HOUSE OF REPRESENTATIVES

BILLs

National Cancer Screening Register Bill 2016

Second Reading

SPEECH

Thursday, 5 May 2016

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES
Ms LEY (Farrer—Minister for Health, Minister for Sport and Minister for Aged Care) (09:02): I move:

That this bill be now read a second time.

The National Cancer Screening Register Bill 2016 creates a new legislative framework for the establishment and ongoing management of cancer screening registers.

The need for this bill arose from the federal budget 2015-16 announcement to improve cancer detection, treatment and prevention through innovative measures that ensure Australia remains a world leader in the field. Approval has been given for the renewal of the National Cervical Screening Program, which will increase cervical cancer survival rates through an evidence based pathway backed by research undertaken by the Medical Services Advisory Committee.

The Australian government is serious about increasing cancer screening rates in the fight against cancer. Cervical cancer claims the lives of 250 women annually, and yet it is one of the most preventable cancers. Currently 80 per cent of women with cervical cancer have not been screened or have not had regular screenings.

The changes to the National Cervical Screening Program from 1 May 2017 will introduce a more effective cervical cancer test, the human papillomavirus (HPV) test, to replace the current two-yearly Pap test. The HPV test detects HPV infection—which is almost always the first step in developing cervical cancer—before abnormal cells change. As the HPV test will only be required every five years, the number of invasive procedures during a woman’s lifetime will reduce from 26 to nine.

The HPV test will be available on the Medicare Benefits Schedule from 1 May 2017.

Since its inception in 1991, the National Cervical Screening Program has effectively halved the mortality and morbidity of cervical cancer. The rollout of the new screening pathway will decrease the mortality and morbidity by at least a further 15 per cent.

Key activities will also be delivered to support the renewed National Cervical Screening Program, including workforce change strategies, critical management guidelines, a quality management framework and a communication strategy.

Australia continues to have one of the highest rates of bowel cancer in the world, and this government is committed to improving health outcomes in this area through early detection. Bowel cancer is the second most common cause of cancer death in Australia, with approximately 4,000 Australians dying from it each year. That is around 80 deaths each week.

The risk of bowel cancer increases from the age of 50, yet, if it is detected and managed early, nine out of 10 cases can be successfully treated. Currently, fewer than 40 per cent of bowel cancers are detected early.

In a bid to fast-track the program and save more lives, approval has also been given to deliver an expanded National Bowel Cancer Screening Program. This program expansion will roll out a free at-home bowel cancer screening kit to Australians aged 50 to 74 every two years by 2020, instead of 2034. That is 14 years earlier than was planned under the previous government. Evidence from clinical trials has shown that biennial screening using fecal occult blood testing can prevent 300 to 500 deaths a year.

Fast-tracking the bowel screening program will also take the pressure off our health system by providing early detection that involves simpler treatment. Advanced bowel cancer treatment is estimated to cost our health system $66,000 per case, compared with $2,000 to remove precancerous polyps.
Australia seeks to connect its health system to deliver better, safer, efficient care now and into the future. With the recent investments in cancer prevention and detection, it is important that the organised approach to population based screening is underpinned by a consistent and contemporary national register. There are significant efficiencies that can be gained by establishing the National Cancer Screening Register that will support not only the renewal of the National Cervical Screening Program and the expansion of the National Bowel Cancer Screening Program but potentially other cancer screening programs in the future. By 2020, the National Bowel Cancer Screening Program will be inviting about four million Australians to screen each year and could detect approximately 3,500 potential bowel cancers each year.

The National Cancer Screening Register will be on the cutting edge of innovation. It will provide an ICT platform incorporating themes of accessibility and usability capable of integrating with the My Health Record system and Health's Electronic Data Warehouse, with the ability to be expanded to support other cancer screening programs in the future. The register will be able to interoperate with clinical information systems to enable healthcare providers to provide data to the register easily and receive information back easily to better inform clinical decision making.

The register will support the screening pathway by facilitating invitations, sending out of test kits and recall of participants. It will enable improved software integration with general practice, specialists and pathology laboratories, as well as improved quality and accessibility of data and rate of data capture and data matching, with the prime focus of maintaining a complete and consolidated source of screening information for participating individuals. Over time it will help increase program participation rates and the effectiveness of the screening programs.

The bill provides a principles based legislative framework to support the government's policy objectives of supporting Australia's health system to meet current and future challenges. The bill lays the foundation for future work to move towards a national integrated system that captures and reports on individuals' screening test results and results of relevant follow-up procedures, up to and including the diagnosis with cancer or precursor to cancer.

The bill provides for the establishment of the register and authorises the collection, use and disclosure of information for the purposes of the register and certain other purposes, such as providing health care.

Establishing the register involves large-scale data migration and merging to create a national database of records for cancer screening information. The bill will allow Medicare enrolment and claims data and healthcare identifiers for individuals and healthcare providers to be collected by the register for the initial system build as well as on an ongoing basis.

The bill authorises collection of HPV vaccination status from the HPV register so that individuals' cervical screening information in the register will also include their HPV vaccination status.

Currently there are eight separate state and territory cervical screening registers and an outdated, paper based bowel screening register, which has created a fragmented system. The bill removes obstacles associated with migrating state and territory cervical screening data by providing the authority to transfer data to the register.

The register will capture a significant amount of information that can be accessed by a range of individuals and entities in order to support the delivery of the screening programs. Such a repository of high-quality data will support the health system by informing policy for national screening programs and service delivery at the local level.

The bill protects the use and disclosure of personal information collected by the register and creates an offence arising from the unauthorised disclosure of personal information contained in the register.

The bill includes provisions allowing individuals to opt off participation in the screening programs, either fully or partially, according to the individual's preference.

The bill includes mandatory reporting of cancer screening information of a prescribed type. Mandatory reporting obligations will ensure routine collection of information which is crucial for the screening processes and clinical pathways. The details of the reporting obligations, including who is obliged to report and what information is to be reported in what time frame, will be prescribed in the rules.
The register will commence operation on 1 May 2017. It will be built and maintained by a register operator to be commissioned by my department.

Royal assent to the bill is required by July 2016 to enable data migration of state and territory cervical screening registers to the register, followed by data cleansing and system testing in time for a fully operational national register on 1 May 2017.

A number of amendments to other legislation are required once the bill receives royal assent to enable certain information to be provided to the register, such as Medicare data and HPV vaccination status. These are described in the National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016.

From 1 May 2017, regulations under the Health Insurance Act 1973 will be amended to include a new MBS item for the five-yearly HPV test.

This bill will serve to benefit the health of Australians through more efficient cervical and bowel screening pathways—made possible by the establishment of a national register. It will assist general practitioners and healthcare providers in their clinical decision making and contribute to cancer detection, treatment and prevention.

Debate adjourned.