

Introduction

Have you read the Impact Analysis?

Yes

Demographics

What is your full name?

Full name:
Clare Hughes

Are you answering on behalf of an organisation?

Yes

What is the name of your organisation?

Organisation name::
Cancer Council Australia

Which sector do you represent?

Public Health

Other: :

What country are you responding from?

Australia

Other: :

If we require further information in relation to this submission, can we contact you?

Yes

What is your email address?

Email address::
[REDACTED]

Section 3 - The problems to solve

Section 3 - The problems to solve (Methodology)

What are the issues with the current methodology? How should it be improved? Please provide justification.

Free text box, no character limit:

Cancer Council acknowledges that to date Australia’s food regulatory system has been effective in protecting Australians from food safety risks such as foodborne illness, ingredients and additives without a history of safe use, contaminants and high levels of chemical residues. Our main concern is that despite the primary objective of the Food Standards Australia New Zealand (FSANZ) Act being the protection of public health and safety, the food regulatory system does not protect consumers from long-term health impacts of poor nutrition, excess bodyweight and associated diet-related diseases. Our view is that the long-term public health impacts of the food regulatory system have not been adequately addressed in the Impact Assessment (IA).

In the last 30 years rates of obesity and preventable diet-related diseases have risen to alarming levels and continue to increase. The food system has an important role to play in addressing this increase in diet-related diseases and there is an ongoing responsibility to protect consumers from the long-term health consequences of over-consumption of ultra-processed foods.

The current methodology fails to identify a key policy problem that needs to be solved - that the FSANZ Act in its current form does not enable the food regulatory system to meet its primary objectives of protecting public health, specifically long-term health and preventable diet-related chronic disease, and the provision of adequate information to enable consumers to make informed choices. This issue was the primary concern raised by public health

and consumer organisations in their submissions on the Draft Regulatory Impact Statement.

While Cancer Council supports the suggestion in policy problem 1 to incorporate a definition of public health to minimise external stakeholder confusion about FSANZ's existing roles and operations, this is not sufficient to deal with the actual policy problem of protecting long-term health and addressing preventable diet-related chronic disease. As a result, the IA fails to adequately address how FSANZ can and should address long-term health and preventable diet-related chronic disease. Cancer Council supports the recommendation put forward by The George Institute that a Public Health Test be incorporated into the Act. (See our response to the question in relation to other initiatives under component 2.1 for more details).

The IA presents two options for consideration – Option 1 to 'retain the status quo' with no changes to the Act or to FSANZ's operations, and Option 2 to 'modernise regulatory settings' by adopting the entire package of reforms. We do not agree that Options 1 and 2 are considered two independent options. Instead, there is considerable overlap between them as many of the problems highlighted under the status quo could be addressed without making significant legislative and operational reforms. Where this is the case, we ask that these elements are considered available under Option 1, and that the modelling and cost-benefit analysis reflects this. For example, any increased funding proposed under Option 2 that does not require legislative change could also be applied under Option 1, and the benefit of this should be assessed independently.

Are there other methodologies or evidence that the Impact Analysis should consider?

Free text box, no character limit:

Cancer Council recommends that the Impact Analysis consider sustainability and food systems security, including vulnerability to climate change and other disruptors, such as pandemics and international conflict. The food regulatory system has an important role to play in safeguarding food safety and security.

Section 3 - The problems to solve (Ratings)

Are the ratings assigned to each of the sub-problems and ultimately the problem appropriate?

No

Which rating(s) do you believe is inappropriately rated? What would be a fair rating for the problem? Please provide justification. (Free text)

Free text box, no character limit:

Cancer Council shares the concerns of other public health groups (e.g. The George Institute and Food For Health Alliance) with respect to the ranking of some Policy Problems and sub-problems and support their recommendations for re-ranking.

The sub-problems that already have the largest impact on the health and wellbeing of Australians and New Zealanders should receive the highest possible impact ratings. These are:

Policy Problem 1, sub-problem 1: Unclear definitions have created confusion about how FSANZ should consider short-and long-term risks to health when developing food regulatory measures;

Policy Problem 2, sub-problem 2: Resourcing constraints have effectively preferred piecemeal changes to food standards over holistic reviews;

Policy Problem 3, sub-problem 2: Long-term decreases in funding have created significant resourcing pressure and are forcing FSANZ to focus on only a subset of its statutory functions.

We strongly disagree that the highest impact rating should be allocated to sub-problems that:

impact on a very small number of businesses making applications to FSANZ (Policy Problem 2, sub-problem 1); or

food safety risks which are currently extremely well managed, suggesting less need for reform (Policy Problem 4, sub-problem 3).

As is currently proposed in the IA, these sub-problems are not of the same magnitude as widespread risks to long-term health and should therefore not have equivalent or higher impact ratings than sub-problems dealing with long-term health impacts.

Policy Problem 1 | The purpose and objectives of FSANZ are not clear

This problem should be considered high magnitude (3) as the impact and extent of the risks posed by sub-problems 1 and 2 outweigh all other problems identified in the IA.

Policy Problem 2 | Legislated processes and decision-making arrangements for food standards are cumbersome and inflexible

This problem should be considered low-moderate magnitude (1-2). The impact and extent of sub-problems 1, 2 and 4 are extremely limited as these are largely limited to FSANZ itself, affect only a very small number of products and businesses, and do not go to the object of the Act which is to ensure a high standard of public health protection as it relates to the quality and safety of food. There are no proposed reforms in the IA that will improve public health and consumer outcomes. We recommend that sub-problem 3 be removed from this policy problem 2 and added to policy problem 3 as constraints due to inefficient resourcing relates to inefficiencies in operations.

Policy Problem 3 | Elements of FSANZ's operations are inefficient

This problem should be considered moderate-high magnitude (2-3) as the impact on the Australian and New Zealand populations is significantly greater

than suggested for sub-problem 2. This problem should also include Policy problem 2 sub-problem 3 (resourcing constraints), which would further increase the magnitude of this problem.

Policy Problem 4 | Gaps and duplication of efforts challenge system agility

We support the rating of moderate magnitude (2) for this policy problem.

Section 5 - Options for reform

Component 2.1

Component 2.1.1

Would amending Section 3 and 18 of the Act to include a definition of public health and safety reduce confusion about how FSANZ considers short and long-term risks to health when developing food standards?

Yes

Additional comments (optional):

Cancer Council supports amending s3 and s18 of the FSANZ Act to include a definition of public health and safety to highlight that the Act itself should expressly include FSANZ's role in protecting against long-term risks to health, including diet-related chronic disease, when developing food standards. However, while important, this change is not likely to deliver any meaningful changes to FSANZ's work and approach to public health, as its role in protecting long-term health has already been set out in a Ministerial Policy Statement and confirmed by both Ministers and the FSANZ Board. Missing from the IA and the reform options is clarity about a process or mechanism for how a stronger focus on public health and safety including the long-term risks to health will be done. A definition alone will not reduce confusion about how FSANZ is to consider long-term risks to health when developing food standards. Cancer Council supports the recommendation of other public health groups such as The George Institute and The Food For Health Alliance that a Public Health Test be included in the Act to clarify this.

We support the use of the existing definition in Ministerial Policy Statement on the Interpretation of Public Health and Safety in Developing, Reviewing and Varying Food Regulatory Measures with the following amendment (in capitals): "all those aspects of food consumption that could adversely affect the general population or a particular community's health either in the short-term or long-term, including preventable diet-related, disease, illness, and disability, AND THE DIET-RELATED RISK FACTORS FOR THEM, as well as acute food safety concerns."

Do you anticipate that this clarification could materially impact the way that FSANZ approaches applications and proposals and the factors to which they give regard?

No

Additional comments (optional):

No. The existing Ministerial Policy Statement on the Interpretation of Public Health and Safety in Developing, Reviewing and Varying Food Regulatory Measures has been in effect for 10 years and already requires FSANZ to consider long-term health. The revised definition would simply reflect those requirements in the Act, where they should be. While the inclusion of the definition may clarify for external stakeholders, FSANZ's role in protecting long-term health, it will not change the requirement that they consider long-term health.

We note the Cost Benefit Analysis includes the following as a qualified cost to industry of this reform "There is the risk that clarifying the definition of public health could inadvertently broaden FSANZ's remit in managing public health risks, potentially creating additional administrative burdens in the preparation of applications and creating barriers to trade." When discussing this cost, the IA says it may expand stakeholder expectations and put pressure on FSANZ to consider factors or take on roles outside its scope. We strongly disagree that confirming FSANZ's already legislated role in mitigating public health risks should be considered a cost to any stakeholder, including industry, and strongly recommend this is removed as a qualified cost.

What would be the impact of clarifying the definition of 'protection of public health and safety' within the Act?

Positive

Additional comments (optional):

Legislative clarity about FSANZ's role in mitigating long-term risks to health, including preventable diet-related disease, illness and disability and the diet-related risk factors for them, when developing food standards would be positive.

Component 2.1.2

Would revising the way FSANZ communicates its consideration of Ministerial Policy Guidance in developing food regulatory measures support greater transparency in the development of food regulatory measures?

Yes

How could the consideration of Ministerial Policy Guidance in the development of food regulatory measures be effectively communicated?

Free text box, no character limit:

Ministerial Policy Guidelines go through processes which already assess them against industry considerations (like those listed in s18(2)(a)-(d)) when they are developed. There is no need for FSANZ to undertake this exercise again when it is making its own determinations.

We strongly suggest that s18(2) of the Act is amended to ensure that FSANZ makes decisions in line with Ministerial Policy Guidelines and that the other items to which FSANZ must have regard, listed in s18(2)(a)-(d), are to be considered only once compliance with Ministerial Policy Guidelines is achieved.

Component 2.1.3

Would new provisions and/or language changes in the Act better support FSANZ to recognise Indigenous culture and expertise?

Prefer not to respond / I don't know

Free text box, no character limit:

We are supportive of a greater recognition of Indigenous food expertise in the Act and defer to the expertise of Indigenous-led organisations. Aboriginal and Torres Strait Islander and Māori peoples must be adequately consulted and involved in changes in the Act, including provisions or language changes, as it relates to their culture and health. We recognise the importance of cultural determinants of health for Aboriginal and Torres Strait Islander and Māori peoples, including the prioritisation of their knowledge and culture led approaches to health and wellbeing.

We note that it is not sufficient to rely on a public submissions process for groups that are small, and have high demands for advice and consultation, and specific consultation should be undertaken in culturally appropriate ways, to ensure that changes in the Act reflect Aboriginal and Torres Strait Islander and Māori ways of being, knowing and doing and are appropriate to the regulation of food as it relates to their culture and health.

What provisions or language changes could be included in the Act to promote recognition of Indigenous culture and expertise?

Yes

Free text box, no character limit:

We strongly suggest FSANZ consult specifically with Aboriginal and Torres Strait Islander and Māori peoples and experts, to be guided on possible provisions and language changes that are culturally appropriate, and beneficial to broader promotion of Indigenous culture and knowledge within the food regulatory system. We recommend that the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and Te Tiriti o Waitangi are referenced directly in the Act, to ensure accountability to the rights of Indigenous peoples in the application of the Act. Alignment with the approach taken in Pae Ora (Healthy Futures) Act 2022 as to how to give effect to the principles of The Treaty of Waitangi is supported, but we note that the Māori language version of the Treaty, Te Tiriti o Waitangi, is more appropriate.

Component 2.1

Are there other initiatives that should be considered in Component 2.1?

Yes

Free text box, no character limit:

Clarification of the definition of public health alone will not ensure that the significant gap between the objectives of the Act, and the practical implementation of it in food standards is addressed.

The introduction of a definition must be accompanied by further guidance on how it should be implemented within the remit of food standards to ensure that the consideration of long-term public health outcomes cascades throughout FSANZ operations.

We strongly support the Public Health Test as proposed by The George Institute in their submission as set out below.

The PUBLIC HEALTH TEST

Priority setting should consider:

- The burden of disease attributable to the food supply [1];
- Estimated benefit of change to the food supply from the work under consideration.

Decisions should:

- Discourage the development of foods with low or no nutritional quality, as defined by an appropriate nutrient classification scheme;
- Encourage patterns of healthy and sustainable eating, and discourage patterns of unhealthy and unsustainable eating, as defined in the Australian and New Zealand Dietary Guidelines [2];
- Reduce the quantity of ingredients and substances within foods that are known risk factors for chronic disease [3];
- Assess the impact on the burden of disease attributable to the food system;
- Include the benefits of improved public health outcomes and the costs of inaction on public health in any cost benefit analysis;
- Assess the cumulative impacts of the introduction of new foods on public health outcomes;
- Reduce availability of unhealthy foods targeted at children.

[1] Could be measured by the incidence of diet-related disease in the population and priority populations, as well as through vulnerability assessment of priority populations to diet-related disease.

[2] noting that updates are considering sustainability of the food supply.

[3] for example added sugars, sodium and fats (trans fats, saturated fats) and additives with known health harms.

Cancer Council supports the recommendation put forward by other public health groups that amendments are made to the Act to establish a set of considerations that FSANZ must take into account when setting priorities and making decisions on proposals, applications, or standard reviews. The purpose of these considerations is to set clear and consistent expectations around how public health benefits and risks should be assessed in developing, reviewing, updating and adopting food standards.

Component 2.2

Component 2.2.1

Would the introduction of a risk-based framework support FSANZ to be flexible and proportionate in handling of changes to the Food Standards Code?

No

Free text box, no character limit:

Cancer Council appreciates that the introduction of a risk-based framework can present both opportunities and risks, however the IA provides insufficient detail to support the application of a risk-based approach at this stage. Within the IA there are limited details on the framework itself including how it is to be applied, who is responsible for decisions and what the appeals mechanism would look like (if any).

From the limited information provided, the risk-based framework does not appear to produce an equivalent approach for decisions that would impact public health compared to industry. It appears from the IA (including details in Appendix D) that all public health decisions would be assessed as 'high risk' whereas some industry/commercially driven decisions would be assessed as 'low risk'. The consequence of this is that the existing disparity between the approach to public health and industry decisions under the Act could worsen, affecting both the time it takes for decisions to be made and the outcomes of those decisions.

Cancer Council supports further consultation on the risk-based framework. This should commence immediately and be developed alongside the Act review. Further consultation should include a focus on the risk criteria and assessment matrix, details on organisations whose assessments would be used as a basis for minimal assessment approach, decision making responsibilities and likely public health outcomes.

What criterion and/or evidence should be used to form the basis of a risk framework?

Free text box, no character limit:

The Public Health Test (see our response to the question in relation to other initiatives under component 2.1 for more details). The Public Health Test is the criterion; and then the risk framework should set out how likelihood and consequences will be assessed. The framework should also elaborate on the decision-making process and where the risk assessment will fit within that; delegation for risk assessment decisions; communication and appeals mechanisms.

What would be the impact of introducing a risk-based framework to guide development of food regulatory measures for you?

Prefer not to respond / I don't know

Free text box, no character limit:

Given the limited information provided in the Impact Assessment, Cancer Council cannot estimate the likely impact of introducing a risk-based framework. We recognise that there will be benefits and risks for all stakeholders associated with a risk-based approach and as mentioned previously we support further consultation on the risk-based framework.

Component 2.2.2

Would enabling FSANZ to accept risk assessments from international jurisdictions support FSANZ to exercise risk-based and proportionate handling of applications and proposals? How so?

No

Free text box, no character limit:

If a risk-based and proportionate handling of applications and proposals is to apply this must have public health considerations. The limited details of the risk framework, as discussed in the previous response, suggests that many public health outcomes would classify as high risk and as such would likely fall out of the remit of this option. This could result in changes being of benefit to the commercial sector, rather than public health.

Cancer Council recognises that there are several international jurisdictions that undertake rigorous risk assessments and that in other areas of regulation,

international risk assessments are adopted. It could be that determinations from selected international jurisdictions be used to support FSANZ decisions. However, the details in the IA do not provide sufficient assurance that public health considerations and impact would be adequately addressed when accepting international risk assessments. If the determinations of overseas bodies are adopted, there must be an assurance that the overseas bodies have strong processes for managing conflicts of interest, such as those set out by the World Health Organization.

An expedited process for incorporating risk assessments from international jurisdictions rather than simply accepting or adopting these assessments may be appropriate to mitigate risks. It is important that any system be transparent, credible and risk based. If the use of international jurisdictions work is increased, it is essential that the scientific and policy basis for FSANZ decisions are publicly available.

Would enabling (but not compelling) FSANZ to automatically recognise appropriate international standards support more risk-based and proportionate handling of applications and proposals and improve efficiency and effectiveness? How so?

No

Free text box, no character limit:

Cancer Council recommends that if FSANZ automatically recognises international standards, the standards should only be harmonised where there are ideal outcomes for public health, as opposed to standards that enable the market of nutrient-poor foods to expand. The option to harmonise food standards with international standards should only be given to those that meet the 'Public Health Test' (see previous responses under component 2.1).

Cancer Council notes that there is insufficient detail in the IA to understand how this would work in practice. Providing further information on the approach and requirements in recognising international standards, and conducting additional consultation regarding the application and impacts on public health outcomes is recommended.

Would introducing a minimal check pathway for very low risk products help FSANZ exercise risk-based and proportionate handling of applications and proposals and improve efficiency and effectiveness?

No

Free text box, no character limit:

Cancer Council notes that there is limited information on how this would apply in practice, including what the minimal assessment of the minimal check pathway would include. We are concerned that the minimal check pathway appears to prioritise commercial decisions as opposed to benefiting public health. It is our understanding that the risk assessment and evidence will not be open to public scrutiny, which potentially poses a risk to upholding the primary objective of the Act; to protect public health.

Would introducing principles in legislation to allow FSANZ to create other pathways to amend food standards help FSANZ exercise risk-based and proportionate handling of applications and proposals?

No

Free text box, no character limit:

Cancer Council recognises that the IA acknowledges that further work on new pathways is needed. However, we are concerned that new pathways could remove public consultation. To ensure confidence in this approach there would need to be an assurance that internal FSANZ processes will mitigate potential risks of removing public consultation processes and ensure public health outcomes are adequately considered and addressed in any new pathways. The Public Health Test previously mentioned would help to achieve this.

What would be the impact of introducing new pathways to amend food standards for you?

Negative

Free text box, no character limit:

Cancer Council notes that minimal information is included on the new pathway options and that more work would be needed if they are to proceed. We highlight that the limited information presented does not appear to deliver broad public health benefits.

The assumptions made in Appendix D suggest that public health decisions would be classified as 'high risk' and therefore fall out of potential new pathways to amend food standards. This presents the risk that commercial decisions may be prioritised at the expense of public health. We note also that there are no mechanisms in the proposed reforms to ensure that any efficiencies delivered result in more resources being directed towards processing public health proposals.

Cancer Council recommends that further details and consultation be provided to better assess the risk and benefits of this approach.

Are there other opportunities relating to new pathways to amend food standards that should be considered?

Prefer not to respond / I don't know

Free text box, no character limit:

As above, there is no evidence provided that new pathways to amend food standards would apply to public health measures, rather they currently point to these new pathways only being for commercially driven decisions that could lead to a greater availability of unhealthy foods on the market.

There are opportunities to improve public health, if consideration is given to expedite public health measures, and the risks of removing public consultation for commercially driven decisions are mitigated with the use of a Public Health Test (see our response to the question in relation to other initiatives under component 2.1 for more details). As noted in our response on other initiatives that should be considered under component 2.2, we also suggest there are statutory timeframes for proposals to ensure they are processed in a timely manner.

Component 2.2.3

Would increasing opportunities for decision making arrangements to be delegated support FSANZ to be more flexible and efficient? How so?

No

Free text box, no character limit:

Cancer Council is concerned that there is not enough information regarding the risk framework to support this option at present.

What factors should be considered when determining the level of risk for decision-making arrangements?

Free text box, no character limit:

No response

What would be the impact of streamlining decision-making arrangements for you?

Prefer not to respond / I don't know

Free text box, no character limit:

Cancer Council recognises that delegation of some decisions could improve efficiencies, provided an appropriate risk framework is in place. We understand that the risk framework proposed under component 2.2.1 would also be used to determine which decisions could be delegated. However, as noted in our responses on the risk framework there is currently insufficient detail about this framework, and recommend further consultation is undertaken to ensure that it adequately assesses public health impacts. The Public Health Test (see our response to the question in relation to other initiatives under component 2.1 for more details) should be applied to assess risk.

What expertise should be considered when determining the delegation of decisions to an alternative person?

Free text box, no character limit:

No response

Component 2.2.4

Would a one-off investment of time and resources to develop and publish a list of traditional foods or ingredients that have undergone nutritional and compositional assessments facilitate entry of traditional foods to market?

Prefer not to respond / I don't know

Free text box, no character limit:

Cancer Council recommends FSANZ consult specifically with Aboriginal and Torres Strait Islander and Māori peoples and experts to understand what they need and want from the food regulatory system, including for traditional foods and ingredients.

We note that without meaningful consultation there is a potential risk of the commercialisation and potential for exploitation of traditional foods by non-Indigenous peoples.

Would the development of further guidance materials on how traditional foods can be assessed for safety facilitate entry of traditional foods to market? How so?

Prefer not to respond / I don't know

Free text box, no character limit:

Cancer Council recommends FSANZ consult specifically with Aboriginal and Torres Strait Islander and Māori peoples and experts, on whether further guidance materials are necessary or how they may be better supported to engage with the food regulatory system more broadly. FSANZ must work with appropriate experts to better outline the traditional food assessment process, to ensure it is culturally appropriate and respectful of the food practices and knowledge of Aboriginal and Torres Strait Islander and Māori people. Guidance material that has been appropriately consulted on, co-designed and co-constructed has the potential to support the safe entry of traditional foods to market.

Component 2.2.5

Would resourcing FSANZ to undertake more timely, holistic and regular reviews of standards allow FSANZ to be more strategic and consistent in changes to food standards?

Yes

Free text box, no character limit:

Cancer Council supports increasing resources for FSANZ to enable them to undertake more timely, holistic and regular review of standards to be more strategic and consistent in changes to food standards. Focusing on the impact on public health (through use of Public Health Test) can help determine what reviews are undertaken and the prioritisation of these. We argue that additional resourcing for FSANZ should be provided regardless of the outcomes of this Review, with all components that propose additional funding being assessed separately as per our response to the methodology question.

Are there other initiatives that should be considered to drive more holistic consideration of food standards?

Yes

Free text box, no character limit:

Cancer Council recommends that the Act be amended to include statutory timeframes for standard reviews. There must be clear criteria established for how and when standard reviews will be undertaken. These reviews should be undertaken to support FSANZ's primary objectives as outlined in section 3 of the Act.

Cancer Council recommends a timeframe of 3 years from "decision to prepare" to "notification to FMM" (Food Ministers Meeting) with the potential for a one-year extension to be sought from FMM in exceptional cases where gathering the necessary evidence is taking longer than usual.

The IA proposes that Option 2 will result in up to 8 standard reviews a year but there is no mechanism in place through the proposed reforms to ensure this, and no framework to govern how this would work in practice. Further details are also needed on how FSANZ will be able to undertake this from both a time and resource perspective.

Component 2.2.6

Would the use of Codes of Practice and guidelines better support the implementation of the Food Standards Code and help to address issues that do not warrant the time and resources required to develop or vary a standard?

No

Free text box, no character limit:

FSANZ can already develop guidelines and Codes of Practice - no amendments to the Act are required to enable this. We do not support changes to the process and approval pathway for developing guidelines and Codes of Practice. Guidelines and codes of practice are non-binding and should only deal with matters of interpretation and application.

Can you provide an example of an issue that would have been/be better solved by a Code of Practice or guideline?

Free text box, no character limit:

No response

How could the decision pathway for the development of a Code of Practice or guideline be incorporated into the risk framework outlined in Component 2.2.1?

Free text box, no character limit:

No response

What would be the expected impact if Codes of Practice and guidelines were developed for industry, by industry?

Negative

Free text box, no character limit:

Voluntary, self-regulated, co-regulated and industry-led guidelines and codes of practice have consistently been shown to be ineffective, unenforced, and to risk public safety, health and confidence in the food system and we do not support this. Recent work by Ngqangashe et al suggests that the most effective food and nutrition policies involve legislative and regulatory approaches, combined with best practice design and comprehensive monitoring and enforcement, and importantly absence of high industry involvement. High industry involvement in the policy process is often associated with a power imbalance in favour of industry.

See:

- Ngqangashe, Y., S. Friel, and A. Schram, The regulatory governance conditions that lead to food policies achieving improvements in population nutrition outcomes: a qualitative comparative analysis. *Public Health Nutr*, 2021. 25(5): p. 1-11.
- Ngqangashe, Y., et al., A narrative review of regulatory governance factors that shape food and nutrition policies. *Nutrition Reviews*, 2021. 80(2): p. 200-214.

Component 2.2

Are there other initiatives that should be considered in Component 2.2?

Yes

Free text box, no character limit:

Cancer Council notes that the reform options in the IA will not necessarily result in more proposals being progressed. Specifically, the summary of Option 2 of Section 6 of the IA states that FSANZ will continue to “deliver three proposals per year”. In addition, the reform options in the IA do not ensure that proposals are processed in a timelier manner.

To improve this, Cancer Council recommends that the Act be amended to include statutory timeframes for proposals. We acknowledge that proposals are broader, more complex and require more nuanced consultation than applications, however this should not result in proposals being delayed and extending over many years. To support the timely and efficient progress of proposals, a timeframe should be applied. The timeframe needs to allow sufficient time for FSANZ to identify, and if necessary, generate evidence to support decision-making.

In line with our recommendation for standard reviews, we recommend a timeframe of 3 years from “decision to prepare” to “notification to FMM” (Food Ministers Meeting) with the potential for a one-year extension to be sought from the Food Ministers Meeting in exceptional cases where gathering the necessary evidence is taking longer than usual.

Component 2.3

Component 2.3.1

Would amending the compositional requirements of the FSANZ Board increase flexibility and reflect contemporary governance processes?

Yes

Free text box, no character limit:

Cancer Council supports amending the compositional requirements of the FSANZ Board to increase flexibility and reflect contemporary governance processes. We support the recommendations of the 2014 review and the inclusion of additional skills that would support good governance and oversight. We note that the requirements for expertise (as currently set out in the Act) must be retained.

In relation to the suggestion that expertise in Aboriginal and Torres Strait Islander and Māori food and culture could be added to these additional skills, we note that this could be achieved with the creation of specific positions for Aboriginal and Torres Strait Islander and Māori people on the FSANZ Board. This amendment will aid the Board in adequately achieving contemporary governance standards and processes, allowing decisions to match the intent of the Act as it relates to Indigenous knowledge and culture.

Would amending the nomination process for the FSANZ Board to be an open market process increase efficiency and support a better board skill mix?

No

Free text box, no character limit:

Cancer Council does not support changing the current nomination process to an open market one, particularly for the public health specific positions. We strongly oppose any decision that may reduce the number of public health positions on the board. We acknowledge the concept of removing statutory requirements for the Minister to seek nominations from prescribed organisations may deliver some efficiencies and open the nomination process to a broader range of public health organisations and individuals to make nomination, it could also pose a risk to the public health and consumer positions.

With limited detail provided on how the open market process would work in practice, this is a potential risk from an open market process. If the statutory requirement is removed, there must be clear and transparent criteria for Board member skills mix. Conflicts of interests must be strictly managed and public health nominations must be free of real or perceived conflicts of interest.

Component 2.3.2

What would be the expected impact of removing the option for applications to be expedited?

Positive

Free text box, no character limit:

Cancer Council supports the removal of the option for applications to be expedited from the Act. Removal of the expedited pathway will provide a level playing field for all those making applications.

Component 2.3.3

What would be the expected impact of the implementation of an industry-wide levy?

Positive

Free text box, no character limit:

Cancer Council notes the considerable challenges faced by FSANZ in terms of resourcing and funding. Ongoing financial viability to ensure FSANZ undertake its operations and meet the objectives of the Act are critical. An industry wide levy could provide a reliable source of known funding for FSANZ on an ongoing basis.

How could eligibility criteria for a levy be set so that it is fair, consistent and feasible to administer?

Free text box, no character limit:

no response

What do you think could be an acceptable range for a levy rate? Please provide your response in Australian Dollars.

Free text box, no character limit:

No response

What would be the expected impact of compulsory fees for all applications?

Negative

Free text box, no character limit:

Cancer Council notes that compulsory fees may not be as financially sound as an industry-wide levy for resourcing FSANZ. We wish to reinforce that there should not be an option to pay for expedited applications under any fee structure.

Are there specific entrepreneurial activities that FSANZ should be considering charging for to build up a more sustainable funding base?

No

Free text box, no character limit:

Cancer Council notes that Best Practice Element 3 of the IA highlights that cost recovered services frequently represent a minority funding stream for standard-setters and we support that this is appropriate for FSANZ, to ensure FSANZ maintains its independence.

Component 2.3.4

Would imposing a food recall coordination levy imposition contribute to a more sustainable funding base and support FSANZ to rebalance its workload priorities by addressing resourcing pressures? How so?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

How could eligibility criteria for a levy be set so that it is fair, consistent and feasible to administer?

Free text box, no character limit:

no response

Would charging jurisdictions to add additional proposal or project work to FSANZ's workplan meaningfully support FSANZ to rebalance its workload priorities by addressing resourcing pressures? How so?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

What would be the expected impact of imposing a food recall coordination levy on jurisdictions?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

How would this need to be implemented to be successful?

Free text box, no character limit:

no response

Would it be better to charge a levy per recall, or an annual levy?

Other

Free text box, no character limit:

no response

What would be the expected impact of charging jurisdictions a fee to add additional proposal work to FSANZ's workplan?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

How would this need to be implemented to be successful?

Free text box, no character limit:

no response

Component 2.3

Are there other initiatives that should be considered in Component 2.3?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

Component 2.4

Component 2.4.1

Would establishing mechanisms to enable FSANZ and FMM to undertake periodic joint agenda setting lead to a shared vision of system priorities?

Prefer not to respond / I don't know

How would this need to be implemented to be successful?

Free text box, no character limit:

Cancer Council supports FSANZ continuing to work with Food Ministers to set a joint agenda and strategic direction for the food regulatory system. FSANZ attends the FMM and there is a standing agenda item to discuss FSANZ workload and priorities. This mechanism is already in place and available to FSANZ under Option 1.

What factors should be considered as part of the joint prioritisation matrix?

Free text box, no character limit:

Cancer Council recommends that the Public Health Test (noted in response to component 2.1) should be used to guide the prioritisation of all FSANZ work, as public health remains the priority objective of the Act.

In what ways could FSANZ and FMM work together in a more coordinated way?

Free text box, no character limit:

As noted, priority setting between FSANZ and FMM is already a standing agenda item. Provided FSANZ are doing regular standard reviews as core work and progressing proposals efficiently, this should be sufficient.

Component 2.4.2

Would more routine engagement between FSANZ and the FRSC reduce duplication of effort and missed opportunities to manage risk? How so?

Yes

Free text box, no character limit:

FSANZ meets regularly with jurisdictions at the FSANZ jurisdictional forum and attends the FRSC policy development working group meetings; this should be continued. Additional engagement between FSANZ and FRSC would likely deliver benefits to both parties and support a stronger focus and robust discussion of the purposes of both FSANZ and FRSC in protecting public health and ensuring coordination of effort.

What approaches could be used to improve collaboration between FSANZ, the FRSC, and the FMM?

Free text box, no character limit:

Cancer Council recommends that FSANZ receive increased resourcing to ensure it undertakes its core functions, including regular standard reviews and efficient processing of proposals. Adequate resourcing will also ensure it has capacity to continue and enhance collaboration effectively with the FRSC and the FMM.

Component 2.4.3

Would FSANZ assuming a role as a database custodian for Australia meaningfully improve intelligence sharing across the regulatory system? How so?

Yes

Free text box, no character limit:

Cancer Council supports this and strongly encourages that this database be publicly available. We note data linkage and sharing with Australian Bureau of Statistics and Australian Institute of Health and Welfare should be ensured.

What types of data would be most useful for FSANZ to curate?

Free text box, no character limit:

Collection of data is critical to monitor the work of the food regulatory system and the overall impact of nutrition on public health outcomes. Data can support in identifying priorities, the development of policy options and the evaluation of implementation. Importantly, consumption data will be critical in the assessment of proposals and applications, especially in ensuring public health is addressed. It is essential to driving better health outcomes for Australians and New Zealanders.

Cancer Council recommends the development of a routine and comprehensive nutrition monitoring and surveillance system in both Australia and New Zealand. Data that should be collected and curated includes (but is not limited to) data on:

- Food supply including composition
- Sales data
- Dietary intake (consumption data)
- Nutrition related health outcomes, as they relate to broader burden of disease.

Cancer Council notes that FSANZ will play a key role in data curation, however the collection and use of the above data is beyond the responsibility of only FSANZ. A comprehensive nutrition monitoring and surveillance system could be housed with FSANZ or other entities, such as the new Australian Centre for Disease Control. We note that additional resourcing for FSANZ is needed to enable them to play a role as a database custodian.

Component 2.4.4

Would establishing information sharing arrangements with international partners reduce duplication of effort and missed opportunities to manage risk?

Yes

Free text box, no character limit:

We support the sharing of information to support the development of the food standards code.

What should be the focus of such information sharing arrangements?

Free text box, no character limit:

The information sharing between international partners should be an important part of an effective international food system. Information sharing is acceptable practice and differs greatly to the earlier questions regarding enabling FSANZ to automatically recognise appropriate international standards which we oppose. Consideration for the Australia and New Zealand context is required.

Component 2.4.5

Would introducing Statements of Intent into food standards meaningfully improve consistent interpretation and enforcement of food standards? How so?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

What should a Statement of Intent include to benefit industry and enforcement agencies to understand and consistently apply food standards?

Free text box, no character limit:

no response

Component 2.4.6

Would FSANZ being resourced to develop, update and maintain industry guidelines improve consistent interpretation and enforcement of food standards? How so?

Prefer not to respond / I don't know

Free text box, no character limit:

There is some benefit in FSANZ being able to provide additional interpretive guidance to industry. Cancer Council is concerned that this could place a considerable burden on FSANZ to perform this function so we would not want this function to impact FSANZ's ability to progress proposals and other activities likely to deliver public health benefit.

Would amending the Act to allow FSANZ to develop guidelines in consultation with First Nations or Māori peoples support cultural considerations being taken into account in the food standards process?

Yes

Free text box, no character limit:

Cancer Council supports the amendment of the Act to ensure Aboriginal and Torres Strait Islander and Māori peoples are properly consulted on and engaged with FSANZ work to ensure cultural considerations are taken into account at all stages of the food standards process. The development of guidelines in consultation with Aboriginal and Torres Strait Islander and Māori peoples is one way this could be achieved. Food expertise of Aboriginal and Torres Strait Islander and Māori peoples should be recognised, and we support a broader consideration of the impact of the food regulatory system, and of individual food regulatory measures on Aboriginal and Torres Strait Islander and Māori peoples. The food regulatory system must be inclusive of diverse needs of our communities, as it relates to nutrition, culture, food security, and public health. Beyond the development of guidelines, we recommend a deeper consultation process with Aboriginal and Torres Strait Islander and Māori people and organisations to determine specific requirements and fully consider Indigenous perspectives in the work of FSANZ. This process will require a significant investment in time and resources to develop relationships with the most appropriate Aboriginal and Torres Strait Islander and Māori stakeholders and progress the work in a meaningful and positive manner.

Component 2.4.7

Would FSANZ collaborating with jurisdictional enforcement agencies improve inconsistent interpretation and enforcement of food standards?

Yes

Free text box, no character limit:

Cancer Council supports enhanced collaboration between FSANZ and jurisdictional enforcement agencies to ensure consistent interpretation and greater enforcement of standards that promote better public health outcomes.

Component 2.4

Are there other initiatives that should be considered in Component 2.4?

No

Free text box, no character limit:

No response

Section 6 - Net Benefit

Section 6 - Net Benefit (Option 1)

Are there other costs and benefits that have not yet been qualified or quantified?

Yes

Free text box, no character limit:

Cancer Council recommends that the cost benefit analysis appropriately reflect public health costs and benefits. Specifically, we recommend consideration of more detail on the methods and assumptions in relation to the costs and benefits to consumers and government.

- A breakdown of the costs and benefits for all impacted stakeholders for each type of FSANZ work separately (ie. not classifying proposals, reviews and applications as all having the same public health benefit for consumers)
- Details on what is the public health benefit
- Details on short- and long-term public health benefits
- Health, healthcare system and associated social and economic impacts should all be quantified clearly for both costs and benefit for both consumers and governments.

Further details are included in the following questions in this section.

What are the growth expectations of the First Nations and Māori food sector?

Free text box, no character limit:

Cancer Council does not have expertise in this area. We strongly recommend consultation with organisations and peak bodies for Aboriginal, Torres Strait Islander and Māori peoples.

What are the current delay costs to industry?

Free text box, no character limit:

Cancer Council is unable to comment on the data on delay costs to industry. However, we note that further detail is needed on the delayed costs in the analysis. The costs used for the analysis should be independent. This is in line with the requirement in the Australian Government Guide to Regulatory Impact Analysis (2020) that data sources and calculation methods used to calculate regulatory compliance burden must be transparent and any gaps or limitations in the data must be discussed and that assumptions disclosed.

Cancer Council notes that consumer safety and public health should be prioritised over commercial interests.

Do you have any additional data that would be useful in characterising the costs and benefits of current regulatory settings?

No

Free text box, no character limit:

Data and expertise are available across Australia and New Zealand to support a Cost Benefit Analysis that appropriately reflects the costs and benefits to public health, particularly amongst public health and consumer groups. We recommend significant effort be dedicated to identifying and engaging with these experts and organisations.

Any other comments regarding the Option 1 information in the Net Benefit section?

Prefer not to respond / I don't know

Free text box, no character limit:

no response

Section 6 - Net Benefit (Option 2)

Are there other costs and benefits for different stakeholders that have not yet been qualified? What are they?

Yes

Free text box, no character limit:

As per our response to this question for option 1, Cancer Council recommends that the cost benefit analysis appropriately reflect public health costs and benefits. Specifically, we recommend consideration of more detail on the methods and assumptions in relation to the costs and benefits to consumers and government.

Cancer Council seeks further clarification on how the 'risk-based' approach improves public health outcomes. For example, is this based on having more time for proposals, noting that the model keeps the number of proposals consistent? We also seek clarification on whether there has been any quantification of the cost of FSANZ in being less rigorous in some areas following a risk-based approach, in particular on public health outcomes.

Do you have any additional data that would be useful to characterising the costs and benefits of proposed initiatives?

No

Free text box, no character limit:

As per our response to this question for option 1, data and expertise are available across Australia and New Zealand to support a Cost Benefit Analysis that appropriately reflects the costs and benefits to public health, particularly amongst public health and consumer groups. We recommend significant effort be dedicated to identifying and engaging with these experts and organisations.

Any other comments regarding the Option 2 information in the Net Benefit section?

Yes

Free text box, no character limit:

Cancer Council suggests that the conclusion of the net benefits section be reviewed, by organisations with greater expertise in economic evaluations. At present the summarised outcome of the Net Benefit section is that Option 2 is more cost effective than Option 1 in delivering public health benefits, however more detail is needed on this analysis particularly to determine whether the public health benefits proposed will be realised.

The current cost benefit analysis does not consider the burden of disease throughout its entirety and there should be modelling included on the costs as a result of diet-related diseases from the reform options. This includes quantification of the public health impact of increasing the number of products entering the market that increase the risk of diet-related diseases in both reform options. There should also be consideration of the poor health attributable to delays in food regulatory measures that protect public health, in both models.

In relation to the costing of proposals, the assumptions are based on FSANZ to be able to process more proposals in a timely manner, however there is no mechanism to ensure this, and the modelling is based on the same number of proposals being completed (n=3). Delays in proposals have not been modelled in option 2 and with no mechanisms to reduce delays this should be included.

The modelling at present assumes that all applications have a consumer benefit, however these are generally for the benefit of industry rather than public health outcomes. This should be better reflected in the analysis.

Cancer Council recommends that the cost to industry of confirming FSANZ's role in considering long-term health, be removed as a cost. This role has already been confirmed and should not be considered a cost to industry in the analysis.

Section 8 - Best option and implementation

Section 8 - Best option and implementation (Solving policy problems)

Does the approach to assessing the degree to which an option solves a policy problem make sense? How so?

No

Free text box, no character limit:

Cancer Council notes that some of the reforms suggested under Option 2, could be available to FSANZ under option 1 (status quo) without changing the Act or operational framework and this must be considered when comparing the two options. As a result of the current methodology, the results weigh heavily towards option 2. We also note that the limitations in the policy problems themselves (see responses in section 3), limit this assessment.

Is the rating assigned to each of the sub-problems appropriate? If not, why?

No

Free text box, no character limit:

Cancer Council notes inconsistencies in the IA of the negative impact rating of policy problem 1. On page 89 it describes the negative impact of the policy problem as 3 (high) in the text and 2 (moderate) in the table. We support a rating of 3 (high) as per earlier responses.

Cancer Council defer to The George Institute and Food for Health Alliance to provide further details on the ratings assigned to each of the sub-problems.

Section 8 - Best option and implementation (Delivery risks)

Do you think the delivery risks have been appropriately identified and categorised within the Impact Analysis?

No

Free text box, no character limit:

- Bundling components for reform into themes does not enable accurate assessment of the risks with each component. Cancer Council recommends that each component is assessed separately. This is particularly important as not all components will necessarily be implemented. It is imperative that the risks of each component are clear so that the combined impact of components that are taken forward can be accurately assessed.
- Confusion around the public health objective and poor management of risk related to long-term health should be considered as separate risks and not bundled together.
- Both the risk-framework and new pathways have the potential to impact short-term health outcomes (food safety) and long-term health outcomes, this must be specified and the risk for each assessed separately.
- Re-allocation of resources and new sources of funding are insufficient to adequately support FSANZ's organisational capacity to manage its current workload, and address and manage risks relating to long-term health impacts in a timely manner. This should be clearly identified as a risk under both Options 1 and 2.

Are the delivery risk ratings assigned to each of the sub-problems appropriate?

No

Free text box, no character limit:

Cancer Council notes that the IA concludes that option 1 is riskier than option 2. A number of the risks under option 1 can still be addressed under status quo and option 2 won't necessarily resolve all the risks, so this must be considered.

Cancer Council supports that the risks of unsafe foods entering the market or risks to population health of introducing more unhealthy foods to the market should be assessed as major.

We recommend the risk assessment is reviewed in light of the following comments.

- 'Confusion around the objectives and scope of FSANZ will perpetuate, meaning that risks relating to public health and safety- particularly long-term health- are not well managed'. Although option 2 proposes to clarify the role in long-term public health within the definition, it is already the responsibility of FSANZ and without any additional support in Option 2 to operationalise this, it's unlikely there will be significant changes. Furthermore, some of the proposed reforms will remove oversight, which may heighten public health risk.
- 'Alignment of definitions could inadvertently widen the scope for FSANZ and its role in managing public health risks'. As noted above and throughout the above, this is already the role of FSANZ. As such, we disagree that confirming FSANZ's already agreed on role, in mitigating public health risks should not be considered a risk.
- 'Applying a risk framework to guide process and decision-making may lead to unsafe foods entering the market'. We support the consequence rating for this risk, however, suggest the likelihood should be assessed higher, due to the proposed reforms and the implications of less oversight and reduction in regulation.
- 'Establishing new pathways to amend foods standards could reduce the level of oversight and scrutiny of products in the pre-market phase, introducing higher risk to population health and safety'. We support the consequence rating for this risk, however, suggest the likelihood should be assessed as higher, due to the proposed reforms and the implications of less oversight and reduction in regulation.
- 'Less direct oversight of food standards by the FMM and FSANZ Board would reduce scrutiny and diminish oversight and accountability over the standard setting system.' We suggest the consequences of this is higher than moderate-minimum, given this has the potential to undermine confidence in the food regulatory system.
- 'FSANZ will continue to focus on only a subset of its statutory duties, effectively creating gaps in the regulatory system where risks and opportunities are not managed as well as they could be.' We acknowledge that resourcing constraints means that a subset of functions will continue to be prioritised. However, under option 2, without statutory timelines for proposals and reviews, this risk is unlikely to be adequately addressed.

Section 9 - Evaluation of the preferred option

Are there any other factors that should be captured in a future evaluation?

Yes

Free text box, no character limit:

See response to next question.

Other comments

Is there anything else you want to share with us on the Impact Analysis?

Yes

Free text box, no character limit:

Resourcing of FSANZ

The IA is clear that FSANZ is insufficiently resourced and that it must be adequately resourced to deliver on its current legislated responsibilities, in addition to any new functions proposed in the reform options.

The IA clearly sets out that FSANZ's operating budget has declined in real terms and that over 90% of this comes from government funding of some source. Governments should be adequately funding FSANZ to perform its functions. We would strongly suggest that one of the key enablers for FSANZ is a commitment from all governments to increase resources for FSANZ to undertake its functions, which could be undertaken under the status quo. We acknowledge that this is out of scope for the FSANZ Act Review and support the suggestion that FSANZ's substantive funding arrangements should be considered as part of the broader work in relation to the joint food standards system.

Inclusion of sustainability in the Act

To achieve FSANZ's purpose of long-term health outcomes for Australians and New Zealanders, the Act must ensure a food system that is healthy, sustainable and secure. There is a clear and urgent need to reorient the food regulatory system to safeguard food security for all people living in Australia and New Zealand. The Review of the Act provides an opportune moment to address the gap in legislative and regulatory frameworks that safeguard food security, and to respond to the climate change policy landscape in Australia and New Zealand which have made international commitments to food security (see UAE declaration on sustainable agriculture, resilient food systems, and climate action COP28 Declaration on Food and Agriculture).

Expanding the objectives of the Act in Section 3, 13 and introducing a related provision in Section 18(2), would give clear responsibility for FSANZ to promote food security. Such a change would enable FSANZ to consider issues that promote or threaten sustainability (particularly as it relates to food security) in its deliberations about food regulatory measures.

Public health support for this approach was provided throughout earlier stages of the Review. Since this time, Australia's policy landscape has progressed, with clear commitment from the Commonwealth Government to address food security in the face of climate change. The release of the National Health and Climate Strategy (see: National Health and Climate Strategy | Australian Government Department of Health and Aged Care) clearly demonstrates this with Actions that address food security (Ref Actions 3.1, 3.3, 3.5, 3.6, 3.7, 3.8, 4.15, 4.16, 4.3, 5.3, 5.4, 6.6, 6.7 and 7.5). Many of these Actions must have the support of the food regulatory system to be realised. The next iteration of the Australian Dietary Guidelines will include a focus on sustainability. New Zealand has a Climate Change Response (Zero Carbon) Amendment Act 2019 that provides a framework by which New Zealand can develop and implement clear and stable climate change policies.

Currently there is a lack of interdisciplinary collaboration and engagement between environmental science, agricultural science, health, and nutrition science in the pursuit of an evidence base to underpin food system policy in Australia and New Zealand. There is a great need for this to occur, and quickly. Food policy involves several government departments and agencies, each with a different perspective on the issue. These bodies must work collaboratively to implement the significant changes needed to move toward a sustainable food system required to support the health of Australia and New Zealand.

FSANZ role in the food supply

We note that the IA fails to highlight FSANZ's role in improving and shaping the food supply to support long-term public health outcomes. We recognise that FSANZ is only one mechanism within the food regulatory system for this, but it is an important one. The potential impact of FSANZ making full impact assessments on a regular basis, and its ability to shape product formulation and labelling across the food supply has a scale of impact on diet-related chronic diseases that most other mechanisms do not. This 30-year opportunity to ensure FSANZ's role in improving the food supply and the resulting public health outcomes needs to be taken. Taken together, the combined impact of the reforms in Option 2 of the IA will further compromise the capacity of FSANZ to meet its two legislated, priority objectives – to protect public health and safety, and to support consumers to make informed choices.

Representation of public health and consumer stakeholder voice

Cancer Council is concerned that the IA does not represent public health and consumer organisations' feedback from previous consultations accurately in the 'Summary of stakeholder feedback' section and more significantly, this feedback has not been reflected in the proposed policy problems and solutions.

Public health and consumer stakeholders were clear in their feedback in previous consultations that the reform options (then presented under options 2 and 3 of the Draft Regulatory Impact Statement) would not enable, and may in fact further undermine, FSANZ's ability to meet its two legislated, priority objectives – to protect public health and safety, and to support consumers to make informed choices.

The public health community's perspectives on FSANZ operations, the role of FSANZ in the food supply and the FSANZ Act Review have, since the first public consultation in 2020, has been consistently communicated but are not reflected in the Impact Assessment.

We disagree with the statement made in section 7.1 of the IA, that "the IA has evolved significantly. Characterisation of the problems to solve, and the options to solve these has changed dramatically since the RIS was published for consultation in 2021" and suggest that the fundamental approaches, principles, proposals and intended outcomes remain largely the same. We remain concerned that the combined impact of the reforms proposed under Option 2 will negatively impact the health and wellbeing of Australians and New Zealanders.

The IA represents a further development of some of the reforms previously proposed under options 2 and 3 of the Draft Regulatory Impact Statement with no additional reforms to safeguard health.

Our submission proposes measures that will safeguard public health, and we strongly recommend that these are reflected in the next steps for reform.

Privacy and Confidentiality

Do you want this submission to be treated as confidential?

No.

If you want all or parts of this submission to be confidential, please state which parts and why.

Free text box, no character limit:

N/A