medical practice' (2012) 197(6) *The Medical Journal of Australia* 336, 338.
- ^{ix} AMA New South Wales, 'Doctors Need Greater Protection Too' (Media Release, 30 May 2023).
- ^x Christian Alexander et al, 'Occupational violence in an Australian healthcare setting: Implications for managers' (2004) 49(6) *Journal of Healthcare Management* 377, 392.
- ^{xi} Health Legislation Amendment (Miscellaneous) Bill 2024 (NSW) sch 3 item 2; sch 6 item 7.
- ^{xii} *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW) div 3 s 19; *Mental Health Act 2007* (NSW) div 1 s 51(1).
- ^{xiii} Health Legislation Amendment (Miscellaneous) Bill 2024 (NSW) sch 6 items 1-3; 5.
- ^{xiv} Australian Bureau of Statistics, *Mental Health and Experiences of Homelessness, 2014* (Catalogue No. 4329.0.00.005, 13 May 2016).
- ^{xv} See Georgina Mitchell, 'Man's fatal shooting by police was preventable, coroner finds', *Sydney Morning Herald* (online at 14 September 2022) <<https://www.smh.com.au/national/nsw/ian-s-fatal-shooting-by-police-was-preventable-coroner-finds-20220913-p5bhof.html>>..
- ^{xvi} Privacy and Personal Information Protection Amendment Act 2022 (NSW).
- ^{xvii} *Privacy and Personal Information Protection Amendment Act 2022* (NSW) sch 1, items 2-4; New South Wales, *Parliamentary Debates*, Legislative Council, 21 March 2024 (Rose Jackson, Minister for Water, Minister for Homelessness, Minister for Mental Health, Minister for Youth, and Minister for the North Coast).
- ^{xviii} *Medicines, Poisons and Therapeutic Goods Act 2022* (NSW) s 117.
- ^{xix} *Privacy and Personal Information Protection Amendment Act 2022* (NSW) sch 1, items 2-4; New South Wales, *Parliamentary Debates*, Legislative Council, 21 March 2024 (Rose Jackson, Minister for Water, Minister for Homelessness, Minister for Mental Health, Minister for Youth, and Minister for the North Coast).
- ^{xx} Emily Wind, 'Legionnaires' disease: Sydney outbreak reaches 10 cases as authorities search for source', *The Guardian Australia* (online at 5 January 2024) <<https://www.theguardian.com/australia-news/2024/jan/04/sydney-cbd-legionnaires-disease-outbreak-what-is-it-explained-symptoms-cooling-towers>>; Tory Shepherd, 'Measles alert for Sydney as experts call for improvement in indoor air quality', *The Guardian Australia* (online at 31 March 2024) , <<https://www.theguardian.com/australia-news/2024/mar/31/measles-alert-for-sydney-as-experts-call-for-improvement-in-indoor-air-quality>>.
- ^{xxi} *Public Health (Tobacco) Act 2008* (NSW) s 7A.
- ^{xxii} New South Wales, *Parliamentary Debates*, Legislative Council, 21 March 2024 (Rose Jackson, Minister for Water, Minister for Homelessness, Minister for Mental Health, Minister for Youth, and Minister for the North Coast).
- ^{xxiii} M Baker-Goering et al, 'Economic Burden of Legionnaires' Disease in the United States' (2014) 27(1) *Emerging Infectious Diseases* 255.