

**PUBLIC HEALTH AMENDMENT
(IMMUNISATION REQUIREMENTS FOR ENROLMENT) BILL 2019**

Committee

Resumed from an earlier stage of the sitting. The Deputy Chair of Committees (Hon Martin Aldridge) in the chair; Hon Sue Ellery (Minister for Education and Training) in charge of the bill.

Clause 8: Part 9 Division 8 replaced —

Committee was interrupted after the clause had been partly considered.

Hon NICK GOIRAN: I draw to the minister's attention proposed section 141B(4). What are the reasonable steps intended to take place there?

Hon SUE ELLERY: It is to ensure that the person in charge takes all the reasonable steps that might be expected to be taken to satisfy themselves that the vaccinations required to be demonstrated are demonstrated. Proposed section 141B(2) is about taking all reasonable steps to ensure that they have satisfied themselves that they have all the information that they need to determine that the immunisation status of the child is current.

Hon NICK GOIRAN: But, minister, at this point we are going to penalise persons in charge if they do not take all reasonable steps, so that is why my question is: what are all reasonable steps?

Hon SUE ELLERY: It is deliberately not prescribed because the word "reasonable" will depend entirely on the particular circumstances. If there was a view that there needed to be a prosecution, the court would take the same view about what "reasonable" means as it does in all manner of matters.

Hon NICK GOIRAN: Is the production of the current immunisation certificate a reasonable step?

Hon SUE ELLERY: As I have just outlined, it will depend on the circumstances. In normal circumstances, I would say so, but "all reasonable steps" is not going to be able to be prescribed to mean one single thing in all circumstances. It will entirely depend on the circumstances.

Hon NICK GOIRAN: That is right, minister, but my question is not whether that is all reasonable steps; my question is: is the production of one, singular, current immunisation certificate a singular reasonable step?

Hon SUE ELLERY: Yes, it would be.

Hon NICK GOIRAN: In which case, why is it left as discretionary in proposed section 141B(3), yet we create a penalty for noncompliance?

Hon SUE ELLERY: I started to explain this when I was talking about proposed subsection (3) a little earlier. It was included because a concern was raised during the consultation that the word "give", which appears in subsection (2), did not necessarily mean that the parent needed to produce a physical copy of the status—that is, they might have an image on their phone and say, "This is it." The people who were consulted were of the view that a clarification needed to be added to ensure that the word "give" was understood to mean that if the person in charge took the view that they were not being provided with the information in a suitable form, they could actually require the physical certificate to be provided.

Hon NICK GOIRAN: On what basis was the quantum of the penalty of \$1 000 determined?

Hon SUE ELLERY: That is an existing fine, appearing currently in the public health regulations for immunisation information.

Hon NICK GOIRAN: I notice that the bill creates obligations upon a person in charge and that these obligations will impact childcare services, community kindies and schools. What are those impacts, and how was consultation undertaken with those who will be impacted by these obligations on persons in charge?

Hon SUE ELLERY: I have already described the consultation process, which includes working groups and various other mechanisms. However, for the process required for persons in charge, persons in charge of childcare services, community kindies and schools will be required to determine whether a child meets immunisation enrolment requirements under proposed section 1401D of the bill and, in situations in which a child may qualify as an exempt child, to assist the parents or guardians to enrol their child under an exemption. That means that the person in charge will need to explain the new policy, including determining whether an appropriate document has been provided, and consider applications for exemption. Supporting guidelines will be made available on the Department of Health and Department of Education websites to assist persons in charge. These guidelines will clarify the classes of children and will advise persons in charge how to assist parents and guardians to enrol their child under an exemption, should one apply.

Hon NICK GOIRAN: What are the circumstances intended to be prescribed in proposed section 141C(1)(a)(i), and why can they not be listed in the act?

Hon SUE ELLERY: There are currently three. They are the same circumstances that are applied by the commonwealth for the childcare subsidy, and in Victoria under its vaccine regime. We want them in regulations rather than in the act because if they need to be amended—if we want to match the commonwealth, for example, when the commonwealth circumstances change—we want the capacity to do that. But the three circumstances currently are: the child is participating in a vaccine study; the vaccine is temporarily unavailable; or the child has been vaccinated overseas and we are awaiting verification of the records.

Hon NICK GOIRAN: How many children currently in Western Australia fit those types of circumstances?

Hon SUE ELLERY: That information is not available to me at hand. Certainly in respect of the second, when a vaccine is unavailable, we will have to make a point-in-time judgement on that. No vaccines are currently unavailable. I do not have that information to hand.

Hon NICK GOIRAN: Further to that, it is also intended that there will be prescribed special circumstances, at proposed section 141C(1)(a)(ii). What are those special circumstances, and why can they not be listed in the act?

Hon SUE ELLERY: The Chief Health Officer may also issue an immunisation certificate for a child if the Chief Health Officer is otherwise satisfied that a special circumstance applies to the child and that, but for that circumstance, the child's immunisation would be up to date. This general discretionary power is to capture any as-yet-unforeseen circumstances, and would be expected to be used very rarely. An assessment in this regard would be made on a case-by-case basis, and the process could be managed by the communicable disease control directorate within the Department of Health.

Hon NICK GOIRAN: The only medical exemptions that will apply then are those given by the Chief Health Officer, and he will give them in circumstances in which the child is participating in one of the schemes that the minister referred to earlier, when the vaccine is temporarily unavailable or when information about overseas vaccinations is being awaited, and the special circumstances are just for unforeseen circumstances. Where does a parent apply for a medical exemption under this scheme?

Hon SUE ELLERY: If a child has an existing set of circumstances that would qualify them for a medical exemption, it would be recorded on their Australian Immunisation Register history statement. The specific process that is to be followed to obtain an alternative certificate issued by the Chief Health Officer has not been included in the bill. This will enable flexibility in how a child's circumstance may be brought to the attention of the Chief Health Officer for assessment, whether it is done through the parent, the child's local GP or the local public health unit. An example provided to me—it is just an example—is that if a child had a sibling who had had an adverse reaction, the parent might reasonably be concerned that the sibling would have the same adverse reaction and might approach the Chief Health Officer seeking an exemption. The Chief Health Officer would have to look at all the clinical circumstances and make a judgement accordingly.

Hon NICK GOIRAN: I thank the minister. That example is helpful. Under what power would the Chief Health Officer be able to provide an exemption in that circumstance? That is not one of the three circumstances under proposed section 141C(1)(a)(i), and proposed subsection (1)(a)(ii) is yet to be determined.

Hon SUE ELLERY: That is the purpose of proposed subsection (1)(a)(ii), and that is why it is not prescribed. It is going to depend on the circumstances. It is certainly not anticipated that a large group of people would seek this, but it is there to give the Chief Health Officer the flexibility to deal with this and make a clinical judgement based on the particular circumstances.

Hon NICK GOIRAN: If a parent wants to apply for a medical exemption for their child, they will do so through the Chief Health Officer under the power given to him or her under what will be section 141C(1)(a)(ii).

Hon SUE ELLERY: They may. The advice given to me—we are talking about hypotheticals here—is that it is probably more likely that the parent will go to the GP first and say they are worried about their two-year-old because something happened to their four-year-old. It is more likely that this would be done through a GP, but it is possible for an individual to use the pathway that the member has just described. It is more likely to be through a GP.

Hon NICK GOIRAN: If the parent goes through the GP, what does the GP then do to activate a medical exemption for the child?

Hon SUE ELLERY: All GPs know how to contact the Chief Health Officer for a whole range of reasons, because there are a whole range of obligations on GPs already in regard to contacting the Chief Health Officer. GPs will have their own processes in place to do that.

Hon NICK GOIRAN: So, is it understood in government that the Chief Health Officer will be able to receive applications for a medical exemption either by the parent or by the GP on behalf of the parent?

Hon SUE ELLERY: There is flexibility to allow that to happen in the manner the member has described.

Hon NICK GOIRAN: How will natural justice be assured in the event that there is an issue with the exemption or non-exemption provided by the Chief Health Officer?

Hon SUE ELLERY: The honourable member will notice that on the supplementary notice paper there is an amendment in the name of Hon Aaron Stonehouse. When that is considered, if the chamber accepts it, and the government supports it, there will be application to the State Administrative Tribunal.

Hon AARON STONEHOUSE: I move —

Page 9, after line 4 — To insert —

- (2A) The responsible person for a child may apply to the State Administrative Tribunal for a review of a decision by the Chief Health Officer to refuse to issue an immunisation certificate for the child under subsection (1).

I thank Hon Nick Goiran for interrogating this matter for us. It seems, gleaned from the line of questioning just now, that a parent through their GP can apply for a medical exemption through the Chief Health Officer of the state of Western Australia on the power provided in proposed section 141C(1)(a)(ii). That seems good to me. It has been put to me by some stakeholders and constituents that getting some kind of medical exemption through the AIR can be difficult. A person has to deal with a bureaucratic body based in Canberra. They are not dealing with their local state government. It is also unclear to me whether there is any way to appeal decisions made by the AIR. Maybe that is something the minister can answer for us.

It seems that the powers afforded under proposed section 141C(1)(a)(ii) allow a way for parents to apply for a medical exemption when an exemption is not granted through the Australian Immunisation Register. However, as has been raised by Hon Nick Goiran, there seems to be a lack of natural justice here. We are allowing the Chief Health Officer to make decisions and to exercise a level of discretion that I think has far-reaching implications. The decisions and discretion exercised by the Chief Health Officer will determine whether a parent is able to send their children to early childhood education. When that level of discretion is exercised, it seems to me that there needs to be some review of the decisions made by that executive officer.

There are review clauses, rights of appeal and rights of review in other statutes. In fact, that is what my amendment is modelled on. It was drafted by the Parliamentary Counsel's Office and it has taken similar language from other statutes that have similar review clauses or rights of appeal. As I move this amendment, I hope the minister can clarify a few things. I want to know whether this clause will provide an avenue for parents who are dissatisfied with decisions made by the Chief Health Officer. Will it provide them with an avenue to appeal those decisions to the State Administrative Tribunal, and how well-equipped is the SAT to handle such reviews and such appeals? It seems to me that the SAT is a body that deals mostly with administrative matters and is perhaps not best suited to make decisions about medicine and health. Perhaps the minister can give us some idea about how it might handle something like that. The government has, behind the Chair, given me an indication that it will support the amendment. I was wondering whether it can shed some light on how this might function and whether this will achieve the intended goals. I will leave it there for now, but I might have more to say on it, depending on the minister's response.

Hon SUE ELLERY: As I said, the government will be supporting this amendment. The tribunal is well-positioned to receive referrals of new legislation types such as this. The tribunal has been advised of the proposed amendment. I am advised that the tribunal—although the member correctly describes it as an administrative tribunal—already deals with decisions made by the Chief Health Officer and other parts of public health policy. It has that head of power and it already deals with decisions made by the Chief Health Officer.

The member also asked a question about how a parent might challenge what is recorded on the Australian Immunisation Register. It is a commonwealth register that is not managed by the state. The only information I have, bearing in mind that this is a commonwealth body, not one that the state regulates, is that a doctor must submit an Australian Immunisation Register immunisation medical exemption form to the Australian Immunisation Register for it to process a medical exemption. Medical exemption from immunisation is very rare in Western Australia. In 2018, only 24 Western Australian children had an approved medical exemption. I do not have that information and I am not going to be able to get it now because I want the bill to progress. I will not get it for the member now, but I will undertake to ask our commonwealth counterparts to provide some information about what appeal mechanisms are available under that. But that is a commonwealth jurisdiction; it is not a state jurisdiction.

Hon AARON STONEHOUSE: Thank you for that, minister. I understand that it is a commonwealth jurisdiction. The reason I ask, of course, is that there seems to be, as pointed out by Hon Nick Goiran, a lack of natural justice

to decisions made around this. If there were an appeal process through the AIR, then we may not need an appeal process through the state statute. I think it would be good practice to have that anyway, but just to clarify, I would have thought there would be an appeal process through the Administrative Appeals Tribunal, or something like that, but we do not know at this point so we will leave it there. In any case, it is good governance to have a review process here. The fundamental legislative principles that the Standing Committee on Legislation uses when it reviews legislation have been previously pointed out, and I would just like to remind members of some of them. They are —

Does the legislation have sufficient regard to the rights and liberties of individuals?

1. Are rights, freedoms or obligations, dependent on administrative power only if sufficiently defined and subject to appropriate review?
2. Is the Bill consistent with principles of natural justice?
3. Does the Bill allow the delegation of administrative power only in appropriate cases and to appropriate persons?
4. Does the Bill reverse the onus of proof —

That does not apply here —

5. Does the Bill confer power to enter premises, —

That does not apply here —

6. Does the Bill provide appropriate protection against self-incrimination? —

Again, this does not apply here —

7. Does the Bill adversely affect rights and liberties, or impose obligations, retrospectively?

It seems to me that when we are going down this round of a soft form of coercion, skirting the edge of involuntary medicine, and when we are making decisions like this and denying people access to early childhood education, we need to have some checks and balances in place. We need to ensure that administrative decisions made by the executive officers are fair and just, and the only way to do that is to have the right of appeal. There will likely be people whose children have medical conditions who have a disagreement with the AIR and cannot get an exemption. If we then refuse them an exemption through the Chief Health Officer, they need to have some right of appeal. There may be some conscientious objectors who make use of this. In the second reading debate I said that just because we disagree with somebody and we think that they have silly, backwards ideas about vaccines, does not mean that we should deny them justice. Having some procedural fairness and decisions subject to review is paramount. It is good practice. We should be doing this with every piece of legislation where decisions are left up to the discretion of executive officers. With that, I commend the amendment to the house.

Hon NICK GOIRAN: On behalf of the opposition, I indicate our support for the motion and the amendment moved by Hon Aaron Stonehouse. I congratulate him for negotiating its passage.

Hon ALISON XAMON: I rise on behalf of the Greens to indicate that we will absolutely be supporting this proposed amendment. It is very sensible. It is a necessary safeguard and I am glad the honourable member has moved it.

Amendment put and passed.

Hon NICK GOIRAN: What other documents are intended to be declared under proposed section 141C(3)?

Hon SUE ELLERY: At the moment, no document is proposed; however, the provision is there to allow flexibility. For example, in the event that there is some agreement that the equivalent of an international passport—like an international driver's licence—for vaccinations is created. It is not anticipated, but the flexibility is there in the event that there is movement towards some document that is recognised as being the equivalent of a passport.

Hon NICK GOIRAN: Proposed section 141D looks at immunisation as a condition of enrolment. It seems like a timely opportunity for us to revisit those matters that the minister took on notice under clause 1 yesterday. Is the minister now in a position to provide us with a list of those non-compulsory vaccines?

Hon SUE ELLERY: Those vaccinations that are listed on the national immunisation program childhood schedule that are not required for the purposes of being considered up to date are: hepatitis B, which is offered at birth; rotavirus, which is offered at two months and four months; pneumococcal, which is offered at six months for WA children who are Aboriginal and Torres Strait Islander or medically at-risk children; meningococcal ACWY, which is offered at 12 months; hepatitis A, which is offered at 12 months for WA children who are Aboriginal and Torres Strait Islander; hepatitis A, which is offered at 18 months for WA children who are Aboriginal and Torres Strait Islander;

and pneumococcal which is offered at four years for WA children who are Aboriginal and Torres Strait Islander; and influenza vaccine for medically at-risk children.

Hon NICK GOIRAN: This is very interesting, because yesterday the minister told the house that parents needed to comply with the first page of the schedule that was given to us. We spent some time on hepatitis B at birth and the minister indicated that it was necessary for parents to comply with the schedule in order to be able to enrol their child, and now the minister is telling us that hepatitis B at birth is not necessary. Why is there suddenly a change from last night?

Hon Sue Ellery: Sorry, I was distracted. Can you please say that again?

Hon NICK GOIRAN: Yesterday, the minister gave us the schedule and told us that parents needed to comply with the first page of the schedule in order to enrol their child in kindergarten. The very first item states that at birth, a child needs to have the hepatitis B vaccination. Yesterday, we went to some lengths to find out whether that should be provided within 24 hours, whether it must be given within seven days and so on and so forth. The point is that we were told yesterday that a parent must comply with everything on this schedule, and now it appears that they do not need to comply with everything on the schedule. I ask for some explanation about that.

Hon SUE ELLERY: I am advised that the advice I gave yesterday was incorrect. I will provide the advice that I am told now is correct for medically at-risk children. Although children who are medically at risk are captured by the vaccine recommendations of the national immunisation program, the additional vaccines on the schedule, which are either offered as additional vaccines for Western Australian children who are not Aboriginal and Torres Strait Islander or children who are medically at risk, are vaccines that are not required in order to be considered as up to date for vaccinations. To clarify, these additional vaccines are pneumococcal at six months for WA children who are Aboriginal or Torres Strait Islander or medically at-risk children; hepatitis A at 12 months for WA children who are Aboriginal or Torres Strait Islander; hepatitis A at 18 months for WA children who are Aboriginal or Torres Strait Islander; and pneumococcal at four years for WA children who are Aboriginal or Torres Strait Islander or medically at-risk children. To reiterate, these vaccines are not required in order to be considered as up to date for vaccinations. To the extent that I created any confusion, I apologise because I personally feel badly served because this has just been brought to my attention now.

Hon NICK GOIRAN: I am really fed up with the progress of this bill. This is precisely why I said that this bill should go to a committee for investigation. Every time that we look at it more closely, we find that there are errors and differences between the second reading speech and the exemptions that the government wants to provide. There is already a very dangerous junior Henry VIII provision in the bill, and now we find that the information that was provided in the schedule is not the situation. All I wanted was to make sure that WA parents, who we as a chamber are saying need to do this in order to enrol their child at kindy, were clear. We certainly were not clear yesterday. We might be clear now. We are certainly more advanced than we were yesterday. Members, this is precisely why I have an amendment on the supplementary notice paper asking for a review of this legislation in three years. I think the quicker we move to that, the better.

The DEPUTY CHAIR: There are further amendments on the supplementary notice paper standing in the name of the Minister for Education and Training.

Hon SUE ELLERY: Yes. There is one at 7/8 by Hon Rick Mazza that I think falls away, and there is one in my name at 9/8 that I am happy to move now. I move —

Page 12, after line 12 — To insert —

Subdivision 4 — Reporting requirements

142A. Annual report to include information about enrolments

(1) In this section —

enrolment means an enrolment of a child in —

- (a) a school, before the child's compulsory education period; or
- (b) a community kindergarten; or
- (c) a child care service.

(2) The accountable authority of the Department must include the following information in each annual report submitted under the *Financial Management Act 2006* Part 5 —

- (a) the number of enrolments in the financial year to which the annual report relates that were of a child whose immunisation certificate did not state that the child's immunisation status is up-to-date;

- (b) in relation to the enrolments referred to in paragraph (a), the number that were of a child who, by the end of the financial year to which the annual report relates —
 - (i) has an immunisation certificate that states that the child’s immunisation status is up-to-date; or
 - (ii) is following a catch-up schedule referred to in section 141D(2)(d).
- (3) The information included in an annual report under subsection (2) must not include any information that identifies, or is likely to identify, any child to whom the information relates.

This amendment provides that the Department of Health must include in its annual report each year the number of children for that financial year who were enrolled in a childcare service or kindergarten program with an immunisation status that was not up to date. This is the effect of proposed subsection (2)(a). This number will include the number of children who were enrolled on a catch-up schedule issued with a Chief Health Officer immunisation certificate and enrolled as an exempt child. The department will be able to determine how many children fall within each of these three categories. The amendment also provides under proposed subsection (2)(b) that the Department of Health must include in its annual report each year the number of children who in that financial year fell within proposed paragraph (a)—that is, who had an immunisation status that was not up to date at enrolment but, by the end of that same financial year, their immunisation status changed to either up to date or they were following a catch-up schedule. Proposed subsection (3) provides that the information to be included in the annual report will not include any information likely to identify a child to whom the information relates. I am happy to advise the chamber that this amendment arises as a result of discussions with members of the Nationals WA.

Hon NICK GOIRAN: I indicate on behalf of the opposition that we will be supporting the amendment moved by the government. I understand that the genesis of it has to do with Hon Martin Aldridge’s excellent advocacy and I thank him for that and indicate our support.

Hon COLIN de GRUSSA: I rise on behalf of the Nationals WA to indicate, yes, we had discussions. My colleague Hon Martin Aldridge, who is in the chair, had discussions with the Leader of the House and the Minister for Health to get this reporting requirement in the legislation because we feel it is important to keep up with what effect the bill has and track the improvements, if any, in immunisation and when they occur. The Nationals will certainly support this amendment.

Hon ALISON XAMON: I rise to indicate on behalf of the Greens that we will also be supporting this amendment. It is very important to track the number of children who potentially may be excluded. I hope this will help to inform whether additional exemptions need to be contemplated via regulation as a result, because we certainly want to make sure that we are not adversely impacting on children’s access to early education. It is an important step forward.

Amendment put and passed.

Clause, as amended, put and passed.

Clauses 9 to 11 put and passed.

New clause 11A —

Hon NICK GOIRAN: I move —

Page 13, after line 34 — To insert —

11A. Section 306A inserted

After section 306 insert:

306A. Review of amendments made by *Public Health Amendment (Immunisation Requirements for Enrolment) Act 2019*

(1) In this section —

relevant amendments means —

- (a) the amendments made to this Act by the *Public Health Amendment (Immunisation Requirements for Enrolment) Act 2019* section 8; and
 - (b) the amendments made to the *School Education Act 1999* by the *Public Health Amendment (Immunisation Requirements for Enrolment) Act 2019*.
- (2) The Minister must review the operation and effectiveness of the relevant amendments, and prepare a report based on the review, as soon as practicable after the 3rd anniversary of the day on which the *Public Health Amendment (Immunisation Requirements for Enrolment) Act 2019* section 1 comes into operation.

- (3) The Minister must cause the report to be laid before each House of Parliament as soon as practicable after it is prepared, but not later than 12 months after the 3rd anniversary.

I indicate to members that the purpose of this amendment is to create the requirement for the government to undertake a statutory review. The review will commence on the third anniversary of the commencement of the amendments and that review will need to be done within 12 months. Four years after assent, there will be at some point a report by whoever is in government indicating what the review has brought about as a result of these amendments.

Hon SUE ELLERY: This amendment is not supported by government. The Public Health Act 2016 already includes a statutory review requirement under section 306 that the minister must carry out a review of the operation and effectiveness of the Public Health Act as soon as practicable after the expiry of five years beginning on the day on which section 306 comes into operation and, after that, at intervals of no more than five years. The minister must prepare a report based on each review and cause it to be laid before each house of Parliament as soon as is practicable after it is prepared. Given that section 306 of the Public Health Act came into operation on 25 July 2016, the first review is to occur as soon as practicable following 25 July 2021. This review will include the new sections proposed to be inserted in the act by clause 8 of the bill. Because the amendments to the School Education Act in part 3 of the bill are consequential, it would appear that the amendments to the School Education Act would also incidentally be considered as the part of the review. The proposed amendment would require a second review to be undertaken of the same provisions a year later in July 2022. For those reasons, the government will not support the amendment.

Hon NICK GOIRAN: I am very disappointed because I was informed that the government would be supporting the review clause. In any event, the display that has taken place with the passage of this bill—the different information that has been provided, the rushed nature of it, the resistance against it going to committee and the intention of this bill to go to the other place and be rammed through in the space of 24 hours—is all the more reason that the review clause should be supported. I am quite surprised that in all those circumstances the government has now, at the eleventh hour, said that it will not support a review clause. I would urge members to support it.

Hon AARON STONEHOUSE: I rise to support the inclusion of a review clause; I see no good reason not to. Certainly, the annual reporting requirements ensure some transparency. My amendments also ensure some procedural fairness. We are talking about the efficacy of this policy, and I have some doubts about how effective it might be. I think that members might reasonably want to look back in three years and find out if these measures were effective. Having a statutory review is one way for it us to ensure that that actually happens rather than leaving it up to the whim of whichever government holds power at the time. If it with were up to me, I would be inserting a sunset clause rather than merely a review clause. If the legislation is effective, there is plenty of incentive for us to get it back in here and renew it again for another few years. But it seems that sunset clauses are not particularly popular here. The very least we can do is ensure a statutory review. I wholeheartedly support this amendment.

Hon ALISON XAMON: I rise to indicate that the Greens will be supporting this amendment as well. The one thing that we need to remember is that, in effect, the provisions of this new bill constitute a form of a coercive health measure. We are entering a new world in how we address the issue of vaccinations. One thing in particular that I want to know is whether this legislation will be successful in raising the rates of vaccination, because we did not get a satisfactory answer on whether the no jab, no play vaccination policy in other jurisdictions has had a positive effect. Let us get the specific data and see whether there have been unintended consequences such as desperate parents who, for a range of reasons—be it because they do not support vaccinations or because they are necessarily needing to engage in vaccine variation—have been unable to access appropriate exemptions and subsequently enrol, and whether we have then ended up with groups of children who are not vaccinated and are effectively at a higher risk because they have lost all herd immunity. It is important that we also see the impact this legislation has had on access to early education, as I mentioned before. Overall, this bill is not innocuous. It is important, therefore, that we have as much scrutiny as possible around this regime.

Hon COLIN de GRUSSA: I rise to indicate that the Nationals WA will be supporting this amendment. My colleagues and I agree that this is an important provision in this bill. It is an important provision in any bill to make sure that there is an underlying review clause so that this house and the Parliament in general is aware of the effectiveness of the legislation. This bill should be reviewed in a timely fashion to ensure that no adverse outcomes or otherwise occur. Again, I reiterate that we will be supporting this amendment moved by Hon Nick Goiran.

Division

New clause put and a division taken, the Deputy Chair (Hon Martin Aldridge) casting his vote with the ayes, with the following result —

Extract from *Hansard*
[COUNCIL — Wednesday, 26 June 2019]
p4650d-4657a

Hon Nick Goiran; Hon Sue Ellery; Hon Aaron Stonehouse; Hon Alison Xamon; Hon Colin De Grussa

Ayes (19)

Hon Martin Aldridge
Hon Robin Chapple
Hon Tim Clifford
Hon Peter Collier
Hon Colin de Grussa

Hon Diane Evers
Hon Donna Faragher
Hon Nick Goiran
Hon Colin Holt
Hon Rick Mazza

Hon Michael Mischin
Hon Simon O'Brien
Hon Robin Scott
Hon Tjorn Sibma
Hon Charles Smith

Hon Aaron Stonehouse
Hon Colin Tincknell
Hon Alison Xamon
Hon Ken Baston (*Teller*)

Noes (10)

Hon Alanna Clohesy
Hon Stephen Dawson
Hon Sue Ellery

Hon Adele Farina
Hon Laurie Graham
Hon Kyle McGinn

Hon Samantha Rowe
Hon Matthew Swinbourn
Hon Darren West

Hon Pierre Yang (*Teller*)

Pairs

Hon Jim Chown
Hon Dr Steve Thomas
Hon Jacqui Boydell

Hon Martin Pritchard
Hon Dr Sally Talbot
Hon Alannah MacTiernan

New clause thus passed.

Progress reported and leave granted to sit again, on motion by Hon Sue Ellery (Leader of the House).