



AUSTRALIAN MEDICAL
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SUBMISSION

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Australian Centre for Disease Control Bill 2025 and a related bill

Online submission to the Community Affairs Legislation Committee

- [Australian Centre for Disease Control Bill 2025](#)
- [Australian Centre for Disease Control \(Consequential Amendments and Transitional Provisions\) Bill 2025](#)

Since 2017, the Australian Medical Association has repeatedly called for the immediate establishment of an Australian Centre for Disease Control (CDC), with a national focus on current and emerging communicable disease threats, global health surveillance, health security, epidemiology and research. Despite recognising that Australia was one of the most successful countries in its pandemic response, an independent COVID-19 Response Inquiry found national leadership and capacity to coordinate rapid and effective public health messaging was lacking.

The federal government has responded swiftly to the immediate term recommendation from the COVID-19 Response Inquiry to establish the Australian CDC to prioritise systemic preparedness. The CDC aims to become a trusted and authoritative body on risk assessment and communication, and a national repository of communicable disease data, evidence and advice. The AMA congratulates the government on the introduction of the Australian Centre for Disease Control Bill 2025 and the Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025 to parliament.

The AMA acknowledges the importance of designing Bills that remain relevant over time yet also enables the agency to evolve in its remit in Public Health. The AMA is satisfied with the inclusion of eight public health entities defined as '*Public Health Matters*'. The areas listed in the Bill definitions: (a) health emergency management; (b) health security; (c) health protection; (d) health promotion; (e) preventative health; (f) disease control; (g) environmental health; and (h) the health effects of climate change. The design of the Bill does not prohibit expansion of the public health matters and allows for future inclusivity.

The AMA supports the establishment of the Australian CDC as a statutory agency under the *Australian Centre for Disease Control Act 2025*, and believes its credibility will rest on strong, clinical and scientific expert leadership. The appointment of a politically neutral, highly qualified Director-General is vital to ensuring the CDC becomes Australia's most trusted source of expert advice in public health, including pandemic preparedness and disease prevention. The AMA is supportive of the Advisory Council structure consisting of 6–10 members, with one appointment specifically allocated to an expert in clinical practice and another appointment reserved for an Aboriginal and Torres Strait Islander who has expertise, qualifications or experience in the health needs of Aboriginal persons or Torres Strait Islanders (or both). The AMA acknowledges the ability of the Director-General to establish short term panels of specific expertise according to public health matter relevance that can inform the Advisory Council.

The use and sharing of data

It is imperative that the Australian CDC can access multiple datasets across healthcare, agriculture, fisheries, and food to enable effective protection of the Australian population against public health emergencies. The legislation herein reflects the interim Australian CDC's public consultation into the *Use and sharing of data* in 2024. Outlined in Division 2 - Information-gathering powers, the legislation reflects the strengthening of national data capability to support faster and more targeted evidence-based decision making by governments.

The AMA strongly supports a connected healthcare system where data governance is patient centred, and the use of data supports quality improvement in public health prevention and response, while adhering to the *Privacy Act 1988*, with safeguards to protect individuals' personal information. Appropriate use of health data can enhance the provision of care for patients, improving health outcomes, increasing equitable and individualised care, while minimising duplication and gaps in care. This can improve productivity, efficiency and experience for health practitioners and provide an evidence base for planning of care and services, both at the practice level and across the health system. The Australian health digital landscape is complex, with numerous clinical software providers/vendors. This, in the AMA view, has been one of the key obstacles in achieving health system interoperability: the inability of the government and relevant agencies to ensure standardisation and compliance of software vendors.

Beyond this consultation, the AMA strongly supports the Australian CDC working with the Digital Health Agency to advance the *National Healthcare Interoperability Plan*. This should ensure data sharing for pandemic preparedness and accelerate full system interoperability. The *Intergovernmental Agreement* on data sharing must also be strengthened, as Australia's health system remains hampered by inconsistent formats and fragmented governance.

Conclusion

The AMA welcomes the draft legislation to establish the Australian CDC as an independent agency from 1 January 2026. The legislation provides the flexibility needed to adapt to future public health challenges while embedding strong clinical and scientific leadership to ensure credibility. The AMA looks forward to the Health Minister appointing a politically neutral, highly qualified Director-General to lead the CDC as Australia's trusted source of expert advice on pandemic preparedness and disease prevention.