



# House of Representatives

## Supplementary Order Paper

Tuesday, 24 February 2004

### Health (National Cervical Screening Programme) Amendment Bill

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#### *Proposed amendments*

Sue Kedgley, in committee, to move the following amendments:

*Clause 4: proposed new section 112S:*

To insert, before section 112U (before line 9 on page 16), the following section:

- “112T Screening programme evaluator may access information only for purpose of performing functions**
- “(1) A screening programme evaluator may access information and specimens under **sections 112U, 112V, and 112W** only for the purpose of performing, and to the extent necessary to perform, that person’s functions as a screening programme evaluator.
- “(2) **Subsection (1)** is subject to **section 112ZC**.

*Clause 4: section 112U:*

To insert in new section 112U, after the words “For the purpose of this section,” (line 11 on page 16), the expression **“section 112V”**.

To insert in new section 112U(2), before paragraph (d) (before line 3 on page 17) the following paragraphs:

- “(b) all records and specimens held by a laboratory that relate to a relevant woman; and
- “(c) all records and specimens held by a hospital that relate to a relevant woman; and

To omit new section 112U(2)(e) (lines 5 to 10 on page 17).

*Clause 4 proposed new sections 112V and 112W:*

To insert, before new section 112X (after line 36 on page 18) the following sections:

“112V **Power of screening programme evaluator to access other health information with consent**

- “(1) Any provider of health services who holds health information that relates to a relevant woman, other than health information that is accessible to a screening programme evaluator under **section 112U(2)**, must make that health information available, free of charge, to a screening programme evaluator if—
- “(a) the woman to whom the information relates, or a person who is entitled to give consent on her behalf, has consented to the information being made available; or
  - “(b) the woman to whom the information relates has died and her personal representative has consented to the information being made available.
- “(2) The Director-General may specify, by notice in writing to the provider of health services, the manner and form in which information that is required to be provided under **subsection (1)** must be provided, and the provider of health services must provide the information in that manner and form.

“112W **Director-General may require health information to be made available to screening programme evaluator without consent**

- “(1) The Director-General may, if satisfied of the matters in **subsection (2)**, issue a notice to any person requiring that person to make available to a screening programme evaluator any health information that relates to a woman who has been diagnosed as having the condition to which the screening programme relates.
- “(2) Before requiring a person to make health information available to a screening programme evaluator under **subsection (1)**, the Director-General must be satisfied that—
- “(a) it has not been possible to obtain the consent of the woman to whom the information relates because, despite reasonable efforts having been made, she has not been found; or
  - “(b) the woman has died and it has not been possible to obtain the consent of her personal representative because, despite reasonable efforts having been made, the woman’s personal representative has not been found.
- “(3) Any person who is issued a notice under **subsection (1)** must make the health information specified in that notice available, free of charge, to the screening programme evaluator named in the notice in the manner and form, and on the terms, specified in that notice.
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### Explanatory note

These amendments ensure that the evaluators of the National Cervical Screening Programme have access to all relevant health information held by the Programme, laboratories or hospitals about women who are on the Programme, or who have had cervical cancer. This is essential to allow the programme to be audited.

However, these amendments also ensure that the women concerned, or their personal representative if they have died, must give informed consent before their health records held outside these places can be accessed by an evaluator. This is essential so that the women can have confidence that their private health information held with their family doctor remains private except if they choose to release it.

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