New South Wales

Legislative Assembly

PARLIAMENTARY DEBATES
(HANSARD)

Fifty-Seventh Parliament
First Session

Thursday, 8 August 2019

Authorised by the Parliament of New South Wales

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LEGISLATIVE ASSEMBLY

Thursday, 8 August 2019

The Speaker (The Hon. Jonathan Richard O'Dea) took the chair at 09:30.

The Speaker read the prayer and acknowledgement of country.

[*Notices of motions given*.]

Business of the House

SUSPENSION OF STANDING AND SESSIONAL ORDERS: ROUTINE OF BUSINESS

Mr ANDREW CONSTANCE: I move:

That standing and sessional orders be suspended at this sitting to:

(1) Permit consideration of the Reproductive Health Care Reform Bill 2019 to take precedence of all other items of general business until 2.15 p.m.

(2) Provide for the following routine of business after placing and disposal of business:

(a) consideration of the Reproductive Health Care Reform Bill (if all remaining stages have not concluded earlier);
(b) at 4.00 p.m., petition debate;
(c) consideration of the Reproductive Health Care Reform Bill (if required);
(d) private members' statements; and
(e) community recognition statements for 30 minutes, after which the House shall adjourn without motion until the next sitting day.

Motion agreed to.

Bills

REPRODUCTIVE HEALTH CARE REFORM BILL 2019

Second Reading Debate

Debate resumed from 7 August 2019.

Mr ALEX GREENWICH (Sydney) (09:49): In reply: I thank all members who contributed to debate on the Reproductive Health Care Reform Bill—65 members representing all parts of New South Wales and all parts of this Parliament. As those who have watched it know, this has been an impassioned debate and I value all members' contributions regardless of their position on the bill. I pay a special tribute to the members, especially the women, who shared their deeply personal stories about sexual assault, domestic violence and abortion, and how life experiences have led them to a position that supports a woman's right to choose. I am grateful to the many members, religious leaders and supporters in the community who, during the course of this debate, have expressed strong support for the bill as a result of their faith.

The vast majority of people from all walks of life support a woman's right to choose and this comes from a moral position based on social justice, fairness and the fundamental human right to bodily autonomy. Ensuring women have access to safe and legal terminations is vital to protecting their health, welfare and control over their bodies and their lives. It is about women's rights to appropriate health care and it is our role as community representatives in this place to protect those rights. The need to end a pregnancy is a health matter, not a criminal matter and the Reproductive Health Care Reform Bill recognises this and removes abortions from the Criminal Code and regulates them as a medical procedure.

The current criminal framework is not appropriate. It threatens women, doctors and healthcare professionals with potential criminal conviction and enshrines judgement and shame on women over personal and sometimes difficult choices. No other medical procedure is governed in the Crimes Act and no other State or Territory has failed to address the criminal approach to abortions. Terminations are now safe procedures and the vast majority of people strongly believe that the law should finally respect women's rights to choose for themselves whether to end a pregnancy. The framework introduced under the bill for lawful and unlawful terminations is based on Queensland and Victorian laws, which come out of extensive law reform commission processes. It represents what is widely accepted as the best practice approach to safeguarding women's reproductive rights and giving doctors and healthcare professionals the legal clarity they seek.

Doctors already perform these important reproductive health services in licensed healthcare clinics by prescribing medications listed on the Pharmaceutical Benefits Scheme. Some speakers have said that this is a reason to retain the status quo, but this approach provides no legal guarantee against prosecution and is frankly a second-rate and grossly unacceptable approach to health care. One of the important provisions in the bill is its removal of any possibility that a woman who seeks, obtains or conducts a termination on herself is committing a crime. This is consistent with bodily autonomy and a harm minimisation approach to health care. We know that criminalisation does not reduce the demand for terminations, but it can reduce the safety of the procedures.

Ensuring women cannot be convicted for abortions performed on themselves ensures that if something goes wrong, women will always be able to seek help without fear of conviction. I hope that decriminalisation will reduce the fear and stigma that surrounds termination services and encourage more women, including young women, to discuss their reproductive healthcare needs with their general practitioners and get comprehensive medical advice about all their options before making a decision. Although this debate has been a long time coming—119 years—it has at times been very hard to listen to some of the statements made inside and outside this Chamber, which, in my view, have not taken into consideration the impact they may have on others, especially women in this building, in the gallery and across the State. It is important to note that abortions already occur—they occurred yesterday and they will occur tomorrow—and it is important to respect that NSW Health has a framework in place for the health care of women receiving those services. The bill protects that health care for women and doctors in law.

I will address some issues raised and I start with informed consent. In all forms of treatment duty of care obligations unquestionably require doctors to always ensure that patients have given informed consent. Any breach of that requirement will be subject to serious professional disciplinary action. Nothing in the bill changes those duties and women will be required to give informed consent before a termination procedure proceeds, as they are now. This involves information about procedure and possible risks and complications.

The obligation in the bill for doctors who have a conscientious objection to refer a woman seeking a termination to another doctor or a facility that would provide the service is consistent with existing Australian codes of conduct and ethical standards that require doctors not to use their conscientious objection to impede a patient's access to health care. As a time-critical procedure any delay will impact on the availability of terminations including the type, setting, potential complications and costs. This is especially important for women who experience disadvantage and family and domestic violence and who live in remote and rural areas with limited access to health care. Without a referral they may fail to get the health care they need.

The duty to refer a patient does not involve providing a specific referral, rather providing the contact details of another doctor or, for example, NSW Family Planning would suffice. Mrs Leslie Williams will move an amendment that I support to clarify this further. As the bill is drafted, the conscientious objection obligations apply to the termination—that is, the specific termination that a woman is asking for. The gestation period in the bill is appropriately set at 22 weeks. It follows the recommendations of the Australian Medical Association and the Queensland Law Reform Commission following an extensive review.

A gestation period of 22 weeks recognises that many fetal abnormalities will not be identifiable until the anatomical ultrasound which occurs at 18 to 20 weeks. It gives women time to make an informed decision without the pressure that any delay in her decision will force her to proceed with a different and more onerous approval path. We want women to have the time to make an informed decision. Any pressure or rush imposed by reducing the 22-week gestation period could have perverse impacts. I note that one of the first amendments to be dealt with risks imposing these perverse impacts on a woman and her health care. It is potentially one of the more dangerous amendments that we will be debating. The Queensland Law Reform Commission considered that any gestational limit earlier than 22 weeks would be "unduly restrictive and a potential barrier, particularly to vulnerable and disadvantaged women". Under the existing common law provisions there is no need for two doctors to approve terminations at any period of pregnancy.

In establishing a regulatory framework for lawful terminations, gestation periods have not been introduced to reduce women's autonomy but in recognition that late-term abortions warrant extra oversight due to the potential additional risks and complexities. We should trust the experts such as the Australian Medical Association on the stage of pregnancy that this should occur. I note Mrs Leslie Williams will move an amendment ensuring that terminations post-22 weeks are in public hospitals. I support that amendment. With regard to professional standards and conduct, I stress that doctors and health professionals absolutely must comply with professional standards when conducting any medical procedure. Few medical procedures are governed in law yet this does not mean that doctors can do whatever they want. For the vast majority of procedures we rely on professional standards to govern how medical professionals operate and abortions are no different.

I understand other members may have amendments relating to this. However, Mrs Leslie Williams will move an amendment to ensure this clarity is in law and that is done in consultation with Health. While some of

the members who are proposing mandatory counselling may be coming from a position of genuine concern for women and what could be a difficult decision, the notion that women need to be counselled before an abortion is offensive. We do not mandate counselling in law for any other procedure, including irreversible procedures like amputations and vasectomies. Women have the capacity and the right to make decisions about their bodies without interference and decide for themselves whether to seek counselling prior to an abortion.

For abortions under 22 weeks, many women will prefer to talk to their partners and support networks and may not want counselling. For them, mandatory counselling could cause distress and create unnecessary delays. Mandatory counselling was assessed by the Queensland and Victorian law reform commissions, which concluded that it was neither necessary nor appropriate. Abortions over 22 weeks are almost always conducted in public hospitals under a NSW Health framework that requires counselling to be offered at various stages of tests and procedures. The implication made by a limited number of members that women either make decisions lightly or doctors do not provide necessary care shows a lack of regard and respect for women and their doctors.

Some members made reference to the consideration of social reasons and future issues as not being important. Those considerations involve factors such as domestic violence, rape and incest and they can impact a woman at any stage of her life or pregnancy. They are important considerations and should not be taken lightly. All members need to remember that one of the big changes under the bill is the move to increase the scrutiny for terminations over 22 weeks. That scrutiny will be further increased should the amendments of Mrs Leslie Williams on public hospitals and other health facilities be passed.

At times there seems to have been a lack of empathy for women over how difficult a termination after 22 weeks can be. They are usually in situations where a woman is looking forward to and planning to give birth and have a child and she is suddenly dealing with a very distressing situation completely outside of her control. She needs support and compassion as well as—as I have stressed—the support of two doctors as mandated in this bill, not additional moral judgement. Terminations post 22 weeks occur extremely rarely and must be treated as an issue between a woman and her doctor—or, under this bill, two doctors—without the moral judgement that comes from enshrining abortions in the criminal code.

I strongly feel that a majority of members are coming to this debate with compassion in their hearts rather than judgement in their minds, and there will be further issues to be resolved through amendments during consideration in detail. In closing, I thank a number of people whose support during this process has been vital, including everyone at the Pro-Choice Alliance—I note that its chair, Wendy McCarthy, is here today—Our Bodies Our Choices, the Human Rights Law Centre, the Australian Medical Association and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. I pay special tribute to Sinead Canning, Claire Pullen, Adrianne Walters and Fiona Davies, who have all provided vital support and advice throughout this process. I also thank the many doctors, lawyers and health professionals who have given their time to members of this place to discuss aspects of the bill. I thank the many members who have engaged in detailed consultation with those experts and their constituents.

I thank the members who brought the bill together: the Hon. Trevor Khan, the Hon. Penny Sharpe and the member for Summer Hill. Of course, I thank the health Minister for his strong support. I also thank the 15 co-sponsors of the bill. Having so many co-sponsors shows that it is truly a multi-partisan bill in support of women across New South Wales. I thank the staff who made up the working party, especially Richard Karaba from the office of the Hon. Trevor Khan, Matt and Zac from the office of the member for Summer Hill and, most of all, Tammie Nardone from my office. As many people know, Tammie is likely the hardest working person in this building. I also thank all of the co-sponsors in this place and the other place.

Our legal framework is no longer fit for purpose. It is archaic, it stigmatises women and it reduces their healthcare options, with the biggest impact being on women in rural and regional areas and women affected by physical or sexual violence. The law does not treat women with dignity or trust them to make decisions about their bodies, their life and their health care. This reform is long overdue. Now is the time to decriminalise abortion in our law and give clarity to the medical profession, women and the wider community. This is an historical moment in our time. I urge all members to join the Premier, the health Minister, the Leader of the Opposition, the shadow Minister, the 15 co-sponsors of the bill and the many members who passionately spoke in support of it to right this wrong and to vote for a woman's right to choose. I commend the bill to the House.

The DEPUTY SPEAKER: The question is that this bill be now read a second time.

The House divided.

Ayes 56
Noes 33
Majority.....23

AYES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barilaro, Mr J	Barr, Mr C	Berejiklian, Ms G
Butler, Mr R	Car, Ms P	Catley, Ms Y
Chanthivong, Mr A	Constance, Mr A	Cotsis, Ms S
Crakanthorp, Mr T	Daley, Mr M	Dalton, Mrs H
Dominello, Mr V	Donato, Mr P	Doyle, Ms T
Evans, Mr L.J.	Greenwich, Mr A	Griffin, Mr J
Gulaptis, Mr C	Hancock, Mrs S	Harris, Mr D
Harrison, Ms J	Haylen, Ms J	Hazzard, Mr B
Hoenig, Mr R	Hornery, Ms S	Kean, Mr M
Leong, Ms J	Lynch, Mr P	Marshall, Mr A
McKay, Ms J	Mehan, Mr D (teller)	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Saunders, Mr D	Scully, Mr P
Singh, Mr G	Smith, Ms T.F.	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

NOES

Atalla, Mr E	Bali, Mr S	Clancy, Mr J
Conolly, Mr K	Cooke, Ms S (teller)	Coure, Mr M
Crouch, Mr A (teller)	Davies, Mrs T	Dib, Mr J
Elliott, Mr D	Finn, Ms J	Gibbons, Ms M
Henskens, Mr A	Johnsen, Mr M	Kamper, Mr S
Lee, Dr G	Lindsay, Ms W	McDermott, Dr H
McGirr, Dr J	Mihailuk, Ms T	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Roberts, Mr A
Sidgreaves, Mr P	Sidoti, Mr J	Smith, Mr N
Stokes, Mr R	Taylor, Mr M	Tuckerman, Mrs W
Upton, Ms G	Williams, Mr R	Zangari, Mr G

Motion agreed to.

Visitors

VISITORS

The SPEAKER: I extend a very warm welcome to the range of guests in the gallery who are present to watch the debate on the Reproductive Health Care Reform Bill. I remind everybody of the need to remain orderly and I ask people to be respectful of parliamentary proceedings. Anyone who behaves in a disorderly manner will be immediately removed from the Chamber. Photography is not permitted and any photographs that are taken will be deleted. I apologise for the oversight yesterday in the context of acknowledging a number of other people who were here. I particularly welcome Dr Rachel Carling-Jenkins, a former member of the Victorian Legislative Council.

Rulings

SPEAKING TIME LIMITS

The SPEAKER: There is some confusion regarding Standing Order 85, particularly in relation to speaking times for the consideration in detail stage of a bill. Unlike the maximum time limits specified for the second reading debate, which refer to bills introduced by a Minister as distinct from a private member, the time limits specified for the consideration in detail stage lack the same distinction. There are few precedents, given that conscience votes are rare occurrences—as are private members' bills, which seldom proceed to the consideration in detail stage.

Consequently, as the intention behind the standing order is unclear, I have placed this issue as a matter for deliberation by the Standing Orders and Procedures Committee at its next meeting. The Clerks will then

provide advice on precedent and practice here and in other jurisdictions. Pending the committee's report to the House, for the duration of the debate on the Reproductive Health Care Reform Bill 2019 it is a matter for the House to determine the speaking times that should apply during consideration in detail on the bill.

Business of the House

SUSPENSION OF STANDING AND SESSIONAL ORDERS: SPEAKING TIME LIMITS

Mr ANDREW CONSTANCE: I move:

That standing and sessional orders be suspended to allow for the following speaking times during the consideration in detail of the Reproductive Health Care Reform Bill 2019:

Mover of the amendment—15 minutes,

Any other members—5 minutes, and

Mover in reply—5 minutes.

Motion agreed to.

Bills

REPRODUCTIVE HEALTH CARE REFORM BILL 2019

Reference

Mr KEVIN CONOLLY: I move:

That pursuant to Standing Order 323 the Reproductive Health Care Reform Bill 2019 be referred to the Legislative Assembly Committee on Law and Safety in the capacity of a legislation committee for consideration and report by 17 September 2019.

Question put.

The House divided.

Ayes 30
Noes 56
Majority.....26

AYES

Atalla, Mr E	Bali, Mr S	Bromhead, Mr S
Conolly, Mr K	Cooke, Ms S (teller)	Coure, Mr M
Crouch, Mr A (teller)	Davies, Mrs T	Dib, Mr J
Elliott, Mr D	Finn, Ms J	Johnsen, Mr M
Kamper, Mr S	Lee, Dr G	McDermott, Dr H
McGirr, Dr J	Mihailuk, Ms T	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Roberts, Mr A
Sidgreaves, Mr P	Sidoti, Mr J	Smith, Mr N
Speakman, Mr M	Taylor, Mr M	Tuckerman, Mrs W
Upton, Ms G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barr, Mr C	Berejiklian, Ms G	Butler, Mr R
Car, Ms P	Catley, Ms Y	Chanthivong, Mr A
Clancy, Mr J	Constance, Mr A	Cotsis, Ms S
Crakanthorp, Mr T	Daley, Mr M	Dalton, Mrs H
Dominello, Mr V	Donato, Mr P	Doyle, Ms T
Evans, Mr L.J.	Gibbons, Ms M	Greenwich, Mr A
Griffin, Mr J	Gulaptis, Mr C	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Henskens, Mr A	Hoenig, Mr R
Hornery, Ms S	Kean, Mr M	Leong, Ms J
Lindsay, Ms W	Lynch, Mr P	McKay, Ms J
Mehan, Mr D (teller)	Minns, Mr C	O'Neill, Dr M
Park, Mr R	Parker, Mr J	Pavey, Mrs M
Piper, Mr G	Provest, Mr G	Saffin, Ms J

NOES

Scully, Mr P	Smith, Ms T.F.	Stokes, Mr R
Tesch, Ms L	Toole, Mr P	Voltz, Ms L
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

Motion negatived.

Consideration in Detail

Consideration in detail requested by Mr Mark Speakman, Mr Alister Henskens, Mrs Tanya Davies, Mrs Leslie Williams, Dr Hugh McDermott and Dr Joe McGirr.

The SPEAKER: By leave: I will deal with the bill as a whole. The question is that clauses 1 to 12 and schedules 1 and 2 be agreed to.

Mrs TANYA DAVIES (Mulgoa) (10:40): By leave: I move amendments Nos 1, 2, 4 and 5 on sheet c2019-042 in globo:

No. 1 **Terminations at less than 20 weeks**

Page 3, proposed section 5, line 3. Omit "not more than 22 weeks". Insert instead "less than 20 weeks".

No. 2 **Terminations at less than 20 weeks**

Page 3, proposed section 5, line 5. Omit "not more than 22 weeks". Insert instead "less than 20 weeks".

No. 4 **Terminations at 20 or more weeks**

Page 3, proposed section 6, line 6. Omit "22 weeks". Insert instead "20 or more weeks".

No. 5 **Terminations at 20 or more weeks**

Page 3, proposed section 6, lines 7 and 8. Omit "more than 22 weeks". Insert instead "20 or more weeks".

The bill as it stands already makes a distinction—set at 22 weeks—in the conditions and processes under which an abortion may be performed lawfully, dependent upon the duration of the pregnancy. Such distinctions based on the duration of a pregnancy or the gestational age of the unborn child are common in abortion laws internationally and in Australia. The intent of the amendment is to alter the stage of pregnancy at which a distinction is made between the respective provisions in clause 5 and clause 6 from "more than 22 weeks" to "20 weeks or more".

Nationally the point of division has moved earlier in pregnancy with more recent laws. For example, in 1969 South Australia set it at 28 weeks, in 2008 Victoria set it at 24 weeks, in 2017 the Northern Territory set it at 23 weeks and last year Queensland set it at 22 weeks. Outliers to the trend are Tasmania, which in 2013 opted for 16 weeks as the dividing point; the Australian Capital Territory, which in 2002 opted for birth as the only dividing point; and Western Australia, which in 1998 opted for 20 weeks. I will return to the clarification on Western Australia in a moment.

However, the overall trend of having a more restrictive abortion regime after an earlier and earlier gestational age is not surprising, given that in the 50 years since South Australia opted for 28 weeks there have been amazing developments in medical science that have impacted on a number of relevant matters. Firstly, as of 2017 the new world's best practice benchmark for salvaging a premature baby is now 21 weeks. The journal *Pediatrics* published a case report on "a female infant resuscitated [in 2014] after delivery at 21 weeks' 4 days' gestation and 410 gram birth weight". Possibly she is the most premature known survivor to date. As of November 2018 Lyla Stensrud was attending preschool. She had a slight delay in speech but no other known medical issues or disabilities. The authors of the *Pediatrics* case report conclude:

> It is known that active intervention policies at 22 weeks' gestation improve the outcome for those infants and it may be reasonable to infer that these benefits would extend, if to a lesser degree, into the 21st week. Ultimately, such limited data exist at this gestational age that the time may have arrived for obstetrical centers to begin systematically reporting fetal outcomes in the 21st week.

Secondly, 4D ultrasound has given us all a window into the womb and so the pre-modern notion of the unborn child as an unformed ball of cells—a kind of blob—is no longer sustainable in the light of modern science. We also know that many incredibly talented and brilliant surgeons undertake in-utero surgery on an unborn child because the child has the potential for life even though it may need some specialist medical intervention. The Raising Children Network website, supported by the Australian Government, tells expectant parents that at 20 weeks of pregnancy:

> Your baby measures about 16 cm from head to bottom, and weighs about 320 gm … The heart is beating at 120-160 beats per minute. Muscles are growing, and your baby is moving around a lot. Your baby's fingerprints are formed. Permanent teeth have grown beneath your baby's first teeth, deep in the gums. Your baby can hear sounds, such as its mother's heart or voice, even though the ears are not yet completely formed.

Thirdly, the weight of scientific evidence suggests that, like all animals at the halfway point in gestation, the unborn child at 20 weeks of pregnancy can experience pain. Indeed it was in anticipation of some of those developments that 20 years ago Western Australia opted for 20 weeks as the most appropriate point for a more restrictive abortion regime, or a more considered abortion regime. Another factor it considered, which is relevant in New South Wales, is that under existing law, which will not be changed by the bill, any child, whether born alive or stillborn at 20 weeks or in later pregnancy, must legally have his or her birth registered. He or she has a legal personal identity recorded officially and for all time. For all those reasons I believe that it would be appropriate, and in line with existing legal provisions that recognise the gestational age of a 20-plus-week-old baby, to set the dividing point at "less than 20 weeks" rather than at "not more than 22 weeks" as it currently stands in the bill.

Colleagues, there is one thing on which we can all agree in this debate and that is that it is a very challenging and difficult subject. I commend everyone for the manner in which they have presented their case and case studies to this House to ensure that all members have as much information as possible at their fingertips to make the best possible decision for the people, for the women, of New South Wales. On this point I believe it is appropriate that these amendments should be supported because the inclusion of the clause will provide far more alignment of our legislation with the legislation that currently exists for children born alive or stillborn post-20 weeks. Under the current legislation and current government provisions, those children born alive or stillborn from 20 weeks receive a birth certificate. They are legally identified in our society. I believe that the legislation before us should be amended to align with existing legislation and provisions in our society. I commend the amendments.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (10:50): I greatly respect the views of the member for Mulgoa. I have worked with her and she was an amazing Minister and very committed to the welfare of patients. On a whole lot of issues we are very much in agreement but on this one I cannot agree with her. I make it very clear that I oppose the amendments moved by the member for Mulgoa. The issue of what should be occurring when is a challenging one, but we have to go back to the starting point of this legislation.

We had a debate years ago about whether we would have abortion in New South Wales. That debate has passed. It is not a matter of whether we will or will not have abortion; it is a matter of whether now is the right time to move the entitlements of women in this State out of a criminal framework into a medical framework—that is at the heart of what we are doing. If we can remove ourselves from the issue of whether we do or do not support abortion—on the basis that that has long since been determined—we then have to look at what the law is today.

The common law interpretation of the Crimes Act today is that a woman can terminate a pregnancy at any time during that pregnancy. There are certain prerequisites to that. Obviously a medical practitioner is subject to all of the appropriate ethical standards that one would expect in our State in working with the woman to determine whether or not it is appropriate. There have to be issues around a range of circumstances which we covered in the second reading debate. The bill will introduce further safeguards after 22 weeks. Now two medical practitioners have to have a discussion with the woman. In that sense the bill provides additional safeguards that do not exist now.

Why is 22 weeks appropriate? Why has it been chosen as the period after which we put more safeguards in place and that in the period prior to it a woman has the right to make her own decision only in discussions with her doctor? As the member for Mulgoa noted, there has been a lot of effort in this regard over many years across all States and Territories. This State is the last in the line to determine how it will deal with this issue. As the member said, that determined period has progressed in the past 11 years since the very first effort to make some amendments in 1998. In 2008 Victoria determined that 24 weeks was appropriate after it had a Law Reform Commission review. In Queensland, the most recent Law Reform Commission looking at the issues, the science and the technology determined that 22 weeks was the appropriate position to have those additional requirements. My strong suggestion to members is that the bill is correct. The bill is as good as it can be. The bill should be supported as it is.

Although I respect her views, the amendments being moved by my colleague and friend Tanya Davies should not be supported. Twenty-two weeks is the recommended period from the Law Reform Commission—the last major review that was done only last year in Queensland. It addresses the issue of the timing of the most likely viability point for a fetus, and that is certainly post-22 weeks. I strongly endorse the 22-week time frame and

strongly encourage my colleagues in this place to support it. Therefore I ask all members, as difficult as the challenge is, to oppose the amendments being moved by the member for Mulgoa.

Mr KEVIN CONOLLY (Riverstone) (10:55): I will be very brief. I raise a couple of points for the attention of members. In the way that the bill is structured, we are talking about the threshold between a first period with certain requirements and a second period with different requirements and where that threshold should sit. If nothing else, over the past week the message we have received from our communities is that it is the late-term abortions—the second period—that causes real angst. Many of us have had our offices inundated with expressions of concern about that.

We have heard from many speakers in the second reading debate that most abortions in New South Wales are conducted much earlier. We are talking about a much smaller number at this stage. That is in line with community sentiment that we are hearing—that is, they do not want, they are very uncomfortable with and they are very concerned about terminations at the later stage of pregnancy. If we do not respond to that community concern, what do we say to all those people who contacted us to express those views? If nothing else, they want us to think seriously about this.

I put it into context with my second point. What is the consequence of this threshold? What happens after 20 weeks or 22 weeks, whichever the threshold is? Under the current wording of the bill, extra medical oversight will come from a second doctor. Under the amendments that the movers have foreshadowed, the procedure would be done in a public hospital context rather than a private clinic or somewhere else. Neither of those things contradicts the objectives of the movers of the bill. Moving the threshold from 22 weeks to 20 weeks does not obstruct those objectives. It addresses community concerns without impeding the objectives of the bill—there is no negative consequence. Even people who support the bill—and clearly I did not—should be comfortable that the consequence of changing this number is not a negative from their point of view. It is in fact addressing what the community wants from us.

Mr ALEX GREENWICH (Sydney) (10:58): With reference to the amendments moved by the member for Mulgoa, as flagged in my speech in reply, they are some of the most dangerous and hostile amendments we will be facing in the Chamber today. These amendments risk having perverse impacts on the woman. It is important that we acknowledge advice given to us in this space by NSW Health, by the Australian Medical Association [AMA] and by The Royal Australian and New Zealand College of Obstetricians and Gynaecologists [RANZCOG]. All have set a level of comfort with 22 weeks.

Moving it forward to a time when the woman does not have all the information at hand—because of scans that she receives between 18 and 20 weeks—risks moving the decision-making process to a scenario where she feels rushed and pressured before the extra requirements, which will be further strengthened in the course of this debate, come into play. I urge members to not put further risks in place to women's health care and, with the House having supported the second reading of the bill, to not put up new barriers to women's healthcare outcomes. I ask the House to strongly oppose these very dangerous and perverse amendments to a well-structured bill, which was made with consultation and support from the AMA and RANZCOG and following detailed advice and consultation, which the mover of the amendments has clearly ignored.

Mr RAY WILLIAMS (Castle Hill) (10:59): There is general consensus amongst the majority of politicians in this place for the need to remove abortion from the Crimes Act. I do not think there is any argument there. However, there is absolutely no doubt in my mind that the bill has been rushed into Parliament. The longer the bill has sat in Parliament and the longer we have deliberated, the greater the sentiment and outpouring from the community in regard to aspects of the bill. That brings me to the amendments that have been moved. The member for Sydney, who introduced the bill, just said that this is a most hostile amendment. The member for Mulgoa, who moved of the amendments, is a good member of Parliament who wears this issue on her sleeve. She is pro-life and she stands for pro-life. For the purpose of this debate I am also pro-life.

The member for Mulgoa has outlined the reasons for moving the amendments. The fact that the member who introduced the bill stated in his reply speech that he will accept amendments to his bill means that there are flaws in it. This is not a hostile amendment. I know my learned colleague from Wakehurst may not agree and that he wants members to oppose the amendments. I ask every member to look very closely not only at these amendments but also at the further amendments that are moved throughout the day. There has been very limited time for members in this place to consider the bill. There has been even less time for very learned people to put amendments forward. I would say that the bill has been rushed.

There has been a refusal to send the bill to a parliamentary committee. God bless everybody, you would not want to see any scrutiny applied to this, would you? They just want it rammed through. I state again that I do not believe there is a member in this House who opposes the removal of abortion from the Crimes Act. If we can agree on that, why can't we agree to look closely at the amendments that have been put forward? I agree with my

learned colleague from Mulgoa on these amendments. There is a great need in this debate for members to recognise that we should do everything we can to preserve and protect life. As the member for Mulgoa said, a person has survived being born at 20 weeks. I think that speaks for itself.

Ms JENNY LEONG (Newtown) (11:02): The Greens oppose the amendments moved by the member for Mulgoa. We need to look at what is happening here. It would be a problematic way to make legislation if the measure of whether or not to support a member's amendments was based on the fact that they wear an issue on their sleeve. If we start battling over who has the most connection to an issue when making legislation in this State we will be in a really bad position. It is worth noting that the Government regularly amends legislation in this House—even with the support of the relevant department and public service—before it is sent to the other place. In fact, we often consider legislation that has been amended by members in the other place and returned to this House. We see amendments to bills all the time. But today members have proposed amendments to a bill that they do not support. The experts are telling us that 22 weeks is the time that they believe they can work with. We could have discussions and debate whether there should be restrictions. It is important to put on record what the experts say. I will read an extract from a contribution shared publicly by the Human Rights Law Centre:

> The Royal Australian College of Obstetricians and Gynaecologists [RANZCOG] and the Australian Medical Association (NSW) both support the 22 week gestation period. RANZCOG has stated that "a late abortion is only ever performed when there is a compelling clinical need" and that the bill will not change "current clinical practice".
>
> In fact, according to experts in reproductive health, "Gestational limits discriminate against the most vulnerable of women and women in the most difficult of clinical circumstances. Often disadvantaged women may not access diagnosis of lethal or serious anomalies until later gestations."

The time periods force women to rush decision-making. The Human Rights Law Centre document continues:

> The nature and severity of some serious and fatal foetal conditions cannot be confirmed until 20-22 weeks (after a routine ultrasound at 18-20 weeks). It is critical that women have time to understand their options and to discuss them with medical professionals ...

It goes on to say:

> Narrowly worded laws, or arbitrary time limits, will make it harder for doctors to act in their patients best interests and for women to make informed decisions about whether to have an abortion.

No person wants to have a termination at 20 weeks, at 22 weeks or at any number of weeks. People have terminations because they did not want to find themselves in that situation. The level of stress and the medical reality of going through a termination at that stage combined with the emotional pressure of making that decision mean that people do not take this decision lightly. The idea that we would not listen to the expertise of the Australian Medical Association when it says that this is a workable time frame is completely unacceptable.

The people who propose these amendments clearly have a view when it comes to the issue of abortion. I say to those people that I respect your right to choose and I respect your right to not have an abortion. However, we are talking about not placing arbitrary limits on women who find themselves in a situation when they need to choose whether or not to have an abortion. To the members who are considering supporting the amendments, let us not stand in the way by adding more stress, trauma and barriers to access on women who find themselves in this situation. Let us instead put the choice into the hands of women and the doctors and professionals who are caring for them. Let us not impose our views and opinions and what we choose to do with our own bodies onto others who live in the State of New South Wales.

Mrs TANYA DAVIES (Mulgoa) (11:07): In reply: I thank the Minister for Health and the members for the electorates of Riverstone, Sydney, Castle Hill and Newtown for their contributions. Let me again put on the record, as I did when I spoke in this House the other night, that I accept that abortions take place. That is not the debate we are having today. We are not debating whether we keep it as a criminal offence. In fact, the illegality of abortions is a furphy because abortions are legal and happen every day. As the member for Newtown has said, they happen every day. What we are trying to do today is to take a bill that was drafted exclusively by listening to people who do not have opposing views and to amend it in a way that would make the vast majority of communities we represent more comfortable and more satisfied that the bill strikes an appropriate balance.

I want to address a couple of points to correct the record. The reason that my amendments question the limit of 22 weeks is that, as I said before, there is evidence of a young girl, Lyla, who was born at 21 weeks and four days and is living her life. Other jurisdictions have different thresholds. The question we should answer in this place is at what point should New South Wales agree is the threshold? There is not uniform agreement in Australia on where to place that threshold. I say that the threshold should be lowered to 20 weeks.

Let me again remind members in this place and anyone listening to this debate that right now post-18 week abortions are already being performed in hospitals. This amendment, in lowering the threshold to require a second opinion at 20 weeks, will not cause undue delay, as already from 18 weeks the lady is accessing hospital services, she is already connected into our healthcare system. Requiring a second opinion at 20 weeks rather than

at 22 weeks provides a woman with more support and guidance in her decision-making process. To lower the threshold from 22 weeks to 20 weeks enhances the care provided to a woman.

I ask to those who oppose these amendments and call on us to look at the evidence and listen to the experts, is there any area of medicine where all the experts globally agree? No. Every day research, investigations and case studies emerge that vary previously held views. It keeps changing; it is a moving feast. With the development of research, discoveries and groundbreaking case studies, they are busting through what we have known in the past. There is evidence a child can survive before the threshold of 22 weeks. I repeat, a woman who is post-18 weeks is already in the hospital system for her procedure. This amendment will not provide an additional delay because she is already captured in our public hospital system. In fact, it is providing further care to that woman. I request my colleagues to support these amendments.

The SPEAKER: The question is that amendments Nos 1, 2, 4 and 5 on sheet c2019-042 of the member for Mulgoa be agreed to.

The House divided.

Ayes 34
Noes 55
Majority.....21

AYES

Anderson, Mr K	Atalla, Mr E	Bali, Mr S
Clancy, Mr J	Conolly, Mr K	Coure, Mr M
Dalton, Mrs H	Davies, Mrs T	Dib, Mr J
Donato, Mr P	Elliott, Mr D	Finn, Ms J
Gibbons, Ms M	Johnsen, Mr M	Kamper, Mr S
Lindsay, Ms W	McDermott, Dr H	McGirr, Dr J
Mehan, Mr D	Mihailuk, Ms T	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Roberts, Mr A (teller)
Sidgreaves, Mr P	Sidoti, Mr J	Smith, Mr N (teller)
Speakman, Mr M	Stokes, Mr R	Taylor, Mr M
Tuckerman, Mrs W	Upton, Ms G	Williams, Mr R
Zangari, Mr G		

NOES

Aitchison, Ms J	Ayres, Mr S	Barr, Mr C
Berejiklian, Ms G	Butler, Mr R	Car, Ms P
Catley, Ms Y	Chanthivong, Mr A	Constance, Mr A
Cooke, Ms S	Cotsis, Ms S	Crakanthorp, Mr T
Crouch, Mr A (teller)	Daley, Mr M	Dominello, Mr V
Doyle, Ms T	Evans, Mr L.J.	Greenwich, Mr A
Griffin, Mr J	Gulaptis, Mr C	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Henskens, Mr A	Hoenig, Mr R
Hornery, Ms S	Kean, Mr M	Lee, Dr G
Leong, Ms J	Lynch, Mr P	Marshall, Mr A
McKay, Ms J	Minns, Mr C	O'Neill, Dr M
Park, Mr R	Parker, Mr J	Pavey, Mrs M
Piper, Mr G	Provest, Mr G	Saffin, Ms J
Saunders, Mr D	Scully, Mr P	Singh, Mr G
Smith, Ms T.F.	Tesch, Ms L	Toole, Mr P
Voltz, Ms L	Ward, Mr G	Warren, Mr G
Washington, Ms K	Watson, Ms A (teller)	Williams, Mrs L
Wilson, Ms F		

Amendments negatived.

Mrs TANYA DAVIES (Mulgoa) (11:25): I move amendment No. 3 on sheet c2019-042:

No. 3 **Professional standards and guidelines**

Page 3, proposed section 5. Insert after line 5—

(2) In performing the termination, the medical practitioner must comply with any applicable professional standards or guidelines.

As the bill before us stands, there is no explicit requirement that an abortion performed under clause5 is performed in accordance with professional standards and guidelines. While no doubt many, if not most, doctors would only act in compliance with such standards and guidelines, when we in this place make laws we need to consider the rogue doctor, not just the vast majority. The bill already refers to "the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination" as a matter that a medical practitioner must consider before performing an abortion after 22 weeks of pregnancy. It seems reasonable that such professional standards and guidelines not just be considered but also be adhered to in the performance of an abortion at any stage of pregnancy.

Do we really want to legalise the performance of an abortion by a medical practitioner that is not in compliance with the relevant professional standards and guidelines? I am somewhat dismayed that many proponents and supporters of the bill do not want to support this amendment. In moving this amendment I am seeking to achieve that the legalised standardisation of the professional guidelines and standards be applied to every abortion and that it is explicitly clear in the legislation that regardless of the gestational age of the child the woman has a legally defined right in legislation to be treated in the same way as any other woman seeking an abortion, and that requires that doctors and those assisting adhere to professional standards and guidelines.

Many members have said in this debate that their offices have been inundated with phone calls, messages and even text messages to their personal mobile phones, asking for them to oppose this bill in its entirety, to reject it outright, such is the concern in our communities around what is contained in the bill. Therefore, it stands to reason that amendments and changes designed to strengthen the protections around women to ensure consistency of the applicable legislative guidelines are built into this bill and not simply assumed to be built into this bill and that they are in fact delivered. I request and urge all members to look at the intent of this amendment regardless of which side of the debate they are on.

This amendment seeks to change the Reproductive Health Care Reform Bill 2019 to make it emphatically clear to everyone in the healthcare profession—and all women or young girls seeking a termination—that regardless of the gestational age of the child they are carrying they should expect to and they should be cared for by a medical professional adhering to the highest standards currently prescribed in the guidelines and that are expected when performing that termination. I do not understand why the working party involved with the bill recommended that members object to this amendment.

The amendment strengthens protections for women. It enforces clarity and ensures that women will be provided the care and expertise of medical professionals when they perform a termination regardless of the current age of their child. Colleagues, I ask for your sincere consideration of this amendment. I believe it will deliver a better bill, a bill that will contain greater clarity, greater provisions and greater certainty for the women that this bill seeks to protect and will enshrine their rights.

Mr ALISTER HENSKENS (Ku-ring-gai) (11:32): I completely support everything that the member for Mulgoa has said. I have proposed an amendment along similar lines. However, it would have been my preference for this amendment to be deferred because I think that the amendment by the working group is a superior amendment. I will tell members why I have that view. The amendment on sheet c2019-036EF2 proposed by Mrs Leslie Williams will make it clear that it applies not only to the medical practitioner but also to all registered health practitioners. The amendment proposed by the member for Mulgoa states only the medical practitioner. Any registered health practitioner involved in the procedure must comply with their professional standards or guidelines. The amendment proposed by Mrs Williams is broader than that proposed by the member for Mulgoa or the one I proposed. In order to have the best possible legislation and ensure we do not have multiple amendments that collide with each other I think it is better to go with Mrs Leslie Williams' amendment.

The SPEAKER: I would be happy to bring forward the amendment to which the member for Ku-ring-gai refers, but I understand that Parliamentary Counsel is finalising a detail. I will leave the order in place as indicated, in the absence of the member for Port Macquarie requesting otherwise.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (11:34): I understand the intent of the member for Mulgoa. I assure her that the amendment she seeks to introduce is, in fact, not necessary for the reasons the member for Ku-ring-gai has set out. The current framework will be qualified by the member for Port Macquarie later in the debate. The current arrangements are extensive. Medical practitioners have a range of bodies they are accountable to but most importantly they have ethical standards that are clearly set out as part of their profession. Medical practitioners understand that they must apply themselves in a professional and appropriate way. They are accountable to a number of State and Federal regulatory authorities.

The Australian Medical Association opposes this amendment for similar reasons. In my contribution to the second reading debate I addressed this issue. It is presumptive to quote myself but I will do it anyway. My colleagues know me well and have assumed that I will. I said:

> I can assure the House that doctors in New South Wales are regulated by appropriate professional and statutory bodies in every aspect of the delivery of their medical services. If they breach their obligations they can be dealt with through those avenues. They can be deregistered and, depending on the extent of their activities, could be subject to civil proceedings and/or criminal offences.

I stress that the State and national law come together to ensure that there is a framework and boundaries around what already exists for the medical profession. Whether they are involved in terminations or any other activity there are a number of regulatory actions that include investigation by the Health Care Complaints Commission [HCCC] and, where serious enough, prosecution by the HCCC for professional misconduct. It could end up in the NSW Civil and Administrative Tribunal [NCAT]. When NCAT makes a finding of professional misconduct, removal from the register or imposition of conditions on the doctor's practice could occur. When NCAT considers the matter sufficiently serious, orders to prevent any application to return to the register can also be made.

If professional medical practitioners went far beyond their ethical obligations they could be subject to criminal proceedings, depending on what occurred. I share the member's concerns to ensure that medical practitioners behave in a professional capacity in all aspects of their work. Technically I would expect and trust that medical practitioners dealing with one of the most challenging and difficult decisions a woman could make in her life would do so with all of their professional obligations addressed, and actually do more. I oppose the amendment. I do not think it is necessary. As the member for Ku-ring-gai said, the member for Port Macquarie will move an amendment that will go part way to addressing the member's concerns.

Mr KEVIN CONOLLY (Riverstone) (11:38): I take on board what previous speakers in the debate have said. I understand that they are sincere in trying to ensure professional standards. I look at the bill, and the genesis of this amendment is that in relation to terminations after 22 weeks it says a medical practitioner must "consider" professional standards—just "consider". It is a low mark. The amendment asks them not to consider but says they must comply. I have said that it is inherent in the profession that the standards apply, but since we are considering a very controversial and emotive bill, a bill that is of great significance to our community, I think it is incumbent on us to give the community the assurance that we, as a parliament, insist not just that the profession apply standards but that we expect the standards to be adhered to—and adhered to across the board, not just after 22 weeks. We expect the professional standards to apply whenever the medical profession is conducting this practice.

I accept the member for Ku-ring-gai's opinion that another way of wording this clause is a better way. We only received these amendments in the past 24 hours. Some of them overlap and some of them are a bit opaque in their application. It takes some time and some expertise to explain them. I believe it would have been better for a committee to have worked through the detail so we could have an intelligent set of amendments—we might not have agreed with the amendments and we might agree or disagree with them still. That would have been a more professional approach than debating these amendments on the floor of the Chamber. I am trying to grapple with these amendments by looking at an email that I received last night from one member and comparing it to the wording of the bill and so on. The process is difficult. I will support the amendment. It has been noted that I voted against the bill. Although I oppose the bill, I believe it is my obligation as a member to try to make whatever legislation emerges from this place the best legislation it possibly can be. I will continue to have input on that basis.

Mrs TANYA DAVIES (Mulgoa) (11:41): In reply: I thank the member for Ku-ring-gai, the Minister for Health and Medical Research, and the member for Riverstone for their contributions. I note that the health Minister has outlined possible consequences for doctors who do the wrong thing, and that is good. However, I note that this bill seeks to remove any criminal proceedings against a doctor who does the wrong thing. Let us be clear: Doctors have done the wrong thing. In this place members have recorded instances of doctors not adhering to proper guidelines and standards when conducting abortions, the result of which has caused damage to women or put women's lives at risk. This should not happen but it does happen, which is why I am seeking to strengthen this clause in the bill.

The health Minister used the word "trust". We trust that doctors will do the right thing but history proves that rogue doctors do the wrong thing. There are rogue professionals in all walks of life. Dare I say that there are even rogue members of Parliament, present company excluded. I do not feel that it is satisfactory, when considering in this House this historic bill that seeks to protect women, that we simply trust members of the medical profession to do what they want to do. We must strengthen this provision. I acknowledge that the member for Port Macquarie will move an amendment to address this concern and that that amendment may put my amendment in a negative light. I believe it is better to strongly affirm that medical professionals must comply with professional standards when performing an abortion.

I will give two examples of rogue doctors working under Victoria's abortion reform law. Anaesthetist James Peters infected 55 women with hepatitis C by sharing needles and Dr Mark Schulberg aborted an intellectually disabled girl at the insistence of her rapist father without obtaining lawful consent. These are absolutely abhorrent cases where the rights of the woman have been ignored, they have been discarded. These cases happened in real life and women have been damaged as a result. I believe it is critically important, as we are formulating this legislation today, for us to get it right. We must strike the right balance. Mr Speaker, given that other amendments to this bill will be moved after debate on this amendment, I ask that my amendment be deferred for consideration until other amendments dealing with this subject matter have been debated.

The SPEAKER: By concurrence I am happy to defer further consideration of amendment No. 3 on sheet c2019-042 until the amendment moved by the member for Port Macquarie relating to professional standards is addressed.

The SPEAKER: I commend visitors in the public gallery for their excellent behaviour. I know that this is a difficult issue but I put on record my appreciation for the way that you are behaving. Thank you and may you keep it up. I also commend members within the Chamber for their exemplary behaviour. Long may it continue, perhaps even into question time.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (11:47): By leave: I move amendments Nos 1 to 3 on sheet c2019-031FA in globo:

No. 1 **Informed consent at not more than 22 weeks**

Page 3, proposed section 5. Insert after line 5—

(2) The medical practitioner may perform the termination only if the person has given informed consent to the termination.

(3) However, subsection (2) does not apply if, in an emergency, it is not practicable to obtain the person's informed consent.

No. 2 **Informed consent after 22 weeks**

Page 3, proposed section 6, line 13. Omit all words on that line and insert instead—

performed, and

(c) the medical practitioner has obtained the person's informed consent to the termination.

No. 3 **Meaning of informed consent**

Page 7, proposed Schedule 1. Insert after line 5—

informed consent, in relation to a termination performed by a medical practitioner, means consent to the termination given—

(a) freely and voluntarily, and

(b) in accordance with any guidelines applicable to the medical practitioner in relation to the performance of the termination. The bill as currently drafted does not on its face require a person to consent or to provide informed consent to the performance of a termination by a medical practitioner. I would expect that if anyone in this Chamber were asked whether the patient's consent to a termination should be required they would respond, obviously, yes. Should that be informed consent? Obviously, yes. The question then is whether it is appropriate for an express reference to informed consent to appear in this bill. I know that basic medical practice requires such informed consent. I note, for example, the framework for terminations in New South Wales public health organisations currently specifies that written consent of the woman is needed before a termination is performed. The framework provides:

Women must be provided with sufficient information about the treatment options, benefits, possible adverse effects or complications, and the likely result if treatment is not undertaken, in order to be able to make their own decision about undergoing the termination.

I acknowledge that it is unlikely that the bill as presently drafted would be interpreted as authorising medical practitioners to perform terminations without consent. In other words, that other parts of the criminal law are likely to operate to make that a crime. I suggest that it should be made absolutely clear in this legislation as an important statement of principle, given that a decision to have a termination is a serious one with an untold number of potential consequences flowing from whatever choice is made, that there should be an expressed recognition of that in the legislation. None of this seeks to impede free choice or to suggest in any way that medical practitioners are not fulfilling their professional obligations at the moment.

Those who are in favour of this bill or propound the bill tell us, among other things, that when the bill is scant, or economical let us say, in wording on late-term abortions we can rely on professional guidelines to fill what is not written in the bill. I do not see why there is a problem then with an expressed obligation to obtain

informed consent. It is not an obligation to frighten patients with anti-abortion rhetoric. It would simply be consent to a termination given freely and voluntarily in accordance with any guidelines applicable to the medical practitioner in relation to performance of the termination. Given the gravity of this, it should be front and centre in this bill.

In these sorts of start-of-life or end-of-life matters there are precedents for this sort of approach. For example, section 19 of the Victorian Voluntarily Assisted Dying Act 2017 does not in terms require informed consent. However, it sets out that a medical practitioner who is satisfied that the person requesting access to voluntary assisted dying meets all the eligibility criteria must inform that person of: the person's diagnosis and prognosis, the treatment options available, palliative care options, potential risks of taking a poison, the expected outcome of taking a poison or a controlled substance and that a person may decide at any time not to continue the requested assessment process. Further, if a person is receiving ongoing health services from a registered medical practitioner other than the coordinating medical practitioner, the person is encouraged to inform the registered medical practitioner of the person's request to access voluntary assisted dying.

Notwithstanding the undoubted professional, ethical overlay that would occur in Victoria with decisions about voluntary assisted dying, consent is important enough in an end-of-life or start-of-life matter to be front and centre of that legislation. Plenty of other legislation in New South Wales deals with the concept of informed consent, for example, the Adoption Act, the Architects Regulation, the Crimes (Forensic Procedures) Act, the Mental Health Act and the Legal Profession Uniform Law Australian Solicitors' Conduct Rules. Notwithstanding, there is also a parallel set of professional standards and obligations, as there would be in Victoria with voluntary assisted dying.

None of this is to impede choice, to insult medical practitioners or to interfere with their current practice but simply to recognise how fundamental consent is in this overall process. It is not to impede in any way freedom of choice, which is particularly important in a domestic violence context. We know that women can be coerced into terminating a pregnancy or alternatively coerced into carrying a pregnancy to term. Both forms of reproductive coercion are recognised as forms of domestic abuse. For example, on its website White Ribbon Australia notes that reproductive coercion can include a number of categories such as forcing or manipulating a woman into becoming pregnant, preventing a woman from using contraception or tampering with contraception and forcing a woman to continue or to terminate a pregnancy.

The website refers to signs of reproductive coercion that can include destroying, hiding or sabotaging birth control pills or condoms; controlling finances to restrict access to birth control; insisting on unprotected sex; verbal pressure, threats or blackmail; pregnancy pressure, for example, a man accusing a woman of not wanting to be pregnant because she does not love him or because she wants to continue alleged affairs; pressuring a woman to continue a pregnancy; pressuring a woman to end a pregnancy; rape; or miscarriage as a result of physical violence. Given this bill is about choices about termination, it cannot deal with many or most of those other forms of reproductive coercion. But I think it is important that it states as a matter of principle that informed consent is required.

This bill is not just about what is criminal and what is not; it also has a cultural or socialising effect. As I said in my contribution to the second reading debate, as a general proposition abortion should be outside the criminal law. I do not want to see women in gaol or prosecuted for criminal offences. But there is no harm done to a woman by having in the legislation a positive statement of values that the consent must be informed consent. It in no way interferes with what is current medical practice. If anything, it is an affirmation of values that may prevent a possible slippage in medical practice in the future. For those reasons, I commend these amendments. I believe this is not taking away from choice but rather making a statement that empowers choice and informed choice.

Mr ROB STOKES (Pittwater—Minister for Planning and Public Spaces) (11:56): I support the amendments moved by my colleague the Attorney General, and member for Cronulla. These amendments clarify that the informed consent of the patient is required, except in an emergency. These amendments are important to ensure that the law recognises the need to provide supported decision-making in relation to termination on the basis that every effort should be made to support a patient to make informed decisions and choices. The amendments do not add a complexity or remove flexibility in relation to decision-making over such important issues as it does not seek to prescribe the form in which such consent is to be obtained, only that there must be a clear positive duty to be satisfied that informed consent is provided, except in an emergency circumstance. There are existing guidelines that require consent of a pregnant woman before a termination is performed. I refer to the *Pregnancy—Framework for Terminations in New South Wales: Public Health Organisations*, issued in July 2014. Section 3.3 provides:

> Written consent of the woman is to be obtained by the treating medical practitioner before a pregnancy termination is approved. Hospital protocols should give guidance to clinicians on providing appropriate patient information. I will not read all of the guidelines, nevertheless it is clear that such guidelines exist.

The requirements in the guidelines are robust and clear. I certainly see why there is no reason to have a reference to such guidelines as to how informed consent is to be obtained included in the bill. I reject the view that there is no need to refer to the need for informed consent in the legislation on the basis that we do it anyway and rely on the general law for two reasons. First, if it is already in the general law then, as the Attorney said, no harm is caused by emphasising this duty in legislation. Second, the guidelines to which I referred are non-legislative and can be changed, withdrawn or rewritten in such a way that the need for informed consent could be confused, diluted or reinterpreted he amendments do not seek to extend duties to seek informed consent. They merely require that such consent be freely and voluntarily obtained. Of course, the amendments recognise that in emergency situations issues of consent can be dispensed with, as the general law already permits.

As the Attorney has already detailed, I note that issues of consent are important elements of other legislation. It is not as if the proposed amendments are setting some unusual precedent for issues of informed consent to be crystallised and emphasised in legislation. The member for Cronulla referred to a recent example—the voluntary assisted dying legislation in Victoria. We are told that the bill is modelled on Victorian legislation. In the same way that the Victorian legislation emphasises issues of consent, I think it is a foundational concern. Surely the primacy of consent should be emphasised and clarified in a bill that is about choice. For these reasons, I urge members to consider the amendments favourably.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (12:00): The member for Wakehurst, the member for Pittwater and the member for Cronulla—all are lawyers talking about such matters. However, it is a medical matter between a doctor and a patient, which is already addressed in existing protocols in the medical profession. Other than in an emergency, no doctor would consider it appropriate to undertake any procedure without informed consent. It does not matter whether it is a termination, an appendectomy or taking tonsils out, it is informed consent. With the greatest of respect to my two learned colleagues—I respect their position and I know they have worked together on the amendments—I ask members to recognise that whilst the intent of my two learned colleagues is a good one it is unnecessary because it already exists.

The general principles of law provide that a medical practitioner can only provide treatment with consent and that, in fact, a failure to obtain consent could render them liable not only to civil action—and this will interest the member for Mulgoa—but also to potential criminal proceedings. There is no reason to introduce the proposed provisions into the bill. Termination is no different from any other situation. Obviously it is a very challenging situation for the woman, and often for the medical practitioners also, but there is no logical reason to put the proposed provisions in the bill. The requirement of informed consent is already there. It underpins everything a doctor does.

Dr McGirr is present in the Chamber. He would know that the NSW Health policy sets out clear guidelines for medical practitioners working in public health. To ensure that a woman can make up her own mind as to whether or not to proceed with a termination, NSW Health's policy on termination requires practitioners give patients information on treatment options, benefits, possible adverse effects, possible complications and, of course, the likely result if treatment is not undertaken. Finally, defining informed consent in the legislation could well lead to inconsistencies with other law and, of course, with the practice, policies and protocols that serve patients in New South Wales and across Australia so well. I reject the amendments and ask members to reject them also.

Mr ALISTER HENSKENS (Ku-ring-gai) (12:04): Whilst I support the intent of the bill, which is to decriminalise abortion, I do support the amendments. In that regard, I respectfully disagree with the member for Wakehurst and respectfully agree with the Attorney General, my fellow Senior Counsel and member for Cronulla, and the member for Pittwater. Informed consent is a fundamental concept to the law and the legal relationship around medical practice. Doctors are in a privileged position in our society because they regularly deal with the touching of the human body and the interference with the human body through medical procedure. They are only able to do that lawfully if there is informed consent for the medical practitioner to do so. Because the bill does not expressly exclude the common law of informed consent, it will apply to the bill in accordance with ordinary principles of statutory construction.

Given that the law of informed consent applies to the bill anyway, I see no harm in making that express within the bill. I expect practitioners who perform terminations will have a copy of the resulting legislation because, in some respects, they will refer to it from time to time. As everybody seems to agree that informed consent is a desirable aspect of good professional medical practice, I believe it is desirable to have it spelt out in the bill. I respectfully do not agree with the member for Wakehurst's statement that the amendments will provide

the capacity or potential for the definition of "informed consent" in the bill to differ from the common law because we all know that the guidelines applicable to medical practitioners always incorporate the current law on informed consent. The way in which the amendments have been drafted ensures that any changes to the common law on informed consent will come within the bill. For those reasons, I support the amendments and encourage members to support them.

Ms JENNY LEONG (Newtown) (12:07): The Greens support the comments of the member for Wakehurst on the amendments. It is important to realise that we are talking about putting in place an extra barrier when we should be trying to remove any barriers. It is important to recognise that by seeking to codify informed consent in legislation we are, in a sense, setting up yet again another unequal scenario. In most cases, pregnant women will be attending upon a medical practitioner and requiring the procedure. Putting additional barriers in place may suggest or imply that pregnant women require additional safeguards compared with other people because they are somehow less capable of engaging with a medical procedure. As a member, I have participated in making laws in Parliament while pregnant. I was just as capable of making decisions about those laws when I was pregnant as I was when not pregnant. I put on the record that I think it is offensive to suggest that a pregnant person who requires a termination should have a safeguard of an additional type of informed consent than that which exists within regular clinical practices and guidelines.

Mr KEVIN CONOLLY (Riverstone) (12:08): It is extraordinary to hear the member for Newtown suggest that informed consent is somehow a barrier to implementing a person's will. It is actually inherent in it. My only observation is that yesterday two doctors came to see me for an appointment with a member of the health Minister's staff to talk about an ongoing issue. Their central request to the Minister was to assist in getting doctors in their field to properly implement a process of informed consent for a procedure that they are worried about. I do not think it is outrageous to suggest that sometimes even the medical profession may need to lift its game in some respects. Those two doctors said so. They were not being critical of individuals; they were trying to redress a cultural issue. I think it is appropriate to spell out in the bill not only what is already implicit and part of professional standards but also what the Parliament rightly expects to be the practice.

Mr RAY WILLIAMS (Castle Hill) (12:09): I will be brief. I return to the point that I made initially that there are certain flaws in this bill. The Parliament and the Government have at their disposal and to their benefit some of the greatest legal minds in the country, a couple of whom have spoken to these amendments. The Attorney General, with a long, distinguished and credentialed tenure in legal practice, has applied himself to amending the bill to provide greater protections for people who may need to seek abortions and for medical professionals, and is backed by my good friend and colleague the member for Ku-ring-gai. Anyone can google the credentials of those members. These are not just emotive issues.

The members have applied themselves in a short time—this bill has been rushed—to ensure that we get the very best bill that we can, regardless of people's views on the matter. As I said earlier, there is consensus in the Parliament that we should remove abortion from the Crimes Act. That has been done this morning. Now it is our responsibility to ensure that everybody involved in those processes gets the greatest protections. I urge members to look closely at the strength of the amendments proposed by the members who are much more learned in law than I am. It is a benefit and a privilege that they can cast an eye over this bill.

Mrs TANYA DAVIES (Mulgoa) (12:11): I foreshadow that later in the day I will move another amendment on this topic. I stand in unison with my colleague the Attorney General, who has moved these amendments. I refute the comment by the member for Newtown that insisting on informed consent is somehow an added barrier to a woman seeking a termination. I find it astonishing that requiring a medical professional to obtain a woman's informed consent under this historic legislation, which is about the health care of a woman seeking a termination, is considered a barrier. It is absolutely crazy. The amendments seek to legislate the woman's right to verbally confer permission for the procedure to go ahead. It is regardless of anyone's views on abortion. As the member for Castle Hill said, it has gone beyond that.

We are endeavouring to work collaboratively to amend the bill to make it the strongest and safest possible for all our communities. Let us not forget that many members in this Parliament represent multicultural communities, many of whom have issues with understanding the English language. Women are most vulnerable in this case. Some women from multicultural backgrounds or who are refugees do not even understand English, they cannot read English. They are at a greater risk of being made vulnerable because the bill in its current form does not insist that a medical practitioner receive their informed consent before conducting a termination.

I urge my colleagues, for the sake of all women—whether they are members of Parliament, professionals, mums at home with children, teenage girls or refugees—to consider supporting the amendments to ensure that the protection of all those women's rights is adequately spelled out in the legislation, so that medical professionals do not waver on what they are required to do when confronted with a woman who may struggle to understand the English language or to read pamphlets put before her. Informed consent in the bill will require a medical

professional to insist that the woman has an interpreter to enable her to understand what is happening. Members should support these fair and reasonable amendments because they will support, enhance and enforce the human rights of every woman.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (12:15): In reply: Members have canvassed all the relevant issues. I note that the amendments define informed consent relating to a termination as consent to the termination given freely, voluntarily and in accordance with any guidelines applicable to the medical practitioner in relation to the performance of the termination. The suggestion that somehow there might be confusion or difference between what the bill—if it becomes law—requires on the one hand and what guidelines it would require on the other hand is misconceived because informed consent is defined by direct reference to any guidelines applicable to the medical practitioner in relation to the performance of the termination.

The SPEAKER: The question is that amendments Nos 1 to 3 on sheet c2019-031FA of the member for Cronulla be agreed to.

The House divided.

Ayes 48
Noes 40
Majority.....8

AYES

Anderson, Mr K	Atalla, Mr E	Bali, Mr S
Barilaro, Mr J	Butler, Mr R	Chanthivong, Mr A
Clancy, Mr J	Conolly, Mr K	Cooke, Ms S (teller)
Cotsis, Ms S	Coure, Mr M	Crouch, Mr A (teller)
Dalton, Mrs H	Davies, Mrs T	Dominello, Mr V
Donato, Mr P	Elliott, Mr D	Finn, Ms J
Gibbons, Ms M	Griffin, Mr J	Gulaptis, Mr C
Henskens, Mr A	Johnsen, Mr M	Lalich, Mr N
Lee, Dr G	Lindsay, Ms W	Marshall, Mr A
McDermott, Dr H	McGirr, Dr J	Mihailuk, Ms T
Perrottet, Mr D	Petinos, Ms E	Preston, Ms R
Roberts, Mr A	Saunders, Mr D	Sidgreaves, Mr P
Sidoti, Mr J	Singh, Mr G	Smith, Mr N
Speakman, Mr M	Stokes, Mr R	Taylor, Mr M
Toole, Mr P	Tuckerman, Mrs W	Upton, Ms G
Ward, Mr G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Ayres, Mr S	Barr, Mr C
Berejiklian, Ms G	Car, Ms P	Catley, Ms Y
Constance, Mr A	Daley, Mr M	Doyle, Ms T
Evans, Mr L.J.	Greenwich, Mr A	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Hoenig, Mr R	Hornery, Ms S
Kean, Mr M	Leong, Ms J	Lynch, Mr P
McKay, Ms J	Mehan, Mr D (teller)	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Scully, Mr P	Smith, Ms T.F.
Tesch, Ms L	Voltz, Ms L	Warren, Mr G
Washington, Ms K	Watson, Ms A (teller)	Williams, Mrs L
Wilson, Ms F		

Amendments agreed to.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (12:26): By leave: I move amendments Nos 1 to 7 on sheet c2019-031HE in globo:

No. 1 **Specialist medical practitioner to perform termination after 22 weeks**

Page 3, proposed section 6, line 7. Insert "specialist" before "medical practitioner".

No. 2 **Specialist medical practitioner to perform termination after 22 weeks**

Page 3, proposed section 6, line 9. Insert "specialist" before "medical practitioner".

No. 3 **Specialist medical practitioner to perform termination after 22 weeks**

Page 3, proposed section 6, line 11. Insert "specialist" before "medical practitioner" wherever occurring.

No. 4 **Specialist medical practitioner to perform termination after 22 weeks**

Page 3, proposed section 6, line 15. Insert "specialist" before "medical practitioner".

No. 5 **Specialist medical practitioner to perform termination after 22 weeks**

Page 3, proposed section 6, line 19. Insert "specialist" before "medical practitioner".

No. 6 **Emergency terminations after 22 weeks**

Page 3, proposed section 6, line 21. Insert ", whether or not a specialist medical practitioner," after "medical practitioner".

No. 7 **Requirements for termination after 22 weeks**

Page 7, proposed Schedule 1. Insert after line 15—

specialist medical practitioner, in relation to the performance of a termination, means—

(a) a medical practitioner who, under the Health Practitioner Regulation National Law, holds specialist registration in obstetrics and gynaecology, or

(b) a medical practitioner who has other expertise that is relevant to the performance of the termination, including, for example, a general practitioner who has additional experience or qualifications in obstetrics.

The member for Pittwater and I proposed three sets of amendments dealing with what I will call late-term abortions. One of those related to the facility or hospital in which the terminations were to take place. In the meantime, the member for Port Macquarie has proffered an alternative form of wording for that amendment and the member for Pittwater and I are content for that amendment to proceed, rather than ours. A second amendment was in relation to the sorts of medical practitioners to perform terminations or to be giving approval for terminations.

The third amendment was in relation to an advisory committee and was that there be a requirement for the approval of an advisory committee consisting of at least four people, three of whom would be medical specialists. The member for Pittwater and I are not proceeding with that amendment, but I mention it to put our support of this amendment into context. Our amendments are intended not to preclude anything that is currently happening with late-term abortions in New South Wales. Rather, given the gravity of the life-and-death decisions that are being made at this late stage, our amendments reflect a light touch of regulation in the bill. I do not want this to be dealt with as a criminal matter, but then what should we replace the current system with? The intention of the amendment is to replace the current system with a light touch of regulation that reflects the gravity of what is involved but does not impede what is currently happening in any way.

When we proffered the amendment in relation to an advisory committee, it was based on a synthesis of information that we had gathered by consulting stakeholders. We knew these were advisory committees and not decision-making committees. However, at least in early consultations the impression we had was that generally the advisory committees were the invariable practice, subject to some carve-outs like fatal abnormalities or other rare exceptions, and that by 22 weeks a consensus is formed and it is pretty clear what the right decision is. We are not proceeding with that amendment because it is clear now that the advisory committees are not the invariable practice. We never intended to put up something that would impede the relatively rare late-term terminations that are happening now.

I have been called many things, and I am worthy of many criticisms, but until the past 24 hours I do not think anybody has ever called me an extremist. If those on the pro-choice side think what has been put up is extreme, they should know that it has been put up in circumstances of good faith and with the intention of getting a balance by having some cultural or socialising value, if you like, in the legislation. We are not suggesting that doctors routinely or at all improperly perform late-term abortions at the moment. That is why the other amendment has been parked. The problem is that the member for Pittwater and I do not have time to come up with some alternative. That is why I voted this morning to have the matter referred to a committee, because I do not see that as obstructionist. My preference would be that these sorts of issues be dealt with carefully and in a considered way and that we come back in a month's time and iron them out, but that has not been possible. The member for

Pittwater and I are not in a position to proffer some other amendment that would try to reflect what is going on and to put it in the legislation but not impede current practice.

The place of these terminations will be dealt with by the member for Port Macquarie, so I move these amendments as an additional safeguard that deal with who can perform late-term abortions. I am told that at the moment late-term abortions are basically only performed by qualified medical practitioners. The requirement of the bill would be to have the approval of two doctors in late term. The amendment requires such a doctor to be a medical practitioner who is a specialist in obstetrics and gynaecology or to have some expertise that is relevant to the performance of the termination. That does not mean the medical practitioner has to be an obstetrician or gynaecologist; it could be either the circumstance of the fetus or the circumstance of the woman means that there is some other relevant specialty involved. This is to reflect what I understand is current practice and basically to be a safeguard for patients in that situation.

It would mean, for example, that a Dr Sood could not perform a termination with the concurrence of one other GP. Dr Sood was the then practising doctor who in August 2006 was convicted of two offences under section 83 of the Crimes Act—one count of unlawfully administering a drug to a patient with the intention to procure a miscarriage and one count of unlawfully causing a patient to take a drug with the intent to procure a miscarriage. Dr Sood was operating her own clinic and procured an abortion for a woman who was 23 weeks pregnant. This will be a safeguard that prevents the Dr Soods of the world from undertaking these procedures and a safeguard for the women involved in them. It is not intended to impinge on any current practice, but instead ensures that there is no slippage in the current practice or in the current standards and guidelines and that abortions will take place only with appropriate expertise and procedures. I commend the amendments to the House.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (12:35): On behalf of the working group who brought this bill together, I indicate that we will agree to the amendments. I specifically thank the Attorney General for the additional words that he added a few moments ago that permit one of the two medical practitioners to possibly be a general practitioner with experience in obstetrics or qualifications in obstetrics. That addition has come about because of a desire from various members for regional electorates. Members like the member for Bega have been very strong in saying that hospitals in the regions quite often do not have two obstetricians. The amendment facilitates a bit more flexibility for women in regional areas.

The proposed words of the original amendment No. 7 were "a medical practitioner who has other expertise that is relevant for the performance of the termination." As a result of very productive discussions, the additional words "including, for example, a general practitioner who has additional experience or qualifications in obstetrics" have been added. Those additional words make the bill a little more flexible. Accordingly, the amendments will be agreed to. I thank the Attorney General for working with us on this.

Mr ANDREW CONSTANCE (Bega—Minister for Transport and Roads) (12:37): I thank the member for Cronulla for his amendments. The concern I raised in the second reading debate was on the exact point that the bill could potentially disadvantage regional people because we do not have extensive gynaecological and obstetric support in every region of this State. There are gaps. Amendment No. 7 is a sensible amendment to give GPs who have obstetric experience the ability to get involved as the second doctor at 22 weeks. Again, I reference that we are talking about procedures that occur in public hospital settings, given the very nature of the procedure and given the gestation period. That is important. Again, I reiterate that, based on the procedures in the public health guidelines specifically regarding the termination of pregnancy, the clear policy directive in relation to gestation at more than 20 weeks involves multidisciplinary teams who are also part of the process. This is an eminently sensible outcome in terms of the resolve of members who have been involved in discussing these amendments.

Mr ROB STOKES (Pittwater—Minister for Planning and Public Spaces) (12:38): I speak in support of the amendments and note the additional words added to amendment No. 7, which achieves a degree of consensus with what is a very modest form of peer review in relation to late-term terminations. As the Attorney General said in his contribution, this is the context in which to also speak of another amendment that is not being put but is aimed at the same point in relation to appropriate medical peer review of later-term terminations. That is where a lot of concern in the community discussion on this issue has been centred. The Attorney General and I were both keen to see ways in which we could ensure that what we understood to be the current practice was properly reflected in the bill.

As the Attorney General attested to, I was in meetings in which we were assured that in major referral hospitals like Royal Prince Alfred and John Hunter there were medical ethics committees that determine these things. On questioning, we found that it was not actually ethics committees but panels, and then we were told it was more like multidisciplinary teams. In discussions with the parliamentary working group last night it emerged that our information may not reflect current practice at all and so it was not sensible to put an amendment that did not reflect current practice. Nevertheless, it raises concerns about what current practice is, because what we were

being told by the medical practitioners doing the rounds in support of this bill did not reflect what the current practice always is. Nevertheless, these amendments provide a modest threshold of requiring a level of peer review and support for doctors and their patients in very complex later-term terminations.

As the member for Bega mentioned, amendment No. 7 picks up the particular concerns in relation to regional, rural and remote locations. However, it should not be in any way interpreted that patients in those areas should be accorded any lesser capacity to access the medical support that they require. We believed the bill as drafted was very loose in defining a medical practitioner as a person registered under the Health Practitioner Regulation National Law to practise in the medical profession, other than a student. It captured an incredibly broad suite of medical practitioners who may have little or no experience in terminations, let alone late-term terminations. We felt the law as it was drafted was incredibly broad and that the gravity and complexity, particularly in relation to later-term terminations, was not suitably addressed. I commend the amendments to members.

Ms JENNY LEONG (Newtown) (12:43): I speak to put on record an important thing to be observed. Recognising as I said in my contribution to the second reading debate that we must never let the perfect be the enemy of the good, it is also important to recognise that when we put restrictions on some of these things we potentially pre-empt circumstances that we are unable to know about. It is important to put on record the advice of the Pro-Choice Alliance, which is not in relation to the specific amendments that we are considering now but is more about the principle of the idea. The alliance wrote:

> Abortions after 20 weeks occur in hospitals in New South Wales where specialists of various disciplines are present to help. It is standard for medical practitioners to consult with numerous specialists following a devastating fetal diagnosis or risk of maternal complications. It is important that legislation not dictate specific qualifications for abortion at this stage which could be unnecessarily burdensome or risk imposing delays, rather doctor specialties should be determined based on clinical need.

I recognise that the amendments provide some restrictions and I appreciate that the additional words that were added to amendment No. 7 provide a broadening of those, but I wish to put that on the record. I hope that if we are successful in passing this legislation it will be noted as part of the review process to make sure that the change we have made to try to reach some consensus on the amendments does not create undue or unnecessary barriers. By putting it on the record now, those who conduct the statutory review in the future can look at it whether I am here or not. It is important to make that view known.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (12:44): I thank all members who have spoken. I take it that the contribution of the member for Newtown was in favour of the amendments, albeit that she would like to make note of aspects for future consideration in the context of a review. May I say that I am delighted that there might be consensus on one tiny aspect of this debate.

The SPEAKER: The question is that amendments Nos 1 to 7 on sheet c2019-031-HE of the member for Cronulla be agreed to.

Amendments agreed to.

Mrs TANYA DAVIES (Mulgoa) (12:45): I move amendment No. 6 on sheet c2019-042:

No. 6 **Terminations at 20 or more weeks**

Page 3, proposed section 6, lines 9–25. Omit all words on those lines. Insert instead—

(a) the medical practitioner considers, in accordance with reasonable medical judgment, the termination is necessary to save the person's life or the life of another foetus, and

(b) the termination is performed in a hospital with a neonatal intensive care unit, and

(c) so far as is compatible with saving the person's life or the life of the other foetus, every effort is made to deliver the foetus alive, and

(d) if a live child is born, the child must be given the same neonatal care as would be given to any other child born at the same stage of pregnancy and in the same medical condition.

(2) Subsection (1) (b) does not apply if, in an emergency, it is not practicable to transfer the person to a hospital that has a neonatal intensive care unit.

(3) In performing the termination, the medical practitioner must comply with any applicable professional standards or guidelines.

As it stands, the bill has the appearance of limiting abortions after 22 weeks. However, a careful analysis of the provisions in clause 6 (2) reveals that any such appearance of limiting abortions is illusory. It sets out the matters that a medical practitioner must consider. They include "all relevant medical circumstances" and "the person's

current and future physical, psychological and social circumstances" as well as "the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination."

However, while having to consider that list of things, there is no obligation for the medical practitioner to give weight to any of them as compared with the current law that requires the medical practitioner to have "an honest belief based on reasonable grounds that the procedure is necessary to preserve the woman from serious danger to her life, or physical or mental health, and that in the circumstances the operation is not out of proportion to the danger intended to be avoided." Rather, the bill before us states that the medical practitioner must simply consider that the abortion should be performed. That leads to an entirely open-ended provision. For example, it could allow a medical practitioner serving the Indian or East Asian communities to consider that for cultural preferences the abortion of a girl should be performed. Victoria changed its abortion laws in 2008 and there is evidence from a La Trobe University study that some 60 girls go missing each year from those communities due to sex-selection abortions. Is this what we want in New South Wales? I do not.

The amendment would replace those provisions with a very clear restriction that abortions at or near the new viability threshold could be performed only in the thankfully rare circumstances where the continuation of that pregnancy poses a real threat to the life of the mother. It also provides for the even rarer case of a multiple pregnancy in which two or more fetuses share a placenta, one fetus is at risk of demise and there is a danger that its death would result in the subsequent death of, or possible brain damage to, the remaining fetus or fetuses. That rare condition would require expert surgery involving core diathermy or occlusion techniques by an experienced sub-specialist; it could not be safely performed by a non-specialist medical practitioner.

The amendment provides that unless an emergency makes it impractical to do so, such abortions must be performed in a hospital with a neonatal intensive care unit and that every effort comparable with saving the life of the mother must be made to deliver a live child. I refer again to Victoria's reformed abortion law. From 2009 to 2017 there have been 3,104 abortions performed at 20 weeks or later. In more than 10 per cent of cases a late-term abortion resulted in the delivery of a live-born baby. That is more than 300 babies.

Mr Brad Hazzard: Point of order: I want to clarify whether the member, whom I respect and value, is talking about the amendments that relate to section 6, lines 9 to 25, which effectively substitute subsections (a), (b), (c) and (d). It seems to me she is talking about a lot of other things that go beyond that.

The SPEAKER: I think the point of order relates to whether the member for Mulgoa is speaking to the amendment. In order to clarify that, will the member for Mulgoa clarify exactly what she is speaking to?

Mrs TANYA DAVIES: Part of the amendment I moved is in relation to subsections (c) and (d), which state:

> (c) so far as is compatible with saving the person's life or the life of the other foetus, every effort is made to deliver the foetus alive, and
>
> (d) if a live child is born, the child must be given the same neonatal care as would be given to any other child born at the same stage of pregnancy and in the same medical condition.

In relation to those subsections I am exploring what is the current practice in Victoria.

The SPEAKER: On that basis, I am happy for the member for Mulgoa to continue.

Mrs TANYA DAVIES: I think it is widely known that Victoria changed its abortion laws in 2008—more than 10 years ago. There is a lot of evidence in Victoria that we in New South Wales can look at to see what the repercussions of Victoria's change to abortion law have been. I repeat that, under Victoria's reformed abortion law, from 2009 to 2017 there have been 3,104 abortions performed at 20 weeks or later and in more than 10 per cent of cases—which is more than 300 babies—those late-term abortions resulted in the delivery of a live-born baby because the baby survived the abortion process.

From 2009 to 2017 in Victoria it has been calculated that 332 babies were born alive after a late-term abortion process, but it does not appear that in a single case those children who survived the process were given any neonatal care. As a consequence, they were just left to die. Current Department of Health procedures in New South Wales already make it clear that the law requires that a child born alive as a result of an abortion must be assessed and given appropriate neonatal care. The new subsection (d) for which I am seeking members' support would clarify that requirement in the context of this new abortion law.

As the member for Mulgoa in western Sydney, I have been inundated with requests to oppose this law in its entirety. Even this morning while I was sitting in the Chamber I received another telephone call, this time from a Liberal Party member, who was calling for me to oppose the bill in general. I say to my constituency that I am working with the bill as it has been presented to us to try to make it as rational, as balanced and as carefully considered as it possibly can be—given the time that members in this place have been afforded, which has not

been very much time at all. I want to ensure that this historic piece of legislation will strike a more appropriate balance between abortion law and what our communities are demanding of us.

In the more than eight years that I have been fortunate to represent the electorate of Mulgoa in this place, I have never been so inundated with requests to reject something about which people in the community have such strong and genuine concerns and, in some cases, abhorrence to what is being proposed. I am endeavouring in every way, shape and form to put forward suggested changes and amendments that bring the bill into a form that would be more palatable to the majority of our community. Given that Victoria changed its abortion laws in 2008 and given that Queensland introduced a very similar process for consideration and ultimately changed its abortion laws, we in New South Wales have the amazing opportunity to look at the implications of those changes as they relate to what is now occurring in our hospitals and abortion clinics. We can take the incredible widespread knowledge, research and evidence at our disposal and we can use it in the crafting and formation of this historic piece of legislation.

It is a fact that in Victoria babies are being born alive after attempted late-abortion processes. I believe our communities, regardless of the electorate, expect that the legislators in New South Wales would give consideration to that fact and make provision for the humane treatment and care of those babies if they were born after a late-abortion process. It is a requirement in NSW Health department procedures that such a baby needs to be given appropriate care. It is reasonable, and I believe the majority of our communities would support us, to insist that provision is built into this bill. It is the first piece of legislation in New South Wales that is endeavouring to bring clarity to the rights of women around abortion. I commend the amendment to the House.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (13:00): The working group opposes the amendment. We need to revisit what is currently happening in New South Wales under the current structure. Under the current structure, terminations can occur at any stage from conception through to almost full term subject to the obvious logical constraints—the practical constraints, the sensible constraints—that medical practitioners, with their ethical applications, bring to the issue. In reality, less than 1 per cent of all terminations occur post-22 weeks.

As health Minister, I have sat with women who have had the absolute desire to have their baby but medical circumstances have intervened. I sat for two hours with one young woman after which she gave me a huge hug, with tears flowing down her face. She had hoped the baby would survive but the baby's organs were growing outside its body. It was first diagnosed at 12 weeks but she hoped for a miracle. When she was checked at just over 20 weeks it became obvious that she had to have a termination. That is the circumstance in which those types of terminations occur. The amendment before the House will impose more constraints. The current interpretation of the courts of what now sits in the Crimes Act has indicated that there are certain requirements that a medical practitioner must think about and work with the patient on, but this will add to the situation the fact that at 22 weeks and beyond two medical practitioners will be required to make the determination that a termination is appropriate.

It is not an easy decision for the woman and it is not an easy decision for the medical practitioner because post-20 weeks the woman has to give birth. It is more complex than it is in the first few weeks post conception. The amendment the member proposes would reverse everything we are trying to do in this bill. It cannot be agreed to. Interestingly, we have a working party from across all parties—Independent, Labor, The Greens, Liberal—who came together to do what is necessary for women and to allow them to make difficult decisions without the present constraints. I asked the Victorian Minister for Health, Jenny Mikakos, what the situation was in Victoria. Having heard the member speak about that, I will read a letter that arrived this morning. It talks about the reduction in the number of pregnancy terminations that have occurred since their laws changed in 2018. Ms Mikakos states:

> I write to congratulate you on the introduction of the Reproductive Healthcare Reform Bill 2019 and to share with you some insights of Victoria's experience since we decriminalised Victoria's abortion laws.
>
> Since introduction of the Act in 2008, Victoria has seen a steady reduction in the overall number of terminations of pregnancy especially surgical terminations,
>
> The vast majority of surgical terminations are now provided before 14 weeks gestation by a range of public and private providers including hospitals and day procedure centres. While termination later in pregnancy is less common, the Victorian Government acknowledges the real need for these services, and our legislation enables this.
>
> I take this opportunity to also point out that it appears that women from NSW have been utilising Victorian health services in order to obtain safe and legal abortion. Approximately 130 women living in NSW accessed surgical termination services in Victoria in 2017-18, compared with 166 women from all other Australian states combined.
>
> Women in Southern NSW in particular have been travelling to Wodonga for termination services at a greater rate than Victorian women.

Sixteen patients from New South Wales in 2016-17 had surgical terminations performed at Albury Wodonga Health. It states below the table:

It is important to note the above data includes when a procedure was necessary for an intrauterine death or incomplete abortion, as well as elective procedures.

Importantly the rate of terminations has steadily reduced in Victoria since the decriminalisation of abortion. In 2008 prior to decriminalisation there were 16.8 abortions per 1,000 women. In 2017 there were 12.2 per 1,000 women.

Introduction of the Act has strengthened the well-established referral pathways across Victoria's network of general practitioners and community-based family planning hubs to build and improve women's access to the reproductive healthcare services they need, earlier in pregnancy and closer to home.

I trust this information has been of assistance.

I seek leave to have the letter incorporated in *Hansard*.

Leave granted.

Dear Mr Hazzard

I write to congratulate you on the introduction of the *Reproductive Healthcare Reform Bill 2019* (the Bill) and to share with you some insights of Victoria's experience since we decriminalised Victoria's abortion laws.

Since introduction of the Act in 2008, Victoria has seen a steady reduction in the overall number of terminations of pregnancy especially surgical terminations,

The vast majority of surgical terminations are now provided before 14 weeks gestation by a range of public and private providers including hospitals and day procedure centres. While termination later in pregnancy is less common, the Victorian Government acknowledges the real need for these services, and our legislation enables this.

I take this opportunity to also point out that it appears that women from NSW have been utilising Victorian health services in order to obtain safe and legal abortion. Approximately 130 women living in NSW accessed surgical termination services in Victoria in 2017-18, compared with 166 women from all other Australian states combined.

Women in Southern NSW in particular have been travelling to Wodonga for termination services at a greater rate than Victorian women.

Table 1. Surgical terminations performed at Albury Wodonga Health and the state patient resides in.

	2016-17		2017-18		2018-19 6months		
	NSW	VIC	NSW	VIC	NSW	VIC	SA
Albury Wodonga Health [Wodonga]	16	10	15	8	32	21	1

It is important to note the above data includes when a procedure was necessary for an intrauterine death or incomplete abortion, as well as elective procedures.

Importantly the rate of terminations has steadily reduced in Victoria since the decriminalisation of abortion. In 2008 prior to decriminalisation there were 16.8 abortions per 1,000 women. In 2017 there were 12.2 per 1,000 women.

Introduction of the Act has strengthened the well-established referral pathways across Victoria's network of general practitioners and community-based family planning hubs to build and improve women's access to the reproductive healthcare services they need, earlier in pregnancy and closer to home.

I trust this information has been of assistance.

Yours sincerely

Jenny Mikakos MP
Minister for Health
Minister for Ambulance Services

This goes to the heart of what we are trying to do for women in this State. I respect the strong views of the member for Mulgoa and I ask members to understand that this amendment cannot be agreed to.

Mr KEVIN CONOLLY (Riverstone) (13:06): This amendment reflects the big challenge that this issue has presented to the community of New South Wales. The thousands of representations that have reached, and are continuing to reach, members even now about this issue are philosophical, based on a value judgement about what a human person is. Many of those views focus heavily on the issue of late-term abortion. What do we do in these harder, later cases? Some people who are willing to accept the principle for earlier-term abortions are conflicted and have difficulty with the bill as presented and with later-term abortions.

The working party has acknowledged that by presenting an amendment reflecting the deep community concern as to what happens post-22 weeks. This amendment is squarely addressed at setting a different standard for what happens in later term. The member for Pittwater said in the second reading debate that in his view the child has more rights approaching full term. It is not a view I exactly share but I see the community broadly is

troubled and does share something of that view. Later in pregnancy the issue is more a balance of competing rights and a difficult challenge to resolve.

This squarely sets the bar higher as a result of that more difficult challenge. This amendment suggests that the only criteria to be applied is to protect life; to protect the life of a mother or another fetus is the only reason one would take life. That amendment clearly changes the bar from that which those who introduced the bill presented. I heard in many of the 65 speeches that they wanted the bar to be set differently. I have heard many voices from the community that want the bar to be set differently. It behoves this Parliament and this Chamber to listen and respond to that community call. It may be that we do not have the numbers for this particular amendment.

I did propose that this issue go to committee to workshop amendments to get a balance that may have been acceptable to a majority. I am disappointed that did not occur, but I am happy to stand up and try to protect life and to say that the only reason we should be considering taking life is to protect life. It is a standard that I can at least defend and I think it resonates with the community. Community members understand that the challenges of later-term abortions are more difficult, the ethical dilemma is greater and therefore a different standard should apply. Therefore, I support the amendment moved by the member for Mulgoa.

Mrs TANYA DAVIES (Mulgoa) (13:09): I thank the member for Wakehurst and the member for Riverstone for their contributions. I want to put on the record some further justification for my request for support of this amendment. The UN Committee on the Rights of Persons with Disabilities says laws that "allow for abortion on grounds of impairment violate the Convention on the Rights of Persons with Disabilities". The committee goes on to say that, even if the condition is fatal, often it cannot be said whether the impairment itself is fatal, and:

> Experience shows that assessments on impairment conditions are often false. Even if it is not false, the assessment perpetuates notions of stereotyping disability as incompatible with a good life.

The letter tabled by the member for Wakehurst, which will appear in the *Hansard*, states that late-term abortions in Victoria between 2009 and 2017 included 1,418 abortions for maternal psychological and social reasons. These abortions were not related to any physical or medical issue associated with the pregnancy. I request that colleagues support this amendment because I do believe it strikes a far more humane approach to an incredibly difficult situation that many of our constituents will face or have faced. We have an opportunity to make this legislation better.

I note that members have already supported amendments to the bill as it stands. I believe I represent many in my electorate who are calling for this House to ensure that if a child is born alive after a late-term abortion, the child is provided with appropriate neonatal intensive care. That child is alive and is breathing, which should confer on the child the human rights that all of us in this place have. As I have said, the current health procedure in New South Wales requires the appropriate level of neonatal intensive care be provided. For the purposes of consistency and clarity, I believe that requirement should be adopted in this bill. Yes, we are talking about a very, very small number of women and babies, but I think it is an appropriate and humane approach to take for even one baby. I urge my colleagues to support this amendment.

[*Interruption from gallery*]

The SPEAKER: Order! I ask that those in the public gallery refrain from applauding or making any other noise. The question is that amendment No. 6 on sheet c2019-042 of the member for Mulgoa be agreed to.

The House divided.

Ayes 31
Noes 57
Majority.....26

AYES

Anderson, Mr K	Atalla, Mr E	Bali, Mr S
Conolly, Mr K	Cooke, Ms S (teller)	Coure, Mr M
Crouch, Mr A (teller)	Davies, Mrs T	Dib, Mr J
Elliott, Mr D	Finn, Ms J	Johnsen, Mr M
Kamper, Mr S	Lalich, Mr N	Lee, Dr G
Lindsay, Ms W	McDermott, Dr H	McGirr, Dr J
Mihailuk, Ms T	Perrottet, Mr D	Petinos, Ms E
Preston, Ms R	Roberts, Mr A	Sidgreaves, Mr P
Sidoti, Mr J	Smith, Mr N	Taylor, Mr M

AYES

Tuckerman, Mrs W	Upton, Ms G	Williams, Mr R
Zangari, Mr G		

NOES

Aitchison, Ms J	Ayres, Mr S	Barr, Mr C
Berejiklian, Ms G	Butler, Mr R	Car, Ms P
Catley, Ms Y	Chanthivong, Mr A	Clancy, Mr J
Constance, Mr A	Crakanthorp, Mr T	Daley, Mr M
Dalton, Mrs H	Dominello, Mr V	Donato, Mr P
Doyle, Ms T	Evans, Mr L.J.	Gibbons, Ms M
Greenwich, Mr A	Griffin, Mr J	Gulaptis, Mr C
Hancock, Mrs S	Harris, Mr D	Harrison, Ms J
Haylen, Ms J	Hazzard, Mr B	Henskens, Mr A
Hoenig, Mr R	Hornery, Ms S	Kean, Mr M
Leong, Ms J	Lynch, Mr P	Marshall, Mr A
McKay, Ms J	Mehan, Mr D (teller)	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Saunders, Mr D	Scully, Mr P
Singh, Mr G	Smith, Ms T.F.	Speakman, Mr M
Tesch, Ms L	Toole, Mr P	Voltz, Ms L
Ward, Mr G	Warren, Mr G	Washington, Ms K
Watson, Ms A (teller)	Williams, Mrs L	Wilson, Ms F

Amendment negatived.

The SPEAKER: I inform the House that the member for Mulgoa has withdrawn amendment No. 7 on sheet c2019-042. I intend to call next the member for Port Macquarie in relation to her amendments, which relate to terminations after 22 weeks to be performed only at approved public health facilities. I also inform the House that, pursuant to the resolution of the House and suspension of standing orders earlier, the House will continue to sit until question time. However, I propose to leave the chair for 10 minutes at 1.30 p.m., or whenever the member for Port Macquarie finishes her address. The House will resume approximately 10 minutes later on the sounding of one long bell. I remind members that at 1.30 p.m. in the Macquarie Room there is a meeting of the Asia-Pacific Friendship Group, which will proceed as planned.

Mrs LESLIE WILLIAMS (Port Macquarie) (13:23): By leave: I move amendments Nos 1 to 6 on sheet 2019-036J in globo:

No. 1 **Terminations after 22 weeks to be performed only at approved public health facilities**

Page 3, proposed section 6(1) (b), line 13. Omit "performed.". Insert instead—performed, and

(c) the termination is performed at—

(i) a hospital controlled by a statutory health organisation, within the meaning of the *Health Services Act 1997*, or

(ii) an approved health facility.

No. 2 **Terminations after 22 weeks to be performed only at approved public health facilities**

Page 3, proposed section 6. Insert before line 14—

(2) To remove any doubt, subsection (1) (c) does not require that any ancillary services necessary to support the performance of a termination be carried out only at the hospital or approved health facility at which the termination is, or is to be, performed.

No. 3 **Terminations after 22 weeks to be performed only at approved public health facilities**

Page 3, proposed section 6. Insert after line 25—

(4) In this section—

ancillary services means—

(a) tests or other medical procedures, or

(b) the administration, prescription or supply of medication, or

(c) another treatment or service prescribed by the regulations.

No. 4 **Approval of health facilities for terminations after 22 weeks**

Page 6. Insert after line 1—

11 Approval of health facilities for terminations after 22 weeks

The Secretary of the Ministry of Health may approve a hospital, or other facility the Secretary considers appropriate, as a facility at which terminations may be performed on persons who are more than 22 weeks pregnant.

No. 5 **Approval of health facilities for terminations after 22 weeks**

Page 6. Insert before line 2—

11 Guidelines about performance of terminations at approved health facilities

(1) The Secretary of the Ministry of Health may issue guidelines about the performance of terminations at approved health facilities.

(2) If the Secretary issues guidelines under subsection (1), a registered health practitioner performing a termination, or assisting in the performance of a termination, must perform the termination in accordance with the guidelines.

No. 6 **Approval of health facilities for terminations after 22 weeks**

Page 7, proposed Schedule 1. Insert after line 5—

approved health facility means a hospital or other facility approved under section 11.

I have moved this series of amendments as a co-sponsor of the Reproductive Health Care Reform Bill 2019. The working group and I have prepared these amendments in response to matters raised by members throughout the debate on Tuesday and Wednesday and to conversations the working group and I have had with our colleagues. I indicate at the outset that these amendments are all clarifying amendments that are consistent with the intent of the working group in the bill as introduced into this place. Further, they are consistent with existing clinical practice in New South Wales and are therefore wholly appropriate.

Members will have heard and read media coverage from the Australian Medical Association and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists advising that the bill in its present form is appropriate to pass unamended. Whilst the working group understands the positions of such bodies, it also wants to demonstrate to members and colleagues in this place that it has duly taken on board their views about discrete details of the bill, where members have constructively turned their mind to how it can be approved to achieve an end of clarity and to address some concerns around termination performed post-22 weeks, which the working group reiterates are extremely rare and always performed for significant clinical reasons. These amendments in part seek to cover the same ground as the amendments circulated by the member for Cronulla on behalf of himself and the member for Pittwater. Relevant to my amendments, I seek leave to table a New South Wales policy directive entitled *Pregnancy—Framework for Terminations in New South Wales Public Health Organisations*.

Leave granted.

Document tabled.

Amendment No. 1 inserts a subclause in clause 6 (1) of the bill relating to performance of terminations at more than 22 weeks. It provides that such terminations are to be performed at "a hospital controlled by a statutory health organisation, within the meaning of the Health Services Act 1997" or "an approved health facility". This amendment reflects the intent of a similar amendment moved by the member for Cronulla. However, we ask members to support this amendment as it is drafted in a way that is consistent with existing health frameworks and administrative arrangements. In essence, this amendment provides that terminations at more than 22 weeks may be performed only at public hospitals or other health facilities approved by the Secretary of the Ministry of Health. This amendment reflects existing clinical practice and captures the point raised in respect of oversight of such terminations, particularly having regard to the teams of health professionals that are involved in such terminations. Amendment No. 2 inserts a subclause in clause 6 of the bill that states:

(2) To remove any doubt, subsection (1)(c) does not require that any ancillary services necessary to support the performance of a termination be carried out only at the hospital or approved health facility at which the termination is, or is to be, performed.

Subsection (1) (c) is a new subsection that is inserted into the bill consequent to amendment No. 2 and is a necessary consequential amendment. This amendment is necessary as it is unworkable to require that all aspects of a termination be performed at the hospital. There are initial consultations, follow-up care, scans and prescriptions and supply of prescriptions that are actually done outside the hospital. This amendment gives effect

to such existing clinical practice. Amendment No. 3 defines, for the avoidance of doubt, "ancillary service" to mean:

(a) tests or other medical procedures, or

(b) the administration, prescription or supply of medication, or

(c) another treatment or service prescribed by the regulations.

Amendment No. 4 provides that the Secretary of the Ministry of Health may approve a hospital or other health facility the secretary considers appropriate to provide terminations after 22 weeks. This is consequential to the proposed new section 6 (1) (c) (ii). Amendment No. 5 inserts a new clause into the bill that provides:

The Secretary of the Ministry of Health may issue guidelines about the performance of terminations at approved health facilities. It also provides that if the secretary issues guidelines under the section, the registered health practitioners performing or assisting in the performance of a termination must comply with these guidelines. The amendment seeks to address a range of concerns raised by members during debate. While clinical practice guidelines and directives would apply irrespective of this amendment, they now have the force of law for the avoidance of doubt and apply to all terminations. It is appropriate that the bill not be overly prescriptive on matters of clinical practice because such decisions are in the domain of health professionals.

In part, the amendment goes to the amendment circulated by the member for Cronulla about advisory committees. I thank the member for Cronulla for advising that he will not be moving that amendment. Amendment No. 5 will cover that subject matter in practice in an effective and efficient manner. Amendment No. 6 defines "approved health facility" to mean "a hospital or other facility approved under section 11" and is consequential on amendment No. 4 that I have moved. I encourage all members to support the amendments.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (13:31): I thank the member for Sydney, the health Minister and the member for Port Macquarie for their constructive engagement on this issue. It is important to have the safeguards in place. The differences do not matter that much between the wording proffered by the member for Pittwater and me, and the wording proffered by the member for Port Macquarie. I concede that the drafting of the member for Port Macquarie is superior, which is why we have withdrawn ours. I thank those members for their constructive engagement.

Mr KEVIN CONOLLY (Riverstone) (13:31): I have no objection in principle to moving this into the realm of public hospitals, which is probably better than not doing so. It does raise the issue of conscientious objection. During debate on that matter later, I will pursue a definitional issue with the Minister.

The SPEAKER: The question is that amendments Nos 1 to 6 on sheet c2019-036J of the member for Port Macquarie be agreed to.

Amendments agreed to.

The SPEAKER: I will now leave the chair until the ringing of a long bell.

Mrs TANYA DAVIES (Mulgoa) (13:49): I move amendment No. 8 on sheet c2019-042:

No. 8 **Terminations on children under 16 years of age**

Page 3. Insert after line 25—

7 Reporting about requests for terminations on children under 16 years of age

(1) If a medical practitioner is asked to perform a termination on a child under 16 years of age, the medical practitioner must report the request to the Secretary of the Department of Communities and Justice.

(2) The report to the Secretary must—

(a) be given as soon as practicable after the request for the termination is made, and

(b) be given whether or not the termination is performed, and

(c) include the name of the child and that a termination was requested.

The SPEAKER: For the benefit of members, I indicate that the prudent measure has been taken to delay the arrival of primary school children into the gallery as the member for Mulgoa has moved an amendment to the Reproductive Health Care Reform Bill 2019 that relates to children under 16 years of age, which might be a bit sensitive. I also indicate that an amendment has been foreshadowed to be moved by the member for Mulgoa that relates to termination not to be used for gender selection. That amendment will be dealt with last, given it has just been received.

Mrs TANYA DAVIES: I thank the House for allowing a pause in proceedings to enable the primary school children to be removed from the gallery as we debate this amendment to the Reproductive Health Care Reform Bill 2019, which relates specifically to children under the age of 16 who find themselves pregnant. The

intent of the amendment is to make clear that the mandatory reporting provisions under section 27 of the Children and Young Persons (Care and Protection) Act 1998 always applies in the circumstances of a request to a medical practitioner to perform a termination on a child under the age of 16. Section 27 requires that a report be made if a medical practitioner providing a service to a child "has reasonable grounds to suspect that a child is at risk of significant harm".

Section 23 provides that a child is at risk of significant harm if the child "has been, or is at risk of being, physically or sexually abused or ill-treated". A note adds, "sexual abuse may include an assault and can exist despite the fact that consent has been given". The section also provides that "any such circumstances may relate to a single act". The Crimes Act 1900 makes it clear that every act of sexual intercourse with a child under 16 years of age is a criminal offence. Any child under 16 years of age presenting for a termination of pregnancy must be considered as potentially at risk of significant harm. This amendment reflects the real possibility that a child under the age of 16 may be the victim of sexual abuse and in need of protection. In some cases the abuser—possibly a father, stepfather, another male relative, a neighbour or a friend—may be arranging the abortion precisely to destroy the evidence of his criminal abuse, and perhaps to ensure that his victim is still available for the abuse to continue.

The amendment does not require the medical practitioner to do anything other than to make a report to the Secretary of the Department of Communities and Justice. I sincerely hope that all members, regardless of their overall position on the subject of abortion, would agree that this is a reasonable and necessary position. We are, right now, learning through experiencing what it takes to change legislation—the process whereby bills are laid on the table, examined by stakeholders, members of the community, commentators, experts and members of Parliament. When legislation in this State is enacted or altered it is scrutinised very thoroughly. I understand that the proponents of the bill reject this amendment on the grounds that this requirement is contained in a separate bill. They argue that it exists in another piece of legislation and that enforcement by policy or regulation is sufficient. I do not agree with that, and that is why I am moving this amendment.

As I have said already in this debate, this is an historic piece of legislation and I believe it ought to contain as many safeguards and protections for those most vulnerable people who find themselves in the situation of having an unplanned or crisis pregnancy. I do not believe the community would find it acceptable that safeguards for vulnerable girls under 16 years of age could simply be ticked off by saying that there are provisions elsewhere. As I have said, the processes for introducing legislation are stringent and tough at times so the requirement to protect young girls ought to be contained in the legislation, which would mean that it was harder to remove that protection. For those reasons I ask the House to support this amendment. As legislators, we must do everything in our power to ensure that vulnerable young girls who are being taken advantage of have as much protection and support as we can possibly give them. I commend the amendment to the House.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (14:03): The group of members who brought this bill to the House oppose this amendment. We oppose it because it is not necessary. We understand what the member is trying to achieve but it would be quite counterintuitive. The amendment inserts the words:

> (1) If a medical practitioner is asked to perform a termination on a child under 16 years of age, the medical practitioner must report the request to the Secretary of the Department of Communities and Justice.

That would breach every professional and ethical obligation of a medical practitioner. A patient over the age of 14—in fact, any patient—has certain legal rights. They should be able to go to their medical practitioner in confidence and have discussions. Many young people will of course go with their parents—that is quite true—but some will not. The fact that they may have found themselves in a situation where they need a termination should not be an instant trigger for a report being made to the Department of Communities and Justice. As the former Minister for Family and Community Services, I am extremely aware that there is currently an obligation under the Children and Young Persons (Care and Protection) Act for medical practitioners, teachers and others to report a child who is—I use the expression that the member for Mulgoa used—"at risk of harm".

The fact that a person who is under 16 is pregnant does not necessarily mean she is at risk of harm, so there should be no automatic report. If, on the other hand, the young person had been abused in some way, had been sexually assaulted or there was some sort of issue in her family that caused her to become pregnant—there could be a range of possibilities—the medical practitioner, under his or her current ethical obligations, has to form a view about that under the Children and Young Persons (Care and Protection) Act. I hope I can satisfy the member that her concerns are addressed under the current legislation. If there is a young person at risk of harm, that will be reported. This sort of blanket approach to any child under 16 would run completely counter to good medical care and would be counter to what I think the member is trying to achieve. This amendment is opposed very strongly.

Mr KEVIN CONOLLY (Riverstone) (14:06): It was interesting to note that, on the one hand, an obligation already exists on a doctor to make a notification of a child at risk, and on the other hand, it would contravene the doctor's obligations to do that. It is clearly a difficult area, and different aspects of the law intersect. The challenge we have is that a child under 16 who is pregnant is, prima facie, at a degree of risk by virtue of being too young to have consented to sexual intercourse. That suggests that, yes, there is something that the Department of Communities and Justice has grounds to be concerned about. Those supporting this amendment do not think that, with respect, the answer is sufficient. I would have preferred this kind of issue to have been properly explored by a committee before it was brought before this House—

Mr Brad Hazzard: That is being done next week in the upper House.

Mr KEVIN CONOLLY: That will occur after the bill has left this House, when I have no further say on the matter. It would have been appropriate for those sorts of difficult issues to have been thoroughly explored by those qualified to explore them, and for them to advise members like me who have a responsibility to vote on the amendment. To say that it will be sorted out after I vote really does not show great respect to this House. I am placed in a position of voting on this bill without the benefit of that kind of input. That is very disappointing. It is my inclination to support this amendment. If it is unsuccessful so be it; it will be on the record. The upper House inquiry will be able to consider the issue, and I hope it does.

Mr GARETH WARD (Kiama—Minister for Families, Communities and Disability Services) (14:07): I speak as the member for Kiama, but I would like to give some advice to the House in relation to this matter, because I think it is right for all members to be concerned about child welfare and child safety. I will outline, for the benefit of members, that the Minors (Property and Contracts) Act allows a child to give consent for their own medical treatment from the age of 14. I just wanted to make that clear. I know there have been some comments in relation to informed consent, but when it comes to medical treatment it does not matter whether it is a minor or an adult, informed consent is still required. I make the observation that if there were issues around assault—sexual assault or assault of any other nature—that would automatically reach the threshold of "risk of significant harm". Therefore, that matter would be referred.

However, with respect to the sort of privilege that exists between a doctor and a patient, obviously those matters would remain between the doctor and the patient. But if a teacher, a coach or somebody else became aware of something happening they would have an obligation to refer, and this would meet the risk of significant harm requirements. I simply point out that the provisions I think the member is seeking already exist. I remind her that in relation to the Minors (Property and Contracts) Act 1970 there are already provisions in place to allow a person aged 14 and over to make a decision about the sorts of medical treatment they are having. I do not believe the provisions are necessary. I commend all members who are concerned about child welfare—as we all should be. Members should take a tough stand in relation to that. However, I do not see how the amendment changes anything that would not ordinarily happen now.

Mrs TANYA DAVIES (Mulgoa) (14:09): I thank the Minister for Health and Medical Research, the member for Riverstone and the Minister for Families, Communities and Disability Services for their contributions to debate on this amendment**.** My amendment seeks a mandatory reporting provision in the bill that will require the doctor to report to the secretary a case of an underage woman turning up pregnant. Under section 30 of the Children and Young Persons (Care and Protection) Act 1998, upon receipt of a mandatory report the secretary has the discretion to investigate or take no further action based on an assessment of the information received. On that point, in 2011 undercover journalists revealed the consistent pattern of abortion facilities in the United States of America failing to report suspected child sexual abuse. We cannot allow that to happen in New South Wales.

As elected representatives of our community, members in this place have an opportunity to protect young women—particularly in multicultural, ethnic and refugee communities—from what I know happens all too often, which is sexual abuse perpetrated by either a family member or close family friend. This amendment would seek to make absolutely clear to everyone—doctors, counsellors, the young women themselves and anyone connected with them—the expected course of action if a young pregnant woman under the age of 16 requests a termination. I ask that all members consider these facts—particularly the report that has come out from the United States—and ensure that we do all that we can to protect young women in this State.

The SPEAKER: The question is that amendment No. 8 on sheet c2019-042 of the member for Mulgoa be agreed to.

The House divided.

Ayes 19
Noes 71
Majority.....52

AYES

Atalla, Mr E	Bromhead, Mr S	Conolly, Mr K
Crouch, Mr A (teller)	Davies, Mrs T	Elliott, Mr D
Johnsen, Mr M	Lalich, Mr N (teller)	Lee, Dr G
McDermott, Dr H	Perrottet, Mr D	Petinos, Ms E
Preston, Ms R	Roberts, Mr A	Sidgreaves, Mr P
Sidoti, Mr J	Smith, Mr N	Taylor, Mr M
Williams, Mr R		

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Bali, Mr S	Barilaro, Mr J	Barr, Mr C
Berejiklian, Ms G	Butler, Mr R	Car, Ms P
Catley, Ms Y	Chanthivong, Mr A	Clancy, Mr J
Constance, Mr A	Cooke, Ms S (teller)	Cotsis, Ms S
Coure, Mr M	Crakanthorp, Mr T	Dalton, Mrs H
Dib, Mr J	Dominello, Mr V	Donato, Mr P
Doyle, Ms T	Evans, Mr L.J.	Finn, Ms J
Gibbons, Ms M	Greenwich, Mr A	Griffin, Mr J
Gulaptis, Mr C	Hancock, Mrs S	Harris, Mr D
Harrison, Ms J	Haylen, Ms J	Hazzard, Mr B
Henskens, Mr A	Hoenig, Mr R	Hornery, Ms S
Kamper, Mr S	Kean, Mr M	Leong, Ms J
Lindsay, Ms W	Lynch, Mr P	Marshall, Mr A
McGirr, Dr J	McKay, Ms J	Mehan, Mr D
Mihailuk, Ms T	Minns, Mr C	O'Neill, Dr M
Park, Mr R	Parker, Mr J	Pavey, Mrs M
Piper, Mr G	Provest, Mr G	Saffin, Ms J
Saunders, Mr D	Scully, Mr P	Singh, Mr G
Smith, Ms T.F.	Stokes, Mr R	Tesch, Ms L
Toole, Mr P	Tuckerman, Mrs W	Upton, Ms G
Voltz, Ms L	Ward, Mr G	Warren, Mr G
Washington, Ms K	Watson, Ms A (teller)	Williams, Mrs L
Wilson, Ms F	Zangari, Mr G	

Amendment negatived.

Debate interupted.

Visitors

VISITORS

The SPEAKER: I extend a warm welcome to a delegation of participants in the Leadership Illawarra program, guests of the Minister for Families, Communities and Disability Services and member for Kiama, as well as guests of the member for Keira. I welcome parents and teachers from the Italian Bilingual School in Meadowbank as well as students and parents from its sister school, Il Convitto Nazionale Paolo Diacono, Cividale. They are guests of the member for Ryde. I also welcome senior students and student representative council members from Bulli High School, guests of the member for Keira. I acknowledge Jack Evans, Daniel McGregor, Amanda Spalding and Bob Meyenn, guests of the member for Kogarah and the member for Orange. I also acknowledge residents from the Lake Macquarie electorate who are in the gallery today, guests of the member for Lake Macquarie. I welcome everyone to the Chamber.

Rulings

STANDING ORDER NO. 73

The SPEAKER: I had foreshadowed that I would deliver a considered ruling on Standing Order 73 this week. I am sure members will understand that I would prefer to get that exactly right. The events of the past couple of days have caused me not to finalise that quite yet. I would rather give that ruling in a more considered way on the next sitting day.

QUESTIONS ON ALTERNATIVE POLICIES OR RELATED MATTERS

The SPEAKER (14:30): I am happy to give a preliminary ruling on the use of additional words, whether they be in relation to alternative policies or related matters. Again, I will give a more considered ruling on the next sitting day. A search of *Hansard* indicates that the practice of asking about related matters goes back to at least 2000, when it was first used by the then member for Broken Hill. There is a long history of the use of those extra words. I refer in particular to a ruling of previous Speaker Torbay, who made it clear that in relation to alternative policies and related matters—matters on which previous points of order have been raised—he would not allow questions to Ministers that directly seek comment on alternative policies.

Speaker Torbay also reminded members that it was the practice of the House that long questions involving multiple questions within a single question will be regarded as out of order. In future I will treat those additional words as out of order, whether they be in relation to alternative policies or related matters. I note that the recommendation of the Standing Orders and Procedure Committee in relation to ministerial statements, if followed, would make this ruling academic.

NAME-CALLING

The SPEAKER (14:32): Following yesterday's sitting, I received a complaint from a member in relation to name-calling in this place. I have made my views clear about comments on people's physical attributes, and have asked for a more dignified and respectful approach. I now extend those comments by notifying members that from today I will take a zero tolerance approach to name-calling in this place across the board. Members use question time to spar across the Chamber, often with considered and intelligent debate and sometimes with humour. There is nothing wrong with that. However, this should not involve ill-considered and immature name-calling. It is unacceptable and unparliamentary, and I cannot allow it to continue. Parents do not accept it from toddlers. Teachers do not accept it in their classrooms. I note that we have primary school children in the Chamber today, as we often do. If we are to reflect community expectations in this place and set a good example, it must not be accepted here either.

As parliamentarians, we support anti-bullying campaigns. We put great effort into improving mental health in our communities. Yet in here we often see a public display of bullying behaviour that should not be tolerated. For us to act in such a way is hypocritical. Politicians lament not being understood or respected for the good work they do. I know how hard members in this place work and how much they care about the community. However, if we are to be respected and if Parliament is to earn the trust of people, it starts with our behaviour. Members who transgress may be asked by the Chair to withdraw comments directly, whether or not other members object. If they persist, they may be placed on a call to order or ultimately removed from the Chamber.

Question Time

BUILDING STANDARDS INQUIRY

Ms JODI McKAY (Strathfield) (14:35): My question is directed to the Minister for Better Regulation and Innovation. Why is the Minister, along with his new Building Commissioner, refusing to appear before the parliamentary inquiry into the ongoing crisis in the building industry?

Mr KEVIN ANDERSON (Tamworth—Minister for Better Regulation and Innovation) (14:35): I thank the Leader of the Opposition for her question. I think the Building Commissioner is. Thanks.

WESTERN SYDNEY JOBS

Mr PETER SIDGREAVES (Camden) (14:36): My question is addressed to the Premier. Will the Premier update the House on the Government's commitment to ensuring more job opportunities for people in western Sydney?

Ms GLADYS BEREJIKLIAN (Willoughby—Premier) (14:36): I am grateful to the member for Camden for his question about the Government's commitment to creating even more jobs in western Sydney. Of course, the biggest job opportunity in the future is the new city we are building around the second international airport at Badgerys Creek. I am pleased to update the House that progress here has been outstanding. Some of you may have heard that next week we will continue to pursue interests in both the United Kingdom and Germany to ensure that companies from those two economic powerhouses also have the opportunity to create jobs in that precinct. The new airport city—or aerotropolis, as we call it—not only will bring 200,000 jobs to the region, but also will be home to 1½ million people. It will be a place where people want to live, work and get the best jobs available in New South Wales.

I also acknowledge the Minister for Jobs, Investment, Tourism and Western Sydney, who was involved in putting together a city deal in which councils of all political persuasions came together to negotiate good

funding outcomes, ensuring that we can move forward in a strong way. I am also extremely pleased to say that the best companies, learning institutions, universities and TAFEs around Australia not only will set up shop there, but also will work with some of the best global companies in relation to emerging technologies. To update the House, I have given our Government the target of signing 10 memorandums of understanding with key organisations or institutions to create job opportunities. I am pleased to update the House that 13 memorandums of understanding have been signed already. They relate to some of the best companies in the world, including Northrop Grumman, a defence company from the United States, and the Sumitomo Mitsui Banking Corporation from Japan, one of the largest and most successful organisations on the planet. They will set up shop there and again bring critical jobs to the region.

There are also home-grown businesses. Sydney Markets wants to have a presence there. It has talked to us about its plans, which fit in nicely, because in addition to having emerging technologies, defence, space robotics, and research and development, we will also ensure there is high-tech agribusiness activity in the aerotropolis. This not only will assist in the agtech sector, but also will ensure that areas like the Central West and beyond have access to markets that the second Sydney airport will provide. That is another great New South Wales institution setting up shop there.

Also Vitex Pharmaceuticals, which is an Australian company, has already signed a memorandum of understanding [MOU] to say it will have a presence there—again, an industry that will be able to thrive into the future. The Australian Space Agency will have a presence there. For those who are not aware, we already have dozens of space industries in New South Wales, but for that agency to have a home at that location will ensure that the jobs of the future are being created. Hitachi, another Japanese company, will set up shop there, as will Mitsubishi Heavy Industries. For decades, New South Wales has not been able to participate globally in the manufacturing sector so it is exciting that with these emerging industries—with these technologies—there is no reason why New South Wales cannot become the manufacturing powerhouse of our region, which would be based in western Sydney at the new airport.

Samsung—another key global player—has also signed an MOU that will not only create jobs, but also support the research and development going into the next generation of life-changing technology. The Urban Renaissance Agency is setting up shop there. This is a collaboration with an organisation that further ensures a research and development capacity at that location. The French group Suez is also setting up shop there. We are looking forward to making sure we have world-leading technologies. I know many members are interested in the future of waste and energy systems. This global company has great expertise in this field and will be a huge driver of jobs of the future.

One of the most exciting developments in the MOUs is with our university sector. Not only are our best universities working together, but also New South Wales will have the nation's first multi-university single campus at Badgerys Creek. This means that the Western Sydney University, the University of Newcastle, the University of New South Wales and the University of Wollongong will all have a presence in that precinct. It is the first time that students from different universities will coexist on the one campus. [*Extension of time*]

I thank the member for Camden for the additional time because this is an exciting initiative. The site will also have a world-class TAFE alongside this campus of universities. We have already announced that. Members opposite are acting surprised, but we actually announced it before the election. That fits nicely with what we will put to our Federal colleagues in other States: When we think about tertiary education we should think about universities and vocational education and training in the one sentence, rather than look at it in two systems. In future students may do some courses, or some subjects, at one institution and then transfer to another institution. We need to be flexible about that so that in future we are not missing out on those jobs and missing out on the skills development that people in this State need.

Without pre-empting what might eventuate during my brief visit to the United Kingdom and Germany next week, I am excited by companies in both those locations. We do not have a strong presence in New South Wales from the United Kingdom or Germany. It would be amazing to lock some of those markets in, giving us a diverse economic base there. I commend all those organisations that have put up their hand to invest in the future of western Sydney. I thank all members involved in that process. It is exciting that we are not only providing the infrastructure and services allowing people to live in the aerotropolis precinct, but also ensuring the best jobs will be located at that precinct. If you are standing in Parramatta you will not look east for the best jobs, you will look west. The new hub of manufacturing in New South Wales, Australia and our region will develop right there.

[*An Opposition member interjected.*]

You don't believe in progress.

The SPEAKER: I call the member for Port Stephens to order for the first time. I call the member for Port Stephens to order for the second time. I make it really clear: If I call a member to order and that member makes another comment, I will call that member to order again immediately.

PARRAMATTA LIGHT RAIL

Mr CHRIS MINNS (Kogarah) (14:44): I direct my question to the Minister for Transport and Roads. Given that today's edition of *The Sydney Morning Herald* reports that the number of people working on stage two of the Parramatta Light Rail project has been cut from 50 to five and the program director has moved on, is he dumping stage two of the Parramatta Light Rail?

Mr ANDREW CONSTANCE (Bega—Minister for Transport and Roads) (14:44): The member for Kogarah was in the Chamber last night upsetting a few people and lost a little bit of skin in doing so. If the best the shadow Minister and his researchers can do is read *The Sydney Morning Herald* every day and then come in here and ask questions, that says a lot. The reason we had that number of staff is they were involved in developing the business case for the project. Guess what? Once you finalise that type of work perhaps you do not need them anymore. Own goal. We are getting on with building the Parramatta Light Rail at the moment.

The SPEAKER: I call the member for The Entrance to order for the first time.

Mr ANDREW CONSTANCE: The member for Parramatta is advocating hard for this project. He is doing a tremendous job securing more billions for his electorate and central Sydney. What I would say about the Parramatta Light Rail—as I told the chamber of commerce recently—is we want to make sure when we are building metro west, the magic metro train everyone is experiencing in the north-west, which will deliver to Parramatta, coupled with WestConnex, coupled with the current light rail build, that we do so in a timely fashion. I do not know whether those opposite have noticed, but we have created so many infrastructure jobs that the market is hot. Because the market is hot, we have to make sure we deliver this in a timely fashion. I will not take a lecture from those opposite about infrastructure. And while you are talking about the Parramatta Light Rail—

Ms Jodi McKay: Point of order: My point of order relates to Standing Order 129. The question was specifically about the Parramatta Light Rail stage two, which the Government has dumped. The Minister is just not telling us they have dumped it.

The SPEAKER: The Minister will continue. He is being generally relevant to the question.

Mr ANDREW CONSTANCE: We will continue to build light rail in Parramatta, as we are at the moment. As I have made clear with metro west, we will do this in a sensible, timely fashion so the market can deliver these projects. One of things I am looking at closely with this project is the connection between Melrose Park and Wentworth Point in terms of connection across the river. The member's intelligence gathering is not that intelligent. But I thank him for his question and I look forward to more questions on this matter. And you can leave the good Minister for Better Regulation and Innovation alone.

REGIONAL TRANSPORT AND ROADS

Mr GURMESH SINGH (Coffs Harbour) (14:47): I address my question to the Minister for Regional Transport and Roads. Will the Minister update the House on new innovations and initiatives to improve public transport and roads in the regions?

The SPEAKER: I call the member for Keira to order for the first time.

Mr PAUL TOOLE (Bathurst—Minister for Regional Transport and Roads) (14:47): I thank the member for Coffs Harbour for his question. The member understands this is a government that is investing strongly in roads and public transport across this State. The member for Coffs Harbour can see that happening in his backyard. Take the Pacific Highway, for example. You can already see the work occurring between Woolgoolga and Ballina. This Government is providing transport options for people across this State. We are delivering unprecedented infrastructure. We are delivering an opportunity for our communities to grow.

We have a big, bold vision for our regions. It is about connecting our regions. It is also about making sure that we provide the investment so people can travel on our roads and have safe public transport. We have also been trialling a number of new travel options, helping to deliver people safely to their destination. The member for Northern Tablelands would know we are currently trialling a driverless shuttle bus in Armidale. This autonomous vehicle can transport up to 12 passengers at a time and has been operating around the University of New England. I know that those opposite want to make noise and not listen to this, but this is an important project that is being delivered.

The SPEAKER: There is more noise coming from the member for Kiama than from anyone else. I ask him to be quiet. I call the member for Rockdale to order for the first time. I call the member for Londonderry to order for the first time.

Mr PAUL TOOLE: In the past week the shuttle has graduated from the university and is now memorising a new route around Armidale CBD. We are also running trials in Coffs Harbour. The Coffs Harbour shuttle uses a fully automated vehicle with capacity to carry up to 12 passengers and is currently operating in the Marian Grove Retirement Village. We have received some feedback on that trial from 93-year-old Betty Fleming, who said:

> I use this regularly for my weekly ukulele lesson and for other social events happening at the village's main hall. It's really great. I live quite a distance—well, for older people—so it makes a big difference when it comes to carrying your instruments to these events.

[*An Opposition member interjected*.]

You might laugh about it and attack older people, but these are people in our regions and you should hang your head in shame. These are people who are getting opportunities and you want to make a comment about these people.

Ms Prue Car: Point of order—

The SPEAKER: I call the member for Keira to order for the second time.

Ms Prue Car: It is, quite obviously, that the Minister should direct his comments through the Chair.

The SPEAKER: The Minister will direct his comments through the Chair. I call the member for Mount Druitt to order for the first time.

Mr PAUL TOOLE: In Dubbo we will soon roll out an automated ute, which will travel between the zoo, Dubbo City Regional Airport and Dubbo's central business district. It will also help collect data to help future vehicles detect and avoid kangaroos on our roads. These are exciting trials. This Government is committed to innovation. But I will give credit where credit is due: Those opposite have been trialling a few new ideas of their own. They tried to run a party without a leader for a while. It might have been innovative, but, I tell you what, it was ineffective.

Ms Trish Doyle: Point of order: It is Standing Order 59, irrelevance and a tedious tool.

The SPEAKER: I call the member for Blue Mountains to order for the first time.

Mr PAUL TOOLE: Those opposite might pretend to show an interest in our regions—and we know that is new; we know the akubras have been flying off the shelves in our stores—but in four years time those akubras will still be shiny, they will not have dust on them from the paddocks, they will have dust on them from sitting on shelves in the cupboard. [*Extension of time*]

Mr Ryan Park: Point of order: Sit down.

Mr PAUL TOOLE: And not getting out into the regions.

Mr Ryan Park: Sit down.

The SPEAKER: The member for Keira will sit down. The Minister will continue.

Mr PAUL TOOLE: We know that technology has changed the way that people in urban areas interact with transport. They use apps to plan their trips and they expect to have transport information available in real time. We want to provide the same experience for customers in rural and regional New South Wales. Transport for NSW is currently working with technology providers to develop the capability to give customers on regional buses access to real-time information, including the location and estimated arrival times of services. On the South Coast we are trialling technology to enable the offering of an Opal-type product for rural and regional customers. We are also using new technology to improve road safety to ensure that motorists and pedestrians are safe on our roads.

Across New South Wales we are rolling out innovative road safety solutions including low barriers on road shoulders to stop motorcycle riders sliding under barriers during road incidents. Road safety is everybody's responsibility and we will never stop trying new things—whatever it takes to drive down the road toll. We are investigating new technology to help detect potholes and even log repairs. It will speed up the repair process, ensuring that motorists have safer and smoother trips along our regional roads. That is what this Government is committed to and that is what a good government should aspire to—trying new things and testing new approaches. Those opposite have absolutely no idea at all; they are nothing more than a rabble.

Ms Jodie Harrison: Point of order—

Mr PAUL TOOLE: Members on this side of the House will continue to deliver for the people of regional New South Wales.

The SPEAKER: I note that the Minister has finished his response. Does the member for Charlestown still have a point of order?

Ms Jodie Harrison: No.

PARRAMATTA EAST PUBLIC SCHOOL

Ms PRUE CAR (Londonderry) (14:54): My question is directed to the Premier. At Parramatta East Public School an extraordinary 80 per cent of classrooms are demountables and two new ones are being added. With passion and determination, parents—including Merindah Thornton, who is in the gallery today—have collected 1,300 signatures pleading for permanent buildings. Will the Premier tell Merindah why it is right to deny Parramatta East Public School an upgrade while the Government spends $225 million on a massive blowout at the high-rise school down the road?

The SPEAKER: I point out that the question was testing the limits for a reasonable length of question.

Ms GLADYS BEREJIKLIAN (Willoughby—Premier) (14:55): I have not had a chance to meet any of the representatives from Parramatta East Public School, but I welcome the representative in the gallery and thank all the representatives for their voluntary work in supporting the school community. If it were not for the local P&Cs, our school communities would not be as strong as they are. I thank them for making their representations. I understand that there are capacity issues currently at Parramatta East Public School, but I also know that massive pressure—

Ms Prue Car: They're lining up for the toilets.

Ms GLADYS BEREJIKLIAN: You asked the question; can you be silent and let me answer it? As I was saying, the pressure at Parramatta East Public School will be eased substantially when the new Bayanami Public School, formerly known as O'Connell Street Public School, opens. That school has capacity for 1,000 students and opens for term 1 next year. There is no doubt that when we came to government there was a massive underspend in our schools for a long period. Parramatta is one of the fastest-growing electorates in New South Wales, which is why we are investing hundreds of millions of dollars into that community. As those opposite indicate, there are many new schools and upgrades happening in that electorate. I assure parents that once those schools in the close vicinity—

Ms Prue Car: Point of order—

The SPEAKER: It had better be a good one.

Ms Prue Car: The Premier's comments are clearly irrelevant.

The SPEAKER: The member will resume her seat.

Ms Prue Car: This is not about all schools—

The SPEAKER: The member will resume her seat.

Ms Prue Car: —it is about Parramatta East Public School, where children are wetting themselves.

The SPEAKER: I call the member for Londonderry to order for the second time. The Minister will continue.

Ms Prue Car: They don't have enough toilets.

The SPEAKER: I call the member for Londonderry to order for the third time.

Ms GLADYS BEREJIKLIAN: I assure parents at Parramatta East Public School of a couple of things. First, our upgrading of schools in their community will ensure that pressure is taken off Parramatta East. Secondly, as I understand it, the catchment for the school has been reduced because of new schools in the electorate, which means that students who were previously coming to that school from outside the area will no longer be going there. I appreciate the existing challenges, but I reassure the Parramatta East Public School P&C, the teachers, the staff and the hardworking students that our Government is working hard to open brand-new schools and upgrades in that community, and we recognise that many students were having to travel a longer distance to attend that school.

Mr Paul Scully: Point of order—

The SPEAKER: I hope it is not a point of order on relevance because the Premier is being relevant. Is it on relevance?

Mr Paul Scully: It is relevance.

The SPEAKER: I will not hear it. The Premier will continue.

Mr Paul Scully: We have heard the Premier speak for 2½ minutes and we are yet to hear anything about Parramatta East.

The SPEAKER: I call the member for Wollongong to order for the first time. The Premier will continue.

Ms GLADYS BEREJIKLIAN: It is Education Week and I stress that there are 2,200—

Ms Sophie Cotsis: Children are lining up to go to the toilet.

The SPEAKER: That is enough from member for Canterbury.

Ms GLADYS BEREJIKLIAN: There are 2,200 schools throughout New South Wales and our Government is investing more in upgrading schools than ever before in our State's history.

Ms Yasmin Catley: Point of order: My point of order relates to Standing Order 129.

The SPEAKER: I will not hear it.

Ms Yasmin Catley: But we are talking about a specific school.

The SPEAKER: I have heard enough. I call the member for Swansea to order for the first time. Members will not take points of order on relevance just to interrupt the Premier. The Premier will continue.

Ms GLADYS BEREJIKLIAN: I say to the parents and community leaders who have made the trip to Parliament today that our Government is listening to your concerns. You will feel less stressed and less pressure at your school at the beginning of next year when a brand-new school for 1,000 kids will be opening nearby. The enrolment numbers next year will be less than they have been previously because of the reduced catchment.

The SPEAKER: I call the member for Canterbury to order for the first time.

Ms GLADYS BEREJIKLIAN: I thank you for what you do in the community. Please know that we are listening to your concerns and please know that relief is just around the corner.

COST OF LIVING

Mr MARK COURE (Oatley) (14:59): I address a question to the Minister for Customer Service. Will the Minister update the House on how the Government is reducing the cost of living for citizens across the State?

The SPEAKER: I call the member for Prospect to order for the first time.

Mr VICTOR DOMINELLO (Ryde—Minister for Customer Service) (15:00): I thank the member for Oatley for his question and acknowledge the great work he is doing. He is definitely the best member for Oatley we have ever seen. I say "buon venuti" to all the Italian students from the Italian Bilingual School. I acknowledge that this House appreciates the great work that the Berejiklian-Barilaro Government is doing to drive down the cost-of-living pressures that families across New South Wales are experiencing. Through Service NSW, there are more than 70 rebates and savings together in one location including: CTP refunds, Active Kids, Creative Kids, energy rebates, toll relief and the list goes on. In the past year alone, 1.4 million people have accessed the cost of living Savings Finder tool online.

The SPEAKER: I call the member for Canterbury to order for the second time.

Mr VICTOR DOMINELLO: The people of New South Wales have saved over $900 million.

The SPEAKER: I call the member for Canterbury to order for the third time.

Mr VICTOR DOMINELLO: That is almost $1 billion.

The SPEAKER: I direct the member for Canterbury to remove herself from the Chamber for a period of one hour.

[*Pursuant to sessional order the member for Canterbury left the Chamber at 15:01.*]

Mr VICTOR DOMINELLO: Through our Energy Switch program, more than 57,000 electricity bill comparisons have been made and more than 7,500 households initiated a change of electricity provider. The average annual saving for a switch is $443. Over $150 million in savings have been accessed through the Active Kids and Creative Kids programs, and over 600,000 people in New South Wales have downloaded the FuelCheck

app—I love my FuelCheck app—since October 2017. FuelCheck is one of my babies and I absolutely love it. The people of New South Wales love it. FuelCheck has 4.75 stars in the app and within the app 95 per cent of people have given the thumbs up. The NRMA has said that you can save up to $10 a week, $500 a year. This fantastic cost of living service helps the people of New South Wales understand what they are eligible for. It is a real game changer. Over the past year 26,500 people have had a one-on-one appointment saving, on average, $550.

Mr Mark Coure: How much?

Mr VICTOR DOMINELLO: Five hundred and fifty dollars. I know, it is a lot of money. That is a lot of kiwi fruit. The member for Oatley will be pleased to know that the Hurstville service centre has hosted 650 cost of living service appointments, saving his constituents over $270,000. It is a lot of money. Everyone loves it. It is no surprise that the customer satisfaction for cost of living is 99 per cent—almost perfection. Back to the member's question, I know it is an important question: Are there any alternatives?

[*An Opposition member interjected*.]

Actually, it is true there are no other alternatives.

Mr Greg Warren: Point of order: My point of order is Standing Order 130. The Minister has an intention to debate this matter, which is not only unruly but also out of order.

The SPEAKER: There is no point of order. I thought you had a better one than that. The Minister has the call.

Mr VICTOR DOMINELLO: There is no debate because both sides of the House actually agree they love the cost of living service. Even those opposite love cost of living. The member for Wallsend posted something about cost of living and she said, in capitals, "Please like and share".

Ms Jodie Harrison: Point of order—

Mr VICTOR DOMINELLO: Many people have asked me about the Berejiklian-Barilaro Government's—

The SPEAKER: The Minister will resume his seat.

Ms Jodie Harrison: My point of order is that the question was specifically about what the Government is doing in relation to the cost of living across the State.

The SPEAKER: The Minister is being relevant.

Mr VICTOR DOMINELLO: The member for Wallsend has an active Facebook page. [*Extension of time*]

I congratulate the member, she has 353 likes, loves and wows. She has 138 comments and 379 shares.

The SPEAKER: I call the member for Kogarah to order for the first time. I call the member for Kogarah to order for the second time.

Mr VICTOR DOMINELLO: The member for Wallsend continues to promote our Government's initiatives.

The SPEAKER: I call the member for Campbelltown to order for the first time.

Mr VICTOR DOMINELLO: It will be very hard to displace her. The member for Wallsend is not alone; the member for Gosford says in a post—

The SPEAKER: I call the member for Kogarah to order for the third time.

Mr VICTOR DOMINELLO: —"Breaking news, our brand new Berejiklian-Barilaro Government Service NSW centre in Deepwater Plaza, Woy Woy, will open this Friday 2 August". Again 355 likes, loves and wows.

The SPEAKER: I call the member for Gosford to order for the first time. I call the member for Gosford to order for the second time.

Mr VICTOR DOMINELLO: Forty shares. The member for Gosford has done a great job. All I am suggesting is that she do more of it. If she promotes what we are doing she will have more likes, loves and wows. She is not alone. There are so many, I do not know whether I can get through them. I will mention one. There is one I actually like. I will leave some for later on. I like the member for Cessnock; he is a decent bloke. He went to the effort of paying for an ad to promote Active Kids vouchers and voting for my community. He says in his

ad, "Did you know that all New South Wales schools enrolled children are eligible for the Berejiklian-Barilaro Government's active kids voucher". Thank you very much for all the great work you are doing. [*Time expired*.]

ESSENTIAL ENERGY JOB CUTS

Ms JANELLE SAFFIN (Lismore) (15:07): I direct my question to the Deputy Premier. Given the Government still owns 100 per cent of Essential Energy and given the Deputy Premier's propensity to puff himself up in the bush, why does he not step in and save the jobs of 182 Essential Energy workers in places such as Lismore, Grafton and Port Macquarie? He can give it, he can take it.

The SPEAKER: I could not hear all of the question, so I will ask for it to be repeated.

Mr Andrew Constance: Point of order: My point of order is Standing Order 128 and the various sections under that. I heard the question, and the member spoke about puffing—are you Puff the Magic Dragon?

The SPEAKER: There is no point of order. The reference I heard may have been off script, but it was not out of order. The member for Lismore will repeat her question and I will listen to it very carefully. Then I will make my ruling if there is anything inappropriate in the question.

Ms JANELLE SAFFIN: I am very happy to repeat the question, Mr Speaker, which is directed to the Deputy Premier. Given the Government still owns 100 per cent of Essential Energy—

Mrs Melinda Pavey: That's not what you tell everyone; you say it's privatised.

The SPEAKER: I call the member for Oxley to order for the first time.

Ms JANELLE SAFFIN: —and given the Deputy Premier's propensity to puff himself up in the bush—and I would say that is the phrase in debate; it is factual—why will the Deputy Premier not save the jobs of 182 Essential Energy workers in places like Lismore, Grafton and Port Macquarie?

Mr JOHN BARILARO (Monaro—Minister for Regional New South Wales, Industry and Trade, and Deputy Premier) (15:09): I love the question and I thank the member for her question. I tell you what, I have been trying to find the gym so that I can puff myself up, but I cannot find it, unfortunately.

Ms Yasmin Catley: Point of order—

The SPEAKER: The Clerk will stop the clock.

Ms Yasmin Catley: —if the Deputy Premier wants to have a go at the Minister—

The SPEAKER: What is the member's point of order?

Ms Yasmin Catley: It is Standing Order 73. He should do it by way of substantive motion.

The SPEAKER: I ask members not to feed the Deputy Premier's high-energy response.

Mr JOHN BARILARO: We had a bit of an early start and last night I went back to my apartment and I baked a beautiful lasagne using my grandmother's recipe. I brought it in for the office and I think I do not need puffing up after eating that meal. I thank the member for Lismore for her question because the issue of jobs is important for regional New South Wales. The Premier and I have made a clear commitment in relation to public sector jobs in rural and regional New South Wales, and the protection of those jobs especially in this time of drought. I commend the member for Barwon, who came to see me about this very issue. Unfortunately, the member for Lismore has not come to see me and she has not written to me. The reality is that those opposite come to this Chamber to play politics, which is unfortunate because now we are playing politics with the jobs of real people in regional and rural New South Wales.

Many members of this House, especially members of The Nats in areas like Port Macquarie, Myall Lakes, the Upper Hunter and the Northern Tablelands, have been quite vocal about the decisions of Essential Energy, which is a State-owned corporation, in relation to jobs. I am actually quite angry with Essential Energy. I have met with the CEO of Essential Energy. I wonder whether the member for Lismore has met with the CEO of Essential Energy or whether she has again just come to this Chamber puffed up with a question that is politically motivated. We have also met with the Electrical Trades Union [ETU] to talk through some opportunities for Essential Energy.

I am upset with Essential Energy's Port Macquarie head office when there has been an $11 million upgrade, which I am not happy about and which I have commented about in the press. I have also heard about the executive numbers at Essential Energy, which now has a bigger, bloated executive and fewer rural jobs on the ground. I make no apology that in the press, the media and the public domain we have been quite vocal about the protection of those jobs. I spoke with the ETU overnight in relation to some opportunities and we will continue

to discuss Essential Energy jobs. The difference is that members on this side of the Chamber have been proactive. Members of this Government have been proactive around the protection of these jobs. The reason Essential Energy is 100 per cent—

Ms Jodi McKay: Point of order—

Mr JOHN BARILARO: —owned is that it was The Nationals who fought for not seeing Essential Energy be—

The SPEAKER: The Deputy Premier will resume his seat.

Ms Jodi McKay: I take my point of order under Standing Order 129.

Mr JOHN BARILARO: —part of the asset recycling of this Government.

Ms Jodi McKay: The Deputy Premier can give Essential Energy a direction and keep those jobs, but he is refusing to do that—

Mr JOHN BARILARO: No!

The SPEAKER: That is enough from both of you.

Ms Jodi McKay: —because you walk out there and you say one thing and you will not stand up against the Libs.

The SPEAKER: The Clerk will stop the clock. I call the member for Strathfield to order for the first time for not making a point of order, but instead attacking the Deputy Premier. I also call the Deputy Premier to order for the first time for not resuming his seat when he was asked to do so.

Mr JOHN BARILARO: Did the Leader of the Opposition call a point of order for the Speaker's ruling?

The SPEAKER: She did and she was given the call. She abused that call, therefore she has been put on a call to order.

Mr JOHN BARILARO: Mr Speaker, I did not hear that.

Ms Lynda Voltz: Point of order: The Minister at the table should not debate the Speaker's rulings. Mr Speaker, I ask you to bring the Minister back to order.

The SPEAKER: I was happy to clarify my ruling.

Mr JOHN BARILARO: The Leader of the Opposition is no different from the member for Lismore and many others on that side who are throwing out press releases. Here is my question: Have any of you met with the ETU on this issue? I want to hear the answer. Have you met with the CEO of Essential Energy? No, they have not because they have decided to come to this House to play politics with real people's lives. Can anyone imagine coming to this Chamber of this Parliament to play politics? This is a joke.

Ms Yasmin Catley: Point of order: I take my point of order under Standing Order 129. We are talking about regional jobs, but the Minister is now playing politics.

The SPEAKER: I have heard enough. The Deputy Premier is being relevant.

Mr JOHN BARILARO: I have mentioned Essential Energy in every fifth or sixth sentence and the question was about jobs at Essential Energy. Those opposite have made a decision that we have not done anything. There are a couple of weeks to go before the Fair Work Commission decision on the loss of those jobs. As I said, we have been talking to the ETU and we have been talking with Essential Energy. What is cutting those opposite is that last week the Construction, Forestry, Mining and Energy Union was in my corner, the ETU is in my corner today and next week it will be the Australian Workers Union. New Labor is not old Labor and Labor is starting to lose the support of the unions. They are starting to lose the support—

Ms Yasmin Catley: Point of order—

The SPEAKER: The member for Swansea must make it relevant.

Ms Yasmin Catley: It is Standing Order 129. We are talking about people's jobs. The only job the Deputy Premier is worried about is his own.

The SPEAKER: The Deputy Premier will continue.

Mr JOHN BARILARO: I am actually not worried about my job and I have proved that at three elections. Those opposite have not come to see the Government—any of the shareholder Ministers or me—in relation to this issue. They have chosen to play politics through a press release.

Ms Jodi McKay: Point of order: It is taken under Standing Order 129. Has the Deputy Premier met with the workers?

The SPEAKER: That is enough.

Ms Jodi McKay: Has the Deputy Premier actually met with them to tell them why they are losing their jobs?

The SPEAKER: I call the Leader of the Opposition to order for the second time.

Mr JOHN BARILARO: I have met with the ETU representing those workers and the member for Port Macquarie has met with the workers. Watch this space in relation to Essential Energy jobs.

MURRAY-DARLING BASIN PLAN

Mrs HELEN DALTON (Murray) (15:17): My question is directed to the Deputy Premier. Given every valuable drop of water that is taken away from our communities leads to hardship, will the Deputy Premier continue to support the flawed Murray-Darling Basin Plan and give away another 450 billion litres of water to the Lower Lakes in South Australia, an artificial environment that is already full to capacity?

Mr JOHN BARILARO (Monaro—Minister for Regional New South Wales, Industry and Trade, and Deputy Premier) (15:17): I thank the member for Murray for her relevant question. In the past week, along with the Minister for Water, Property and Housing, after a ministerial council meeting, we have made clear where we stand in relation to water and the Murray-Darling Basin Plan. I do not think we can make our position any clearer. We came out of the ministerial council meeting seeking support from South Australia to consider targets for constraints. South Australia did not support the targets and the Federal Government has not supported the targets but, along with Victoria, New South Wales will have a review in relation to the constraints.

Mrs Melinda Pavey: That is a Labor government.

Mr JOHN BARILARO: Of course, there is a Labor government in Victoria. We have been very vocal. The Minister for Water, Property and Housing and I put out a press release saying enough is enough because we know that we cannot achieve the 450 billion litres of water as part of the Murray-Darling Basin Plan. We said that we will have to consider our position in relation to the plan. Walking away from the plan does not mean that there will be an extra drop of water for irrigators or our communities. That has to be taken seriously. The South Australian water Minister came out and, first, criticised the Minister for Water by saying that she is inexperienced and she has a lot to learn. Secondly, yesterday he challenged the New South Wales Government to walk away from the plan. My message to South Australia is: Do not test us but work with us. Allow us to include some triggers and some flexibility. We cannot give South Australia 450 billion litres of water because we just do not have it. I say to the member for Murray that has been our conversation piece for the past week and a bit.

We have been very strong on it. We recognise the position of the member for Murray and we thank her for her support. This Government is fighting for team New South Wales. We are going to make sure that the Murray-Darling Basin play delivers for all States, not just for the people of South Australia so they can run their yacht regattas on the Lower Lakes. South Australia has some opportunities. The first is to take its desalination plant from being idle to production by turning it on. South Australia probably cannot do it because it does not have the energy, having gone to wind farms and solar farms. If they do have the energy, it would be so expensive that the costs would have to be passed on to South Australian water users. That may be the reason why South Australia does not want the review.

The second opportunity is for South Australia to remove the barrages of the Lower Lakes, which were saltwater lakes, and allow the salt water to return. They are decisions and answers that we need from South Australia. We will need to understand exactly whether it is meeting its target. That is what this Government has been fighting for. The Minister for Water, Property and Housing and I have been vocal, and I know it is on the agenda for Council of Australian Governments at the first Ministers' meeting. The Premier has also been strong in her language and support by fighting for team New South Wales. When we have to make some decisions around the Murray-Darling Basin today and in the future, we will see where the crossbenches and the Opposition stand.

Mr Clayton Barr: You sound like we need a royal commission.

Mr JOHN BARILARO: A royal commission will not deliver a single drop of water. I recall during the election campaign the member for Murray supported a South Australian royal commission recommendation that meant more water for South Australia, and then she backtracked from that position.

Mrs Helen Dalton: Point of order: It is under Standing Order 129. The Deputy Premier is not being relevant.

The SPEAKER: The Deputy Premier is being highly relevant.

Mr JOHN BARILARO: I could not be any more relevant than on the Murray-Darling Basin Plan. We are fighting for team New South Wales. We are fighting for our irrigators. We are fighting for our farmers. We are fighting for our regional communities because water is our lifeblood. We get it; we understand that. We understand there are issues within the Murray-Darling Basin Plan and the truth is if we were not in the midst of the worst drought in recorded history perhaps the Murray-Darling Basin Plan would not be in the spotlight and have the focus it has today. But the drought has shown its shortcomings with the impact of the lack of rain and inflows. I remember that the Minister for Water, Property and Housing mentioned inflows were about 1.5 per cent of average inflows in two or three years running. It is detrimental. We have no water to give and that is why we are saying "no" to the 450 billion litres of water, the 450 gigs. We cannot do it; we have not got the water. We have said enough is enough. There will be no-one stronger than this Liberal-Nationals Government in fighting for regional New South Wales.

STATE ECONOMY

Mr DUGALD SAUNDERS (Dubbo) (15:22): My question is addressed to the Treasurer. Will the Treasurer update the House on the state of the New South Wales economy?

Mr DOMINIC PERROTTET (Epping—Treasurer) (15:22): As we know, New South Wales is the gateway to Australia, and Australia's gateway to the world, and this is particularly true in relation to the importance of our State for trade and investment. The Australian Bureau of Statistics released the international merchandise trade data earlier this week that shows the nation's export growth has begun a downward trend but export growth in New South Wales is increasing. Nominal goods exports were up 5.3 per cent and imports were up 4.8 per cent in the year to June 2019. Japan and China have contributed around 30 per cent and 10 per cent respectively to the annual average goods exports growth from New South Wales. This is a good result, particularly given the recent global trade tensions, which have accelerated over the past month.

Members on this side of the House, unlike those opposite, know it is best to maintain a strong economy and drive growth by lowering taxes because that is what we believe in. We know who does not believe in that any more—the modern Labor Party. It is not me who is saying it; just this week the great Paul Keating said it. He said that Labor lost the Federal election because it was proposing higher taxes and the public supports lower taxes, and Labor does not understand the middle class. There we have it: a high-taxing Federal Labor Party, a high-taxing New South Wales Labor Party and one of Labor's greats disowning his own party. They are so bad they have turned Paul Keating into a Liberal—and a conservative Liberal at that. Construction is an important driver in our economy. Members on this side of the House support that industry. I was disappointed this week because the Labor Party talked down the construction industry in this Chamber. Labor knows that the construction industry has put many members into this place from union memberships. Our great Building Commissioner, David Chandler, appointed by the Minister for Better Regulation and Innovation and the Premier this week, will do a fantastic job.

The SPEAKER: I call the member for Port Stephens to order for the third time.

Mr DOMINIC PERROTTET: We know on this side of the House that a balance is needed with regulation and an independent oversight of certain industries, maybe even the New South Wales Labor Party. I can announce that the Government will also appoint an ICAC commissioner for Labor—a commissioner with beefed-up powers to investigate cracks in the New South Wales Labor Party.

Mr Paul Scully: Point of order: It is Standing Order 129. I appreciate the Treasurer's execution and looking to a better Treasurer than himself earlier, but ICAC has nothing to do with the New South Wales economy and he should be stopped.

The SPEAKER: I have heard enough. I ask the Treasurer to address the state of the New South Wales economy.

Mr DOMINIC PERROTTET: I will. I will talk about coal—an industry that Labor is trying to shut down.

The SPEAKER: I want to hear further from the Treasurer.

Mr Paul Scully: We are not trying to shut down coal; we never would.

Mr DOMINIC PERROTTET: Okay. Great, great. Thank you for that.

The SPEAKER: I call the member for Wollongong to order for the second time.

Mr DOMINIC PERROTTET: In 2019-20 coal royalties will contribute $1.8 billion to the New South Wales budget, as the good member obviously knows. That helps us fund schools, hospitals, nurses, police officers and teachers. I note that recently in Canberra a Parliamentary Friends of Coal has been established. Who was the first person to join?

Ms Kate Washington: Point of order: The Treasurer is flouting your ruling. He is not staying relevant. He is again talking about Canberra when he is meant to be talking about New South Wales.

The SPEAKER: The Treasurer has made it relevant, as I requested. He has tied coal to the New South Wales economy. He is being relevant.

Mr DOMINIC PERROTTET: I congratulate Joel Fitzgibbon on jumping on board. The member for Upper Hunter will chair this new parliamentary friends group. I will also invite the member for Newcastle, and I am sure the member for Cessnock will jump on board. The member for Keira will jump on board. I want the co-chair to be the member for Summer Hill. No? That is unfortunate because you cannot be all things to all people. You cannot be something to the people in Newcastle and something to the people in Newtown. I will make sure, if the member for Summer Hill refuses to sign up, that I write to every single person in the Hunter Valley and tell them that the member for Summer Hill has refused to stand. [*Extension of time*]

The SPEAKER: I call the member for Auburn to order for the first time.

Mr DOMINIC PERROTTET: The Leader of the Opposition will join. In a difficult week I thank the Leader of the Opposition, for whom I have great respect, and I know she will do incredibly well as the Leader of the Opposition. I also thank the member for Kogarah because he showed great dignity and ability when he was not successful. He tweeted "Congratulations to Jodie, our new parliamentary leader. She deserves this win and I wish her nothing but the best."

Mr Paul Lynch: Point of order: I have two points of order.

The SPEAKER: I am waiting for the Minister to sit down.

Mr Paul Lynch: First, the Treasurer is now clearly in breach of Standing Order 129. He has clearly moved away from the question he was asked. The second is his egregious breach of standing orders in not sitting down when a point of order was taken.

The SPEAKER: The Treasurer is being relevant. I am happy to entertain a slight digression. He did sit down, and I waited for that.

Mr DOMINIC PERROTTET: The tweet states, "She deserves this win and I wish her nothing,"—comma—"but the best". I wish her nothing. He went to Princeton; he is an educated man. He knows where a comma is meant to be and where a comma is not meant to be. I say to the Leader of the Opposition the comma of Kogarah is coming.

Mr Clayton Barr: Point of order—

The SPEAKER: The Clerk will stop the clock. I have just given a ruling. I hope the member is taking a different point of order.

Mr Clayton Barr: I take the same point of order because the Treasurer failed to return to the leave of the question after his 30 seconds had expired.

The SPEAKER: The Treasurer has concluded his answer.

ENERGY REBATES

Ms WENDY LINDSAY (East Hills) (15:29): My question is addressed to the Minister for Energy and Environment. Will the Minister update the House on how the Government is continuing to deliver lower energy bills for hardworking families and businesses across the State?

Mr MATT KEAN (Hornsby—Minister for Energy and Environment) (15:29): To paraphrase the Prime Minister, how good is the member for East Hills? In fact, she is the best member for East Hills since the last one! She is doing an outstanding job advocating for lower energy prices for the people of East Hills and New South Wales. The Government is focused on driving down energy prices across the State and it has taken powerful action to do that. In fact, we have already stripped $7 billion out of the energy networks in New South Wales as part of our network reform program that is all about ensuring those costs are not being passed on to households and businesses.

We also have the Empowering Homes Program that gives citizens and households the ability to access cheap, renewable energy through rebates for installing solar panels and battery systems on their homes. It is not

only about cheaper power but also about cleaner power. The Government is doing a number of other things. We also have the Energy Switch program, which I can see Mr Speaker is very excited about. The Energy Switch program is all about empowering citizens to find the best deal to give them the best price on their energy bills, whether they use electricity or gas. That initiative driven by this Government gives households the opportunity to find the best deal that meets their needs. People who have signed up to the program have saved, on average, $400 per annum. I encourage every member who cares about driving down power prices in their communities to encourage their constituents to sign up to the Service NSW website, where they can find the best deal for them to start saving money today.

Those are just some of the proactive and positive changes the Government is delivering to drive down power prices in New South Wales. Many vulnerable people in this State are doing it tough at the moment, which is why we have a number of rebates to make their lives easier. We are delivering over $342 million back to vulnerable families and citizens through a number of rebates, including the NSW Gas Rebate and the Low Income Household Rebate. In July this year the Government introduced a new Seniors Energy Rebate that gives independent seniors in New South Wales $200 off their energy bills every year. That is a great win for our senior citizens. Can anyone believe members opposite did not want the Seniors Energy Rebate to be delivered in this State?

Dr Geoff Lee: Unbelievable!

Mr MATT KEAN: I note the interjection of the member for Parramatta. He is outraged by that. Government members always stand up for our senior citizens. It is not just about delivering cheaper power but also about delivering more reliable energy to New South Wales, which is exactly why the Government has a plan to increase supply in this State. We understand it is important to increase new generation like wind and solar, but it needs to be backed by dispatchable energy. We will back gas and we will also look at other ways to deliver that. I know the member for Myall Lakes is keen to see more baseload power come into the system. We will work to deliver that in a technology-neutral manner. We will not demonise coal just for the sake of it. I say that for the record.

It is not just about delivering reliable power; it is also about delivering sustainable power in New South Wales. That is why we are looking to create new renewable energy zones in New South Wales to bring new energy into the system and create jobs in the regions. We are going to invest in ensuring that we deliver new generation capacity into our regions. We have identified three regions—in the south-west, the Central West and the New England area. The member for Northern Tablelands is very excited about clean, green energy coming into the grid and about new investment and new jobs being created. He is so excited by it. [*Extension of time*]

I am excited about our positive plan to deliver affordable, reliable and sustainable energy for the citizens of this State. The Government wants to make sure that heaters work when people turn them on this winter and that people's power bills are reasonable.

The SPEAKER: I call the member for Wollongong to order for the third time.

Mr MATT KEAN: We want to make sure that families know that their power source is not going to pollute the environment. The Government is focused on those objectives. A lot of people are excited about that. I am pleased that we have got a lot of good feedback from our stakeholders in the energy space. One key stakeholder in the Energy portfolio who provided feedback was in fact a brave union whistleblower from the Electrical Trades Union [ETU]. His name is Mr Paul Lister—the communications manager at the ETU. His tweet last week said, "It is disappointing, to say the least, that the leader of the Opposition backed Ernest Wong over Mark Buttigieg for the New South Wales upper House prior to the last election." Prior to the last election—

Ms Kate Washington: Point of order—

The SPEAKER: The Clerk will stop the clock.

Ms Kate Washington: My point of order is taken under Standing Order 129. I do not understand why the clock has been stopped given that I am entitled to take a point of order on relevance when the Minister is being absolutely irrelevant to the question he was asked.

The SPEAKER: The Minister has been highly relevant for most of his answer. My consistent approach to most answers is to give some leeway. For the answer to the last question on a Thursday I give a bit more leeway. I will allow the Minister to continue for the last 30 seconds, given that he has been highly relevant during the rest of his answer.

Mr MATT KEAN: I am very interested to see that the Leader of the Opposition backed Ernest Wong—who will be a star witness at an upcoming inquiry—over poor old Mark Buttigieg, who is now in the upper House.

The question must be asked: Why was that the case? Why did she back him after the media reported that Mr Wong had been unknowingly cultivated by Chinese intelligence operatives?

Ms Kate Washington: Point of order—

The SPEAKER: The Minister will resume his seat. I could not hear the last part of what the member for Port Stephens said, but I did hear her take a point of order.

Ms Kate Washington: Mr Speaker, you probably did not hear the Minister because he continued to talk after you asked him to stop when a point of order was taken. The last time that happened, you put the Minister on a call.

The SPEAKER: I understand that. What is the member's point of order?

Ms Kate Washington: It continues to be under Standing Order 129. You say you are allowing some leniency, but the Minister is going way beyond anything that should be given any leniency.

Mr Ryan Park: Point of order: Three times today Ministers have refused to sit down after you have explicitly asked them to do so.

The SPEAKER: I have made it clear that when I give a member the call on a point of order the Minister should resume his seat. There are occasions when I have to say it a second time because the Minister is in the course of delivering a sentence. It is my judgement call as to whether they are ignoring me deliberately. The Minister has 15 seconds left to give his answer.

Mr MATT KEAN: Members on my side of the House are focused on delivering cheaper, reliable and sustainable energy for the citizens of this State. Members opposite have serious questions to answer about why they are supporting somebody who will be a key witness in an upcoming ICAC inquiry.

Personal Explanation

MEMBER FOR MURRAY

Mrs HELEN DALTON (Murray) (15:41:0): I seek leave to make a personal explanation under Standing Order 62.

The SPEAKER: I am happy to grant the member for Murray leave to make a personal explanation within the standing orders. If she does not stay within the standing orders I will withdraw the leave.

Mrs HELEN DALTON: I make it known that I did not support the South Australian royal commission into water, but I do support a Federal royal commission.

Bills

REPRODUCTIVE HEALTH CARE REFORM BILL 2019

Consideration in Detail

Consideration resumed from an earlier hour.

Mrs TANYA DAVIES (Mulgoa) (15:42:5): I move amendment No. 1 on sheet c2019-045A:

No. 1 **Counselling and informed consent**

Page 3. Insert before line 26—

7 Counselling required before termination performed

(1) A medical practitioner must, before performing a termination on a person, ensure that the person has been offered the opportunity to receive counselling.

(2) Subsection (1) does not apply if, in an emergency, it is not practicable to comply with the requirements provided for in that section.

The amendment simply gives legal effect to the procedures that the Department of Health already requires. Women faced with an unintended pregnancy or who are pregnant and in a range of difficult circumstances may at some point need to consider an abortion. For many such women, counselling may help to clarify their feelings about their pregnancy and their options as to how to respond to it. Gold standard research by pro-choice New Zealand researcher Professor David Fergusson has established that undergoing an abortion is an independent risk factor for increased mental health problems, including elevated rates of depression, anxiety, suicidal behaviours and substance use disorders. His 2009 study found that over 85 per cent of women who had an abortion reported at least one negative reaction to it, including sorrow, sadness, guilt, grief, loss, regret and disappointment, with 34.6 per cent of women who had an abortion reporting five or six of those negative reactions.

For those women with moderate negative reactions to abortion, it was associated with a nearly 50 per cent increased risk of subsequent mental health problems, compared with women who did not have an abortion. For those with stronger negative reactions, the increased risk of subsequent mental health problems was nearly double. Fergusson concluded that for women under 30, abortion is responsible for approximately 5 per cent of all mental health problems. Further evidence to support the amendment includes a 2008 report for the American Psychological Association Task Force on Mental Health and Abortion in which abortion-supporting psychologists wrote:

> [I]t is clear that some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders, including depression and anxiety.

A 2011 study published in the *British Journal of Psychiatry* found that 10 per cent of mental health problems among women, including 35 per cent of suicidal behaviours, may be attributed to abortion. The findings were based on the combined results of all studies published between 1995 and 2009 that met strict inclusion criteria. The resulting analysis included 877,181 women from six countries. In 2012 the *Medical Science Monitor* published research on the medical records of nearly half a million women from Denmark. It revealed significantly higher maternal death rates following abortion, compared with following delivery. That finding has been confirmed through similar large-scale population studies conducted in Finland and the United States, and it contradicts the widely held belief that abortion is safer than childbirth. In Springfield, Illinois, in 2018 pro-choice and pro-life researchers agreed that abortion contributes to mental health problems for at least some women, according to a new comprehensive review of more than 200 medical studies on abortion and mental health.

There is no disagreement over the fact that abortion may trigger, worsen or exacerbate mental health problems. The main controversy is over whether abortion is ever the sole cause of severe mental illness. The review of abortion and mental health issues identified 12 findings that researchers on both sides of the abortion debate agree on. Some of those include: that abortion contributes to mental health problems in some women; that a significant minority of women have mental health illness from abortion; and that there is substantial evidence that abortion contributes to the onset, intensity and/or duration of mental illness. Closer to home, a report into maternal deaths in Queensland has raised concerns of suicide following pregnancy, particularly after abortion. The Queensland Maternal and Perinatal Quality Council 2013 report noted:

> … suicide was the leading cause of death in women [both] within 42 days after their pregnancy and between 43 days and 365 days after their pregnancy.

There appears to be a significant, worldwide risk of maternal suicide following the termination of pregnancy. In fact, the risk is higher than that following term delivery. The potential for depression and other mental health issues at that time needs to be better appreciated. We need more research and investigation into these issues. Active follow-up of those women needs to happen. Practitioners referring women for termination of pregnancy or undertaking termination of pregnancy procedures should ensure adequate follow-up of those women, especially if the procedure is undertaken for mental health reasons. Professor Michael Humphrey, chairman of the council, said that the number of suicides was a key concern. He also said:

> It's pretty scary. But this is not just happening in Queensland or Australia. The incidence of suicide in relation to maternal deaths is also seen very clearly in reports coming out of New Zealand and the UK. It's a major phenomenon. There's a lot of evidence that a significant proportion of women who have termination of pregnancies do have mental health issues subsequently. Whether they are mental health issues related to the reason why the woman had the termination or whether they're related to regret afterwards, we [just] don't know.

We need to know that answer. It is undeniable that there is a significant weight of evidence demonstrating the link between abortion and mental health illness or distress. Women need to be supported and provided with non-directional counselling as they consider their decision and, far more critically, if they choose to proceed with the termination of their pregnancy. In light of the research, and the common view that abortion is never a trivial decision, it seems incredibly important to ensure that every woman considering an abortion is at least offered the opportunity for counselling. The amendment that I put before the House recognises that the woman should be offered counselling and that all available information should be provided to help her make an informed decision.

The working group that prepared the bill distributed its comments to all the amendments being discussed today. I was very distressed to see its reply to my recommendation on counselling, stating that it is unnecessary. I wholeheartedly disagree with that comment. I have tried to gather as much evidence as possible to demonstrate the need for counselling to be made available to women. I fear that if we simply treat abortion as a straightforward medical procedure and do not fully appreciate the complexities and the trauma—emotional, mental and physical—that some women go through and if we do not adequately provide the support, protection and ongoing help for that woman to recover, we will continue to add to the mental health illness and distress that are growing in our communities.

Last year, as Minister for Mental Health, I stood alongside Premier Berejiklian as we announced close to $90 million over three years for a range of activity and program funding to begin to counter the rate of suicide in our communities. That announcement was framed with the goal of setting suicides in our communities towards zero. As the Premier stated at the time, if we have a goal in relation to deaths on our roads—which we have all agreed should be towards zero deaths—then we should equally be working towards zero suicides in our communities. Given that there is clear evidence globally of the link between abortion and mental health issues and challenges and distress in some women, we ought to ensure that in this historic abortion legislation those women who desire and require emotional and psychological support are granted it. That level of support should be recognised and required in the legislation.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (15:56): I understand what the member for Mulgoa is trying to achieve, but in my view the amendment should be rejected for a number of reasons. For a start, it is extremely prescriptive. It states that before performing a termination a medical practitioner "must" first ensure that the patient "has been offered" the opportunity to receive counselling. You can imagine that a medical practitioner sitting in a room with a woman who may highly likely be extremely stressed but well and truly in command of what she has determined she wants to do would be thinking, "This person does not need counselling, she knows exactly what she wants but I must offer it."

When I was a lawyer I was put in a similar situation with a provision that did not make a lot of sense. As a lawyer, I would sit there and say, "I have to say this to you even though I know that you don't need it and it's probably going to upset you but I am going to tell you." Unfortunately, medical practitioners would be in a very similar situation if we agreed to this provision. More broadly, medical practitioners think about the question of counselling in the normal course of their practice. A good medical practitioner determines whether they need to talk to a patient about counselling and, if they do, they consider when the right time is, how to do it and so on. Forcing doctors to do it does not make sense. The Law Reform Commission in Queensland looked at this issue, and concluded:

> … legislation should not impose a requirement that a woman be offered counselling and be required to attend counselling … It is important that professional, unbiased, confidential and non-judgmental counselling is available and accessible … [but] is better addressed as a matter of clinical practice, rather than by legislation.

The commission also stated: Consistently with treating termination as a health matter, the decision to attend counselling should be one that is made by a woman in consultation with relevant health practitioners.

Furthermore, it said:

> Any legislative requirement in relation to counselling could be an additional barrier to accessing services for some women. It could also give rise to uncertainty regarding enforceability and lawfulness for health practitioners.

The commission also noted that counselling was adequately and appropriately addressed by current clinical practice. I have to say that it is addressed quite adequately in the current public health policy directive, which reminds practitioners that in some situations they should consider offering counselling. For example, if there is a genetic issue, genetic counselling occurs more often than not but again it depends on the particular individual. I indicate on behalf of the working party that brought this bill to the House that we regrettably have to reject the amendment. As per the Law Reform Commission, the amendment may very well not be in the interest of the patients, although the expectation would be that in the normal course doctors as professional medical practitioners would weigh up whether they would offer counselling in those meetings.

I also indicate that there is another amendment, which will be moved later by the member for Ku-ring-gai. He and I have agonised over that amendment, and I am still agonising over it. He had an amendment that addressed this issue as well and we will consider it shortly. At the moment, I am struggling as to whether I will back that amendment. His amendment is better than it was when it started out, but we will have to see what goes on there. At the end of the day it is wrong—W-R-O-N-G—to force somebody to have counselling and it denies the woman's right to determine her own future. In some cases, women would be extremely put off by this. I think it is the wrong thing to do, but so does the Law Reform Commission, so I guess I am in good company.

Debate interrupted.

Petitions

MIDCOAST COUNCIL

The ASSISTANT SPEAKER: The question is that the House take note of the petition.

Mr STEPHEN BROMHEAD (Myall Lakes) (16:02): It gives me great pleasure to speak on this petition. I thank Katrina Stanfield and her group for all their hard work in gathering together 10,000 signatures. I thank the community of Myall Lakes for their interest in this petition and in what the council is doing. I thank

those people in the gallery who are from Myall Lakes for travelling to be here. We do appreciate it. We know how hard it is to get from up there down to here. We from the Myall Lakes live in heaven on earth. The last place we want to be is in Sydney. But on this occasion I thank you for coming. Members will be aware that I have been opposed to the move right from the very start.

The ASSISTANT SPEAKER: I ask those leaving the public gallery to do so in silence.

Mr STEPHEN BROMHEAD: I spoke to the general manager and expressed my opinion not to buy the Masters store and not to move there. I believe the council should have maintained the campus situation and retained the offices in all those towns that make up the MidCoast Council area. My opposition was also expressed in the media. However, the council is made up of 11 democratically elected councillors. Every single one of them voted to buy the Masters store. They then had a gateway process for the move to the Masters store and each time, a majority of those councillors voted to continue on with that gateway. On the last occasion, nine out of 10 councillors voted in favour of it.

Before the council was elected, people were complaining that we did not have councillors. Now we have councillors and it is their role to make these decisions. I cannot tell them what to do and neither can the Government when it comes to this move. Throughout this process I have also asked and written to the previous Minister for Local Government to review that council decision. That review was undertaken and the department said that there was nothing untoward and there were no adverse findings. Recently I organised for a meeting of Katrina Stanfield and Councillor Jan McWilliams, emeritus mayor and Local Government Woman of the Year on two occasions, to meet with the current Minister for Local Government, put their case and present a significant number of documents. Those documents have been reviewed and a review of the decision was again made, looking at what the council had provided and looking at what Katrina Stanfield had provided. The decision was that they found no breach of the legislation.

We are now in a position where we have 11 democratically elected council legislators who have made a decision through a gateway process and who could have voted against it at any time. We have had two reviews by the Office of Local Government. At some point the community and I have to make a decision: Do we keep on opposing something for opposition's sake or do we support our council and make it the best council we can? That is the position we are in now. As I said, we have 11 democratically elected councillors. I do not like their decision but I think I now have to support it because they represent us. We put them in the place to make the decisions. They are the ones who legally make those decisions and therefore I think we really should get behind them now, even though we do not like this decision. We should get behind them, support them and make sure that they can continue and that we make the best of the situation—as I said, make this the very best council we can. There are so many great things the council is doing, but at the same time they do make mistakes. As a government, we have made mistakes as well.

Mr GREG WARREN (Campbelltown) (16:07): I welcome those in the gallery from up around the Myall Lakes area who have travelled the distance. I congratulate them on fighting for something that I know they are truly passionate about. The member for Myall Lakes and I rarely agree on anything, but he was right when he said his Government makes mistakes. It was a mistake to forcibly merge that council and the many other councils around the State. We know that it was bound by ignorance and a dictatorial attitude. This is the situation that the ratepayers of MidCoast Council now face. Make no mistake: This matter is a direct outcome of those forced mergers that were imposed upon councils by the Government. This Government simply conducted no consultation, took no action and ignored the communities around this great State when it took those councils away. This is one example, at a cost of $47 million that the community now has to pay.

The centralisation of the council's administrative staff has not just rubbed a few noisy neighbours the wrong way. There are 11,000 people who have signed this petition. The number of signatories shows that is a huge issue for MidCoast Council ratepayers and the council itself. I congratulate my colleague, the member for Myall Lakes, for tabling this petition—as he should. He should also listen to his community, set his position, stand by the courage of his convictions and do what he feels is right for his community. His community is clearly saying no to this. I accept the resolution of council and the democratic process of local government. The member for Myall Lakes is right to refer to that. But for me as a local member and a shadow Cabinet Minister, standing by the courage of your convictions, putting your stake in the ground and taking no steps backwards is so important.

I also understand and acknowledge there were some concerns regarding the purchase of the site. Regardless of the concerns, we know that council and a large number of ratepayers are at loggerheads. It is disappointing but not surprising that this Government has failed to treat the residents' concerns seriously, particularly in light of the situation and the sensitivities around the forced amalgamations of those councils at the time. During the forced merger debate The Shooters, Fishers and Farmers Party put forward a Legislative Council amendment to exempt MidCoast Council from the restrictions on rate increases. Of course, that amendment was not supported by the Government.

The local member was later quoted as saying the 20 per cent rate rise in the MidCoast Council would have no adverse impact on residents. The local member then tried to walk those comments back by saying it was better than the 50 per cent increase that Taree council had been considering prior to the forced merger. He later negotiated a $50 million grant to the council and a $50 million low-interest loan. Given that the rate increase only delivers $23.7 million and the local member was able to get a $50 million grant from the State Government, it is arguable that the rate rise was unnecessary. If the local member had been delivering for his community he would have made those representations appropriately.

I acknowledge the local member's persistence and consistency with this issue but the community has put together a petition of 11,000 signatures. Those people must be considered; they must be heard and given the respect they deserve. I too acknowledge the important democratic process of local government. It is not my place to impose upon that council. I will of course accept what they decide. That is the democratic process, but in reality the appropriate levels of representations have not been made with the local community and this matter is a direct outcome of the Government's forced amalgamations. That dictates that the Government should step up to the plate and provide that council with the support it needs in terms of finance and good governance. I again congratulate the community for taking a strong stand on something they are passionate about.

Mrs SHELLEY HANCOCK (South Coast—Minister for Local Government) (16:13): I speak on the petition from the MidCoast community regarding the centralisation of the MidCoast Council administrative offices. This petition has been lodged by residents of the MidCoast local government area, and I congratulate them on their work. It is not easy to gather petition of that size. I sincerely congratulate them as a community for bringing attention to this matter and I thank them for their tireless advocacy for their community. I have met with the member for Myall Lakes, Mr Stephen Bromhead, MP, to discuss this matter. I also thank him for his ongoing advocacy on behalf of his community. He is a hard worker. I am advised that MidCoast Council has reviewed the operations of multiple administration offices and looked at possible cost efficiencies by maintaining a single head office location. This is a large expenditure commitment from the council and it is important that the local community is able to have their say on the way their rates are spent.

Councillors are elected to represent their community and their views. It is important that their decisions are in line with the council's long-term strategy and the expectations of local residents. I am advised that the project is being considered by council using a staged gateway decision process whereby council is reviewing the merit of proceeding with the project at different points. I am pleased that this approach gives council the opportunity to consider whether it should proceed at key points along the way. I would urge the council to ensure it is consulting with its residents at every stage of this project to ensure that the residents who elect councillors are being heard and the best outcome for the region is found by working together as a council and a community.

I acknowledge the petitioners' call for a review of the proposed relocation of the administrative offices and its potential impact on the new council's ability to meet community expectations. I have asked that the Office of Local Government closely monitor MidCoast Council in light of the concerns expressed by the community. I am confident that council will have noted that this petition has been tabled. The project and the community's concerns about it remain a matter for council to consider, as the shadow Minister earlier indicated. Ultimately the community will hold their elected representatives to account for the decisions that have been made. All parties involved need to listen to each other and work together to ensure the best outcome for the region is found so the council can best serve the community and represent its views now and for years to come.

Mr JAMIE PARKER (Balmain) (16:15): I speak on behalf of The Greens to strongly endorse this petition and acknowledge it was driven and initiated by the community group No MidCoast Council Move to Masters, with Katrina Pearson as a spokesperson. I note the important role of the independent newspaper *The Manning Community News*, produced by Di Morrissey. I highlight the role of the former Mayor of Great Lakes, Jan McWilliams, and Councillor Peter Epov, who have been a strong voice for the community on this issue. I also thank ex-Mayor of Gloucester Mr John Rosenbaum for his longstanding community support because this is a remarkable petition. This is something that cannot be dismissed by the council. We know in this House that 10,000 signatures is an incredible insight into the feeling of the community. Many in the council dismissed it as being only a minority of the community, but they do so at their peril. As someone who spent 12 years on council and as a former mayor, I know that 10,000 signatures says something is very wrong.

Something is very wrong with the MidCoast Council—either it is not communicating well or this decision is something that should not proceed. The petition makes it clear that there should be a moratorium on the project for the term of the inquiry—something that The Greens support. The request is that the Legislative Assembly undertake an urgent inquiry into MidCoast Council's proposal to centralise its administrative offices; that there be a moratorium on the project for the term of that inquiry; and that there be a forensic examination of financial procurement, strategy and reports relating to the proposal, an examination of the adequacy of community consultation and engagement about the entire proposal, and an examination into whether the cost for the proposal

meets the efficiency thrust of the New South Wales Government's 2016 amalgamation of the Greater Taree, Gloucester Shire and Great Lakes councils to form the MidCoast Council.

Even in the inner city of Sydney, which I represent, the former Leichhardt council—now Inner West Council—would have been greeted with gasps of surprise that this much money could be invested in a facility in a community that does not have the same level of affluence as my community. It is a remarkable decision by the council. The council needs to pay heed to this significant body of people in the community who are saying that they are hostile to this proposal and that it is not a wise expenditure of money. It is important that this Parliament recommends the independence of local government but at the same time we act for our constituents. As the member has indicated, it is important that we speak loudly and clearly in support of this proposal. Hearing what the member and the Minister have said, it seems clear that the Government will not be proceeding with support for an inquiry. It is something that the upper House could, and must, consider. It is clear that this issue requires an additional level of oversight.

This is not a playground or a community centre; this is an enormous investment by the community and I believe we should ask those questions of the council in a very serious way. I thank the member for Myall Lakes for bringing this petition forward. I note that some members have not brought forward petitions that they do not support from their community, but I urge the member to continue his opposition to the proposal and to remain principled in his opposition. The reasons he opposed the proposal correctly have not changed. Just because the council seems intent on proceeding does not mean we should change our views and back a proposal that is inherently problematic.

I know members of this place are involved in a very important debate and are sitting solidly all day today—taking a small break to grab something to eat, I suspect—but I encourage all members to take this matter seriously because we need to ensure that councils make good decisions for their residents. When residents have nowhere else to go they come to us as their local members. I encourage those people who signed this petition to continue their efforts to ensure that we bring this to the attention of the wider community. I counsel those members of the local council who are representing their community that they will be voted out unless they take this issue seriously. That is a warning that every councillor should heed because this petition is a hugely significant step for a community of this size, dispersed over such a wide area. Those members will ignore it at their peril. I commend those who brought this petition to the House. I urge the Government and the member for Myall Lakes to keep their position solidly on the side of the petitioners.

Mr STEPHEN BROMHEAD (Myall Lakes) (16:21): In reply: I am looking at the gallery to see people from Myall Lakes, and I see Katrina up there and Karen Norling. Welcome. The member for Campbelltown spoke about amalgamation. But we should look at the fine detail whenever Labor members say anything. During the election campaign those opposite said that if they were elected they would have a plebiscite, but they neglected to say there would be no financial assistance should there be a de-amalgamation. We know from the Cairns example that that assistance could be as much as $40 million.

We should also look at Labor's track record. In 2003 Labor went to the election saying there would be no forced amalgamations. Within 12 months, Labor passed legislation for super regional councils—for example, Clarence Valley Council was created in 2004 from five councils and two utilities. There was no consultation but councillors were sent a facsimile at five minutes to midnight telling them what was happening, and they were given no financial assistance to do it—it was just done. Labor reduced 174 councils in New South Wales to 154, and gave them no financial assistance.

This Government gave financial assistance, it held public meetings and consultations, and every council was on notice that this may happen from 2012 when they had the mayors and general managers forum at Dubbo. Those opposite said that this Government is not concerned about this issue. The Government was so concerned that, as the Minister said, not only would two reviews be carried out but also the Office of Local Government would keep this council under watch during the process. This petition has highlighted to every one of those 11 councillors who voted in favour of this proposal each time there was a vote and has put them on notice as to what may happen at the next council election. I congratulate all those who signed the petition on what they have done, but at some point they have to say that they have to back our council and support them because we want our council—who are acting for us—to be the very, very best council.

Petition noted.

The ASSISTANT SPEAKER: I thank the guests in the gallery for coming to the Parliament today all the way from Taree. Taree is a beautiful place.

Bills

REPRODUCTIVE HEALTH CARE REFORM BILL 2019

Consideration in Detail

Debate resumed from an earlier.

Mr ALISTER HENSKENS (Ku-ring-gai) (16:25): I speak on the proposed amendment of the member for Mulgoa just to explain my position on it. Whereas I support her amendment in relation to the provision of counselling and I support many of the things she said in relation to counselling, I have put forward my own amendment that deals with this issue. Without any disrespect to the member for Mulgoa, perhaps not surprisingly I prefer my amendment to hers. It would be undesirable for the amendment of the member for Mulgoa and my amendment to be both agreed to and both put into the Act, so I am forced to make a choice. I prefer my amendment to the amendment of the member for Mulgoa.

I bring to the attention of members who are listening to the debate the differences between the two amendments. First, after discussions with the health Minister, my proposed amendment provides some discretion to the medical practitioner to not offer counselling if they think that the clinical circumstances would suggest that that would be undesirable from the patient's point of view. There is an obligation to provide information about counselling but there is an exception where the medical practitioner's assessment is that it would not be beneficial.

Secondly, my proposed amendment also recognises that a pregnant woman's partner is involved and that this is also a stressful circumstance for the partner, and it includes information about counselling to be provided to the person's partner. The third element of distinction between the amendment of the member for Mulgoa and my amendment is that I have a strong view that economic circumstances should never be a barrier to the provision of any medical services. Therefore, my amendment requires that the patient or the person's partner also be informed that there is publicly available counselling, so they do not think that there is any economic barrier to obtaining counselling should they wish to.

My amendment, like the amendment of the member for Mulgoa, does not mandate counselling; it simply requires the provision of information so that the woman and her partner can make a choice about whether they wish to have counselling or not. It is not, therefore, a barrier. If people feel that counselling would be desirable, obviously it is important to that question of choice as to whether to have counselling or not to be informed the following: first, that it is available; secondly, that there is publicly available counselling; and, thirdly, that the partner may also access that counselling. For those reasons, without any disrespect to the member for Mulgoa, I will prefer my amendment over hers.

Mr RAY WILLIAMS (Castle Hill) (16:29): I want to correct something that the member for Wakehurst said prior to the interruption when he stated that according to the Law Reform Council—I think he said—a person cannot be compelled to undertake counselling. That is not what this amendment is about. It is a very simple amendment. All this amendment seeks is that a medical practitioner when meeting with a woman seeking an abortion offers her the opportunity to receive counselling. It provides no more, no less; that is it. It is an offer. I think it is a pretty good offer. If the woman decides she does not want to take up that offer, so be it. It is simply an offer.

The member for Wakehurst incorrectly stated that this amendment would instruct a person seeking an abortion to obtain counselling. That is not correct in any way whatsoever. I make that clarification. This is a very simple amendment which once again should be adopted in a flawed bill. We are going through the bill and moving amendments to it to get it into shape in a short space of time because the bill has been rushed through. I put on record again that the member who introduced the bill said in his reply to the second reading debate that his bill requires amending. Not only does the bill need amending, the member is happy to accept amendments. The House is going through that process now.

Here we are with one of the simplest of amendments. A doctor offers to a lady seeking an abortion, "Do you think you should get some professional help? You are making a very big decision." Does he need to tell the lady that? This is one of the biggest decisions she is going to make in her life; everybody gets that. What a traumatic time that would be in that lady's life. I cannot speak on behalf of a woman but I can speak as a person who does not go and do things blindly and I would seek advice and support. According to this amendment, a woman is going through this very anxious, traumatic moment in her life and the doctor offers her the opportunity to get counselling and that is it. It is absolutely simple. This amendment is so simple that those who proposed the bill could simply accept it into the bill.

I want to go a little further. I said earlier that we are lucky in this House because we are blessed with having some very qualified people. Some of the amendments that have gone through the House have been drafted

by the Attorney General, Mark Speakman. He is one of the supreme legal minds not only in this Parliament or State but in this country. We are fortunate to have him as the Attorney General of New South Wales. He has drafted amendments that contain safeguards: safeguards on behalf of women, safeguards on behalf of unborn babies and safeguards on behalf of anyone who has anything to do with the process of abortion.

Those amendments have been adopted and were supported by the member for Ku-ring-gai, who stated that he has a similar amendment to the one before us. Whichever way it goes, I think we are going to get a soft landing on an amendment that simply offers counselling. I refer to the New South Wales Government policy on health procedures entitled "Pregnancy—Framework for Terminations in New South Wales Public Health Organisations" which currently exists—or it did exist until this morning when the House accepted legislation to remove abortion from the Crimes Act. The current NSW Health policy states:

> Evidence of pre-termination counselling from an appropriately qualified health care professional must be documented as having been offered and a copy of the counsellor's report provided to the treating medical practitioner. Where the medical practitioner provides counselling, documentation of the counselling must be included in the medical record.

The offer of counselling is already there under the current legislation. I support the amendment. [*Time expired.*]

Mr ALEX GREENWICH (Sydney) (16:34): I join the health Minister in expressing the working group's deep and sincere concerns about this amendment. Although those proposing the amendment may be coming from a genuine position of care for a woman in what could be a very difficult decision, the notion that a woman needs to be counselled simply because she is seeking a termination is not appropriate. We do not mandate counselling for any other procedure that is irreversible, such as amputation or vasectomies. Women have the capacity to make decisions about their own bodies without interference and to decide for themselves whether to seek counselling prior to an abortion.

We have addressed the concerns regarding terminations post 22 weeks, all occurring in public hospitals where counselling will be required pre- and post-termination. The fundamental aspect of this bill is to say that a woman should have autonomy over her body and women can make decisions appropriate to them. In response to the previous member's comments, yes, that will very likely include seeking support and advice from loved ones. But to imply that counselling must always be offered assumes that there is always a problem. That is why this amendment is dangerous and that is why it will be opposed by me, the health Minister and the working group.

Mr KEVIN CONOLLY (Riverstone) (16:36): With respect, what the member for Sydney said was nonsense. An offer of counselling makes no such assumption about a person. It is an offer and it is a well-intentioned offer backed by evidence as stated by the member for Mulgoa about the mental health effects that we know occur. It is clinically indicated that this should be something that is available. It imposes no obligation on anybody else. The only obligation is on the doctor to ensure there has been an offer. That is it. I am frankly appalled that members would come into this place and presume to push through a bill of this significance and deny that offer.

Ms JENNY LEONG (Newtown) (16:37): I provide my support for those who oppose this amendment and endorse their words. It is important for us to remember that some of the things that purport to be counselling are promoting a damaging and dangerous agenda to women who are seeking advice about termination. Misinformation is and has been handed to women for decades. As someone who went to a Catholic school, I remember the pamphlet I was given in a year 10 biology class showing the options available to me should I find myself in that situation—and I can tell you they were not genuine options. They were options that purported to be advice, counselling and education but actually were not.

Mr Ray Williams: Point of order: I am loath to take a point of order during this debate but the member has strayed from the amendment, which is about a doctor performing an abortion offering counselling. I ask that the member be brought back to the leave of the amendment.

The SPEAKER: I am not convinced that the member for Newtown has sufficiently strayed, but I remind her of the nature of the amendment. I am happy to hear further from the member for Newtown. As is consistent with other occasions, members are entitled to stray from the strict nature of the bill for a time. The member has not talked about other matters for a long time. I am sure she will return to the amendment in the near future.

Ms JENNY LEONG: We are talking about counselling and I was talking specifically about the kinds of things that are purported to be counselling and support and care and guidance, particularly for young women who may not feel comfortable to get advice from other people around them as a result of the circumstances they find themselves in. It is important that we acknowledge that. Those who propose this amendment have the gall to suggest that we are anti the idea of people being given support and counselling, when in this Chamber time after time we have called for funding to support those suffering from mental health and other issues. That is concerning. I urge those who oppose this amendment to respect our position.

Mr STEPHEN BALI (Blacktown) (16:39): The Reproductive Health Care Reform Bill 2019 talks about the decriminalisation of abortion in New South Wales but it was not designed to stray from those services that are currently available to those seeking abortions today. The amendment before us simply states:

> (1) A medical practitioner must, before performing a termination on a person, ensure that the person—
>
> (a) has been offered the opportunity to receive counselling …

The amendment is designed to ensure that the doctor actually offers counselling. The member for Castle Hill quoted a NSW Health policy and said that the process today is at least to offer some type of counselling. I have looked at a number of service providers currently offering abortion services and I note that each and every one of them states that counselling is part of the process. Macquarie Street Clinic states, "You will be taken through a personal session with a specialised trained counsellor before talking directly with the doctor before performing the procedure." Marie Stopes Australia states:

> Our services provide women with a supportive, compassionate and confidential environment in which to discuss and assess available options.

The member for Newtown suggested that sometimes the woman alone makes the decision about having an abortion, but Family Planning NSW states:

> It can be important to talk about your options with people who are close to you, such as a trusted partner, friend or family member. It might also be helpful to talk to a health worker who has experience in this area to get more information before you make a decision.

If you go to www.abortionsydney.com.au you will find Clinic 66. It is obvious that there is no cover-up of the service this clinic offers. It says, "You will need to be counselled by our doctors to discuss the options for an unplanned pregnancy or you can see our doctor who will go through the options with you. These include continuing with the pregnancy." It is obvious that women seeking guidance on a termination or seeking an abortion at every service provider operating today would be offered counselling services. The woman would not have to take up the offer but currently she would be offered the service.

The only thing I do not like about the amendment of the member Ku-ring-gai is that the doctor makes an assessment on whether to offer counselling. It should be mandatory that all doctors simply ask the question. We are not telling women to go back to their Catholic school, their orthodox school or wherever to seek advice on whether they are allowed to have an abortion. I do not see the offer of counselling services as a major problem. It was an important issue for me in determining whether I would support the bill. From the start I said that because the bill does not replicate current practice, where women are offered counselling when they seek this service, we should make it mandatory for doctors to offer counselling.

Mr Brad Hazzard: Would you support the bill if we put in some counselling?

Mr STEPHEN BALI: You reject 20 weeks and currently it is 20 weeks. The bill does not reflect current practice. If the bill reflected current practice, probably a lot more of us would support the bill. But it does not reflect current practice and therefore amendments are required to make this bill workable.

Mrs TANYA DAVIES (Mulgoa) (16:44): I thank members who have contributed to the debate on this amendment. Some members seem to be confused as they believe the amendment is seeking to force the medical practitioner to ensure that the woman undertakes counselling. I make it abundantly clear that this amendment does nothing of the sort. The amendment is to ensure that the medical practitioner can be completely satisfied that the woman has been offered counselling, and that is it. I refer colleagues to the section on counselling in the NSW Health procedures policy entitled "Pregnancy—Framework for Terminations in New South Wales Public Health Organisation", particularly paragraph 3 on page 3, on pre-procedure issues:

> All women seeking a termination of pregnancy are to be offered counselling. This counselling does not replace but is additional to any genetic counselling that may be indicated.

On page 4 it states:

> Evidence of pre-termination counselling from an appropriately qualified health care professional must be documented as having been offered and a copy of the counsellor's report provided to the treating medical practitioner.

I concur with the comments of the member for Blacktown that we in this place are endeavouring to make amendments to the Reproductive Health Care Reform Bill 2019 so that it accurately reflects the current practices and procedures and that the practices and procedures that are absolutely essential for the health and wellbeing of women are in the legislation and nothing more. I commend the amendment to the House.

The SPEAKER: The question is that amendment No. 1 on sheet c2019-045A of the member for Mulgoa be agreed to.

The House divided.

Ayes 36
Noes 53
Majority.....17

AYES

Atalla, Mr E	Bali, Mr S	Butler, Mr R
Clancy, Mr J	Conolly, Mr K	Coure, Mr M
Crouch, Mr A (teller)	Dalton, Mrs H	Davies, Mrs T
Dib, Mr J	Dominello, Mr V	Donato, Mr P
Elliott, Mr D	Gibbons, Ms M	Gulaptis, Mr C
Johnsen, Mr M	Kamper, Mr S	Lalich, Mr N
Lee, Dr G	Lindsay, Ms W	McGirr, Dr J (teller)
Mihailuk, Ms T	Perrottet, Mr D	Petinos, Ms E
Preston, Ms R	Roberts, Mr A	Sidgreaves, Mr P
Sidoti, Mr J	Smith, Mr N	Speakman, Mr M
Stokes, Mr R	Taylor, Mr M	Tuckerman, Mrs W
Upton, Ms G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barr, Mr C	Berejiklian, Ms G	Car, Ms P
Catley, Ms Y	Chanthivong, Mr A	Constance, Mr A
Cooke, Ms S	Crakanthorp, Mr T	Daley, Mr M
Doyle, Ms T	Evans, Mr L.J.	Finn, Ms J
Greenwich, Mr A	Griffin, Mr J	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Henskens, Mr A	Hoenig, Mr R
Hornery, Ms S	Kean, Mr M	Leong, Ms J
Lynch, Mr P	Marshall, Mr A	McDermott, Dr H
McKay, Ms J	Mehan, Mr D (teller)	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Saunders, Mr D	Scully, Mr P
Singh, Mr G	Smith, Ms T.F.	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

Amendment negatived.

Mr ALISTER HENSKENS (Ku-ring-gai) (16:56): I move amendment No. 1 on sheet c2019-040F:

No. 1 **Requirement for information about counselling**

Page 3. Insert after line 25—

7 Requirement for information about counselling

(1) Before performing a termination on a person under section 5 or 6, a medical practitioner must—

(a) assess whether or not it would be beneficial to discuss with the person and the person's partner accessing counselling about the proposed termination, and

(b) if, in the medical practitioner's assessment, it would be beneficial and the person or the person's partner is interested in accessing counselling, provide all necessary information to the person or the person's partner about access to counselling, including publicly-funded counselling.

(2) Subsection (1) applies in relation to a person's partner only if the partner attends consultations the person has with the medical practitioner.

(3) A medical practitioner may, in an emergency, perform a termination on a person without complying with subsection (1).

This amendment places an obligation on the medical practitioner who is to provide a termination to consider the provision of information about counselling after an assessment by the medical practitioner that such a discussion

would be a benefit, not a detriment, to the patient and their partner. I am told government-funded counselling can be made available and my inclusion of that language in the amendment is to ensure that the persons concerned are aware that there is no financial barrier to them having counselling. I think that is an important social equity consideration. The counselling is not mandatory, it is simply a requirement on a medical practitioner to turn their mind to the issue of counselling and to provide information to the patient as to its availability. In that respect it does not infringe upon some of the concerns of the member for Sydney in relation to counselling.

The drafting of this amendment was done in consultation with those who are moving the bill in a good faith attempt to try to reach an acceptable amendment on the question of counselling. There are several reasons for this proposed amendment. The primary intent behind the amendment is for the care and support of the people involved in the decision to terminate a pregnancy. The Royal College of Obstetricians and Gynaecologists, in its statement on abortion updated in March 2019, made a number of recommendations in relation to abortions. Its second recommendation states "women should have access to professional counselling if … by patient choice".

As a practical matter, a patient cannot choose to have counselling unless the patient knows that it is available. They cannot have counselling if they do not know if they are able to afford to pay for it. This amendment addresses both those aspects of the availability of counselling, which the college says is desirable for the woman. In the contributions to this debate we have heard many stories going to the magnitude of the decision to have an abortion. As I said in my contribution to the second reading debate, there are sometimes very cogent medical justifications for an abortion. Sometimes a fetus for various reasons cannot survive beyond birth and so the mother is carrying a growing fetus which will be born and die shortly after birth, creating unimaginable grief for the pregnant woman and her partner—a grief much greater for some than the anguish of a decision to terminate.

Sometimes a pregnancy can so endanger the life of the pregnant woman that its continuation may kill both the woman and the fetus unless there is a termination. Sometimes couples who greatly want a child are confronted with the reality that an abortion is unwanted but is the best medical outcome in the circumstances. Two parties to a relationship can be impacted by those situations, which is why my amendment extends to counselling for both concerned parties in those circumstances. Obviously, there are many circumstances that currently lead to a decision to seek a lawful abortion. I remind the House that in New South Wales abortions number about 30,000 per year, so this is a significant issue for the community. Women as young as 14 years of age have the legal capacity to consent to a medical procedure under section 49 (2) of the Minors (Property and Contracts) Act 1970. These young and sometimes vulnerable women can have a legal abortion under the current law in circumstances where they may not have any family or other support because of their particular circumstances.

They may not be able to tell their parents. They may not be able to tell their friends. Their need for a responsible person to give them some psychological support at this time can be very great. However, it is not necessarily given in the current circumstances. The current law does not require them to be given information about counselling and public funding for counselling. This bill, as currently drafted, continues that situation. If this amendment is included in the bill it would be a great improvement on the status quo in this area. The counselling can be before or after the termination under current public funding through Medicare. It should be noted that in clauses 3.1 and 3.2 of the health Minister's NSW Health policy directive entitled "Pregnancy—Framework for Terminations in New South Wales Public Health Organisations" counselling is indicated at all stages of the pregnancy. Clause 3.1 states:

> All women seeking a termination of pregnancy are to be offered counselling.

Good medical practice is consistent with the amendment and is consistent with the position paper of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. I should address one concern that has arisen, that of the person's partner and their inclusion in the amendment. Proposed subsection (1) of the proposed section in amendment No. 1 makes it clear that the medical practitioner is obliged to assess all of the circumstances before they are required to give information about counselling. Proposed subsection (2) makes it clear that there is only an obligation to give that information to the person's partner if the partner attends the consultation with the medical practitioner. There is no special duty to the person's partner absent their presentation to the medical practitioner in a consultation.

For these reasons I do not believe that this amendment is of concern with regard to what can sometimes be quite abusive relationships between a woman and their partner. This amendment is entirely neutral on that matter. It leaves it to the medical practitioner to make an assessment of the circumstances. The obligation on the medical practitioner is only to provide information if the circumstances warrant it. For those reasons, I believe that this amendment is entirely flexible to deal with all circumstances of concern that have been raised with me. I encourage members to support the amendment because I think it makes a real change. A lot of lawful abortions are happening in New South Wales now. This will make it better for those involved, and that is why I move the amendment.

Ms TRISH DOYLE (Blue Mountains) (17:03): I speak against the amendment. I am concerned about a few things: first, we do not seem to trust that doctors can do or are doing their job already and, second, the language around "offering" advice, being "given" advice, "must offer" advice. People do not need a law to tell them that they need counselling. On the counselling issue, there are health guidelines governing medical practitioners. Doctors already make an assessment. This is an unnecessary amendment. Any treatment that the person or persons under the care of a doctor may require, including counselling, already sits within the guidelines. I remind members that we have already discussed informed consent.

In any area of medical practice where there may be distress or concern, referral should be considered and offered, but that suggestion or offer of counselling can be made separately and must not be a joint requirement. We do not need to legislate for that. If it has not been done already, then it is likely a result of the decision-making of the individual doctor exercising their clinical judgement and not a reflection on what is best practice overall. Any requirement for counselling may suggest that the woman involved does not know her own mind or that her decision to terminate is somehow wrong; there is a judgement.

I will go to the substance of what I really need to say, which is including a person's partner, with all due respect. We know that late second trimester and third trimester abortions are very rare. They happen in the most devastating of circumstances in what are usually wanted pregnancies. It is a heartrending decision for a family or couple. I can only imagine the heartbreak it involves. I am not sure how I would have coped had it been me in that circumstance. As devastating as those circumstances are, it is even worse for some women. We are presupposing that a partner exists. Some women are not in loving relationships with supportive partners or are without family or other support networks. In fact, some women are in even more difficult circumstances, involving violence, coercion and control.

If passed, the amendment would have serious repercussions for women who may be experiencing family or domestic violence. Many of these women are unable to attend appointments without being accompanied by an abusive partner, especially when an aspect of that abuse is coercive control. The repercussions of delaying a termination sought by a woman on the basis that her partner—who may have attended the appointment against her will—wants to seek counselling, are significant. If she is appropriately screened, her circumstances may mean that she is able to access help, but the amendment risks giving abusive partners more control. In situations of domestic and family violence, the amendment is dangerous.

From a recent study conducted by Children by Choice in Queensland, we know that abusive partners are more likely to coerce a woman into a pregnancy and into continuing a pregnancy, rather than coerce her to have an abortion. Inviting that partner to further surveil a pregnant woman in medical appointments could actually endanger the woman. Such a requirement may also suggest that if the partner wants to delay or argue against the termination, when they have standing to do so, the woman's wishes are secondary to that. We must take that into account.

I understand that grief for partners is real and life changing. Professional help might be needed, but it cannot be legislated in this circumstance and no other. We must respect that some people will not want it. The Queensland Law Reform Commission reported on this. For the benefit of members I lay upon the table its conclusive remarks. The commission notes that no other Australian jurisdiction requires anyone to attend counselling before or after a termination. It details that clinical guidelines recommend it be offered, but not mandated. I think the language in this amendment is problematic and I do not support it.

Mr KEVIN CONOLLY (Riverstone) (17:09): I support the amendment because it makes the bill slightly better.

Mr EDMOND ATALLA (Mount Druitt) (17:09): I have been listening to contributions on amendment after amendment. I would have thought that members supporting the bill would want to improve it but I cannot understand the logic of those opposing the amendment by saying that they do not support compulsory counselling. The amendment is not about compulsory counselling. The "must" is for the practitioner to assess whether or not it is beneficial for a person and their partner to access counselling. The amendment states that it is up to the doctor to decide whether or not to ask the pregnant lady whether she requires counselling; it is not "must attend counselling". I understand there is a problem with the reference to the partner in the amendment. But it states:

> Subsection (1) applies in relation to a person's partner only if the partner attends consultations the person has with the medical practitioner.

Therefore, it is up to the person seeking the abortion to involve her partner or not. Subsection (2) makes it clear that it does not have to be compulsorily discussed with the partner. I do not understand the logic behind opposing the opportunity for a doctor if he or she sees a need to offer counselling.

Ms Trish Doyle: It is an unnecessary amendment.

Mr EDMOND ATALLA: It may be unnecessary, but I think it improves the situation for the person seeking abortion and it clarifies to the medical practitioner whether or not the person is in a position to seek abortion. In the absence of this provision in the bill, it could be interpreted that the medical practitioner does not have the option to refer someone to counselling. It is beyond belief and a big mistake that such a logical amendment to improve the bill, which I do not support, is being opposed.

Ms JENNY LEONG (Newtown) (17:12): I put on the record my concerns about this amendment, which is definitely an improvement on the earlier one. Looking at counselling and the impact of mandatory counselling, we must be clear that women should have the right to make decisions about their bodies without interference, including the decision to seek counselling or not. As the member for Blue Mountains said, suggesting counselling implies that something is wrong. As is the case in some cases, abortion might not be a traumatic decision; it might be a really simple decision. Suggesting counselling to some people can make them feel as if they are making a decision that is not in their best interest or is wrong. Obviously, there are concerns about that.

Significant law reform processes in Victoria and Queensland have looked closely at the issue and concluded that neither counselling nor referral to counselling should be mandated. I acknowledge that this amendment attempts to address that concern, but it is important to see what has happened in the slippage of the amendment. It is one thing for the doctor to discuss with the person whether or not counselling would be beneficial for them—that is an improvement on the previous amendment—but adding in the person's partner to that consideration is another thing. If a woman is going to her doctor, the woman is the one seeking the support and treatment, not her partner. Even when I go to the doctor with my three-year-old daughter, I have to make two separate appointments: one for the care and support of her and one for me.

All of a sudden this amendment contains a requirement for the partner, which has no foundation in any current NSW Health guidelines about counselling. I appreciate that policy suggests counselling for terminations in certain circumstances, but it never mentions the partner. It is important to remember that that is the case because sadly we have created systems in our society that have unintended consequences of allowing coercion of women to not make the decisions they want to make, to pressure them into making certain decisions, because our systems do not address domestic violence appropriately. When I was pregnant my general practitioner gave me a screening test. It is important to recognise that everyone goes through the screenings. This State has had established practices for domestic violence screening for over 15 years.

The NSW Pro-Choice Alliance has concerns about the amendment's impact on the limits of confidentiality for the pregnant person: They may not want their partner to be involved in counselling, but the partner may have turned up for coercion. Maybe there are threats behind the scenes for the partner to be there. We do not know any of it. But the idea that the practitioner must consider counselling for the partner adds something to the mix that should never be there. It is important to acknowledge that when someone has a termination it has an impact on their partner—it absolutely does. The way to solve it is by funding counselling for people in our community, not by moving an amendment that undermines the best intentions of, and good practice around, domestic violence screening in this State.

We can come back tomorrow, next week or sometime in the future and fund better counselling for people in our communities so that they can get the mental health support they need. Introducing it in the bill is not the solution to that. The idea of domestic violence perpetrators being somehow included when a woman is making the tough decision to terminate her pregnancy has the potential to cause real harm.

Mrs TANYA DAVIES (Mulgoa) (17:17): I speak to the second amendment about counselling and I am happy to support it. I take on board the comments from members about the inclusion of the partner in counselling; that is something we must consider. But I place on record that I am very annoyed and that I have reached the limit of my tolerance as the member for Newtown continues to twist my words in this debate. I will give members an exact example from the contribution that she just made. She insists that I have been demanding that women must have counselling. If members were listening to my contribution to my amendments, they would know that I made it abundantly clear that I was only insisting that the offer of counselling is made. Once again I correct my record, which the member for Newtown is continually attempting to twist: I have never, ever in this place insisted that a woman must have counselling, only that she must be offered the opportunity for it.

Ms JENNY AITCHISON (Maitland) (17:19): I speak against the amendment. As former shadow Minister for the Prevention of Domestic Violence and Sexual Assault, I read the case of the only woman in recent memory—in 2017—to have been convicted under the Crimes Act. From my experience of listening to women who have been exposed and experienced domestic and family violence, that case screamed to me that that is what it was. It was not enough to prevent her from being charged. I agree with the member for Newtown that screening for domestic and family violence is available for pregnant women, but it does not always pick it up.

We know that perpetrators of domestic and family violence are often very well practised in covering their behaviour. One of the things that covers that behaviour is the appearance to the outside world that they are a supportive, loving partner. What would a supportive and loving partner do when a woman is having a termination? He would turn up at the doctor's with her. We know from that case that the partner wanted her to have an abortion, did not want her to have an abortion, wanted her to have an abortion—to the extent that after service was refused she accessed pills from the internet, which resulted in a terrible outcome.

This is very, very dangerous. Counselling should not be a barrier, nor should it be used to support those perpetrators in their attempts to get the rest of the world on their side by claiming that a woman is not standing on her own—no-one will believe that they are a perpetrator. It is really important, especially if this amendment is read in conjunction with the member for Mulgoa's proposed amendment No. 8 on sheet c2019-042. She said—and I hope I am not misquoting the member—that a reason for putting in a referral to Family and Community Services of a risk of serious harm is that a perpetrator of sexual assault or sexual violence against a young person under the age of consent would turn up with them to an appointment. Here we have a situation where it is very likely, and there is a very reasonable assumption, that an abusive partner will turn up at the doctor's.

The scenario would go like this: The doctor would say, "I think you should both go to counselling." In the car on the way home the perpetrator would then say, "See, they think what I'm doing is right. They think what's happening is right and they want you and me to do the right thing." This insidious emotional violence will be facilitated by this amendment. I urge members not to support it. As a final example of how insidious this type of emotional abuse is, I heard members in the Chamber yesterday—and it made me so angry—speaking about that case as the partner "urging her to have an abortion". They did not refer to it as her being subjected to reproductive coercion. They did not refer to it as domestic violence. If my learned colleagues in this place do not understand that distinction then I think we need to be very clear about not facilitating victims' perpetrators being offered counselling.

Ms ELENI PETINOS (Miranda) (17:24): I seek leave to move an amendment to amendment No. 9 of the member for Ku-ring-gai on sheet c2019-040F, based on the debate in this Chamber and the concerns expressed by some members of having the person's partner in the room.

Leave granted.

Ms ELENI PETINOS: I move:

That the amendment be amended by leaving out:

(1) The words "and the person's partner" in paragraph (1) (a).

(2) The words "or the person's partner" wherever occurring in paragraph (1) (b).

(3) Paragraph (2).

I suggest this amendment to the amendment because so many speakers before me have made it clear that they are not entirely opposed to the amendment moved by the member for Ku-ring-gai and the concept that women should have access to counselling where a medical practitioner deems it to be appropriate. Whether members believe that such counselling should be mandatory or considered by the medical practitioner, it is clear that no member wants to stand in the way of a female who would like access to further support. I believe that members truly do want to support women going through a difficult time. With this in mind, I ask members to consider supporting this amended provision.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (17:26): It is an interesting and challenging decision. On the substantive issue of counselling I acknowledge that this has been a very unusual, a very emotional and a very difficult debate. I have waited 28 years to see this legislation and debate come to this House. I cannot stress how impressed I am at how honestly and sincerely everyone is putting their views. As health Minister, this amendment presents some difficulties for me because, as has been pointed out by my friend the member for Ku-ring-gai, the health protocols around termination of pregnancy indicate an expectation that there will be counselling. I understand the arguments that have been put forward by my colleagues in the group that brought the bill to the House, as well as the various women's groups who are very concerned about the suggestion or implication that a woman might not know her own mind. I was sitting here and thinking that I would have to vote against the amendments of the member for Ku-ring-gai, which was really worrying particularly because of the potential domestic violence aspects and potential coercive relationships.

However, I think that the majority of members will agree with the member for Miranda's amendment to the amendment—members will vote on that first—that removing the words regarding the partner being present is a good thing. I should not to be presumptive, but I think that many members will support the amended amendment. The next issue will then become what we do with the member for Ku-ring-gai's amendments once these references to the partner have been removed. When it gets to that stage I will have trouble and all members will have to

reconsider the issue. There will still have to be a vote on the substantive amendment moved by the member for Ku-ring-gai. He is not suggesting that there must be counselling, but simply that it must be in the doctor's head. That is probably something that most doctors would do. It is something that we expect them to do—not necessarily to give it, but to at least think about it. As health Minister I have heard, at least from some women who have come to me, of women in terrible situations who were not even offered any counselling. I am not saying that they should have been, but I would like to think that the doctor was at least thinking about it.

When it gets to that point, I will—not with glee, but just because I think it is the right thing to do—support my colleague the member for Ku-ring-gai on the substantive amendment. I think we should all say it is a damn good thing to get the partners aspect out. Once we get to the next part each of us has to then form, on conscience, our own view. I put that on record because I want some of my friends in the gallery, who know that I have been strong supporter of bringing this bill to the House, to understand that I hope I am not letting them down. I hope I am doing the right thing. That is what we are all trying to do. And so, I will back the amendment when we get to that point.

Mr ALISTER HENSKENS (Ku-ring-gai) (17:30): I wish to clarify something because I do not want members to unnecessarily take time over an amendment by the member for Miranda that I agree to.

The SPEAKER: I clarify for the benefit of the House that the procedure from here, once everyone has made their contribution, is to put the member for Miranda's amendment to the member for Ku-ring-gai's amendment. If that is passed, as I anticipate it may be, then the member for Ku-ring-gai's amendment will stand, inclusive of the changes moved by the member for Miranda, and that will then be put to the vote.

Mr ALEX GREENWICH (Sydney) (17:31): This has been an important debate, and I thank the member for Ku-ring-gai for the intention behind his amendment. I also thank the member for Miranda for addressing the concerns that many members have eloquently raised here. To those concerns which I have addressed in my comments previously, this amendment—as the member for Newtown said—is an improvement on the one that we debated previously. I support the member for Miranda's amendment to the amendment but, as the member for Ku-ring-gai knows, I still have concerns even about the amended amendment in relation to the issues that I and others have canvassed. I thank others for their contribution to improving this amendment.

Mrs LESLIE WILLIAMS (Port Macquarie) (17:32): I will make a brief contribution. I thank the member for Miranda for moving the amendment to the member for Ku-ring-gai's amendment. There were certainly concerns with regard to the partners in the original amendment, as I have previously discussed. Like the member for Sydney, I certainly believe that this a vast improvement on the previous amendment with regard to counselling. I thank both the member for Miranda and member for Ku-ring-gai for agreeing to those changes.

Mr ALISTER HENSKENS (Ku-ring-gai) (17:32): I thank the members for the electorates of the Blue Mountains, Mount Druitt, Newtown, Maitland, Miranda, Wakehurst, Sydney and Port Macquarie for their contributions to the debate. As I made clear in my initial address, the amendment to the bill as currently drafted by me was certainly not intended in any way to facilitate any circumstances of domestic violence. I did not think that it did and I am still not entirely persuaded that it did, but in any event I agree to the amendment because I have listened to my colleagues and I think this process is important for us to get an idea of how people feel about an amendment.

I will say three things in reply. The first is that I do not recall any substantive opposition to the amendment once the words "and the person's partner" are taken out, which I agree to. The second is that although NSW Health protocol requires counselling now, the greater majority of terminations of pregnancies in New South Wales occur outside the control of the Ministry of Health. They are by and large conducted in private facilities which are not governed by NSW Health guidelines. That is the reason why this amendment is so important.

This is the last chance for members to include in the bill some advice about counselling and the availability of counselling. It is not mandatory; it is optional. It is simply the provision of information about counselling. It does not constitute any barrier in terms of the process. It is wholly facilitative so that if a woman feels that she needs counselling, at least she has information as to its availability and that it can be publicly available and provided for if she does not feel that she could possibly pay for counselling. If the woman does not wish to avail herself of the opportunity, it does not in any way slow down the process. It is not mandatory counselling, as some members have suggested.

All this amendment does is provide important information to the persons involved in the termination so that they can get whatever support they feel may be necessary. It may not be necessary, but this amendment would at least give them the opportunity to know that there is support. My life experience is that when girls I went to school with had terminations of their pregnancies, they were very young and they were not necessarily able to tell their families about it. All the provision of counselling gives them is a person who can provide them with support

about their choices, whatever they may be. That is an important thing for people who are particularly vulnerable in that situation. I encourage members to support the amendment with the improvement moved by the member for Miranda.

The SPEAKER: The question is that the amendment of the member for Miranda to amendment No. 1 on sheet c2019-040F of the member for Ku-ring-gai be agreed to.

Amendment to the amendment agreed to.

The SPEAKER: The question is that amendment No. 1 on sheet c2019-040F of the member for Ku-ring-gai as amended be agreed to.

The House divided.

Ayes 53
Noes 34
Majority.....19

AYES

Anderson, Mr K	Atalla, Mr E	Bali, Mr S
Barilaro, Mr J	Berejiklian, Ms G	Clancy, Mr J
Conolly, Mr K	Constance, Mr A	Cooke, Ms S (teller)
Cotsis, Ms S	Coure, Mr M	Crouch, Mr A (teller)
Davies, Mrs T	Dib, Mr J	Dominello, Mr V
Elliott, Mr D	Finn, Ms J	Gibbons, Ms M
Griffin, Mr J	Gulaptis, Mr C	Hazzard, Mr B
Henskens, Mr A	Johnsen, Mr M	Kamper, Mr S
Kean, Mr M	Lalich, Mr N	Lee, Dr G
Lindsay, Ms W	Marshall, Mr A	McGirr, Dr J
Mihailuk, Ms T	Pavey, Mrs M	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Provest, Mr G
Roberts, Mr A	Saunders, Mr D	Sidgreaves, Mr P
Sidoti, Mr J	Singh, Mr G	Smith, Mr N
Speakman, Mr M	Stokes, Mr R	Taylor, Mr M
Toole, Mr P	Tuckerman, Mrs W	Upton, Ms G
Ward, Mr G	Williams, Mr R	Williams, Mrs L
Wilson, Ms F	Zangari, Mr G	

NOES

Aitchison, Ms J	Ayres, Mr S	Barr, Mr C
Car, Ms P	Catley, Ms Y	Chanthivong, Mr A
Crakanthorp, Mr T	Daley, Mr M	Doyle, Ms T
Evans, Mr L.J.	Greenwich, Mr A	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hoenig, Mr R	Hornery, Ms S	Leong, Ms J
Lynch, Mr P	McDermott, Dr H	McKay, Ms J
Mehan, Mr D (teller)	Minns, Mr C	O'Neill, Dr M
Parker, Mr J	Piper, Mr G	Saffin, Ms J
Scully, Mr P	Smith, Ms T.F.	Tesch, Ms L
Voltz, Ms L	Warren, Mr G	Washington, Ms K
Watson, Ms A (teller)		

Amendment as amended agreed to.

Dr JOE McGIRR (Wagga Wagga) (17:46): I move No. 1 on sheet c2019-043D:

No. 1 **Conscientious objection**

Page 3, proposed section 8, lines 37-43 and page 4, lines 1-18. Omit all words on those lines. Insert instead—

8 Conscientious objection

(1) A registered health practitioner may refuse to perform a termination, assist in the performance of a termination or otherwise facilitate the performance of a termination if the health practitioner has a conscientious objection to the performance of the termination.

(2) A medical practitioner who refuses to perform a termination, assist in the performance of a termination or otherwise facilitate the performance of a termination under subsection (1) must inform the person who requested the termination of the conscientious objection as soon as practicable after the request is made.

(3) Subsection (2) does not apply to a medical practitioner who refuses under subsection (1) to assist in the performance of a termination or otherwise facilitate the performance of a termination if the medical practitioner is not involved in consultations, or otherwise have any contact, with the person about the termination.

(4) A registered health practitioner who refuses to perform a termination, or to assist in or otherwise facilitate the performance of a termination, because of a conscientious objection is not, because of the refusal—

(a) in breach of any duty, however imposed, or

(b) otherwise in contravention of any law of the State.

I am introducing this amendment to the Reproductive Health Care Reform Bill 2019 because I believe the provisions of the proposed legislation in relation to conscientious objection are highly problematic regarding the duties being imposed on practitioners and may run counter to the intention of the bill. Under the bill, if a medical practitioner has a conscientious objection either to termination in general or to termination under certain circumstances, such as after a particular gestational age, for gender selection or for non-health reasons, they are duty-bound to refer the patient to a medical practitioner or a health service provider who does not share that conscientious objection and will provide the service. I say at the outset that our focus in this debate must be the women affected and the care they receive.

Other people including practitioners are affected by the legislation and they deserve some consideration especially where it may affect the care women receive. I have three main concerns with the existing provisions. Firstly, they go well beyond what is currently required and accepted as professional conduct. Secondly, they may negatively affect many practitioners and therefore their relationships with patients and the care patients receive. Finally, we should not be relying on a medical practitioner who has an objection to provide information to people requesting a service and it is not generally necessary to do so. I will deal with those points in turn. I refer to the Medical Board of Australia's code of medical conduct, section 2.4, which states:

> Your decisions about patients' access to medical care need to be free from bias and discrimination. Good medical practice involves:
> …
>
> 2.4.6 Being aware of your right to not provide or directly participate in treatments to which you conscientiously object, informing your patients and, if relevant, colleagues, of your objection, and not using your objection to impede access to treatments that are legal.
>
> 2.4.7 Not allowing your moral or religious views to deny patients access to medical care, recognising that you are free to decline to personally provide or participate in that care.

Neither of these clauses specifically requires a medical practitioner to make a referral. They clearly require a medical practitioner to not impede access to medical care. I believe that the current bill requires medical practitioners who have a conscientious objection to go further than not impede care and to make specific referrals to a provider of the service, including in situations where it may not be a matter of medical or health care.

Termination is not the only procedure to which a medical practitioner may have a conscientious objection where the procedure is legal and even normalised in some jurisdictions and we should ask if it would be reasonable to have the same requirements for these other procedures; for example, a procedure that is still legal—male circumcision. If a medical practitioner has a professional objection to performing medically unnecessary circumcision is there a duty to find a willing doctor to do that operation? If a patient requests a procedure such as a hip replacement and a medical practitioner believes that it is not required and may, in fact, be detrimental to a patient's health, the doctor is not required to refer the patient to another practitioner who will definitely provide that procedure. Of course, the doctor should facilitate access to a second opinion. The code of conduct is clear and the profession accepts it. The legislation goes well beyond the code.

My second point is that I believe this legislation will negatively impact on the wellbeing of genuine practitioners who have a profound conviction that termination is not always right, particularly when not done for health reasons, and therefore this will affect their ability to care for patients and may affect the doctor/patient relationship. Using the law to force such a person to actively collaborate by finding a doctor willing to undertake a termination is a very drastic measure and one that impacts on the genuine beliefs of many practitioners. It is a matter that seriously concerns medical practitioners who have a conscientious objection. That brings me to my

third point. The duty to refer should not be necessary to ensure patients have access to sufficient information; much information is already available. The website of Family Planning NSW states:

> You do not need a referral for an abortion. You can get advice from your local Family Planning clinic, Family Planning NSW Talkline or the Children by Choice website about the clinics near you.

Information regarding termination services in New South Wales can be found via Family Planning NSW or a number of alternative service providers. If further education and information is required, the Government should provide it. I believe it is counterproductive to be reliant on a practitioner to provide the information required, especially when that practitioner has a conscientious objection. So my third point is: Is it necessary and, in fact, could it be counterproductive?

Before concluding I make the comment that in the proposed amendment the reference to "otherwise facilitate the performance of termination" is intended to include referral to another practitioner. I also note that a concern has been raised in the notes to the proposed amendments that this amendment would allow a practitioner to not provide a termination in an emergency where that termination was necessary to save the woman's life. On that point, there are clear requirements for medical practitioners in relation to professional conduct and clear duties to provide emergency and urgent care. However, I also note that in the current amendment before the House I have retained the subsection that states:

> This section does not limit any duty owed by a registered practitioner to provide a service in an emergency.

In the amendment that was circulated previously that section was not included; in the amendment now before the House that section would be included. I believe that addresses the concern that the proposed amendment may not lead to a termination in an emergency situation. Finally, I note that there is a foreshadowed amendment that attempts to clarify the proposed legislation by adding the words "give the person information about". I am concerned that this is vague and may well be counter to the intention of the Act as it does not specify the nature of the information to be provided.

I believe we should allow those medical practitioners who conscientiously object to remove themselves from the situation. We should also ensure the appropriate information is widely available through the Government. In summary, the provisions in this bill go well beyond what is currently accepted professional practice, they may badly impact many general practitioners and their patients and the care they can provide, and they are unnecessary and may lead to inappropriate information being provided to the people who are the concern of the bill, the women who are affected.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (17:55): I thank the member for Wagga Wagga for his comments but I make it 100 per cent clear, in fact 1,000 per cent clear, that a conscientious objection by a doctor should not stop the doctor giving to his patient the appropriate referral or some information to go and get appropriate medical care on anything. I have heard some constituents of the member for Wagga Wagga express very strong concerns about the inability in Wagga Wagga for people to receive the care they need—they are not being referred on to doctors or they do not have access to services dealing with contraception and so on. I feel very strongly that everybody is entitled to their religious and spiritual views—I have mine. When I was a lawyer, if I had allowed my religious views to get in the way of giving my clients the best legal advice possible I probably would have been up before the Law Society. It is exactly the same for doctors; doctors have an obligation to ensure their patients are referred.

We have had a good discussion about conscientious objection and I think we all believe that everyone is entitled to have a conscientious objection, but how does a doctor deal with that? If this amendment does not get up, another amendment will be moved by the member for Port Macquarie, which will highlight the fact that there can be a slight change in the bill to make it clear that a doctor who has a conscientious objection does not have to give a written referral, does not have to pick up the telephone, does not have to do much, but does have to say, "Can I suggest, as I cannot do this because I have a conscientious objection, you go and see a doctor down the road? Here are some names of doctors in the area." In the bush that is going to be a real challenge, but that is the balance that the majority group who brought this bill to the House will move. This is not stopping a person from having a conscientious objection—that would be wrong—but if a person has a conscientious objection they must have the obligation to support the patient's efforts. I spoke on this earlier in the second reading debate. I said:

> I acknowledge there are, of course, strongly held and differing views … It is therefore important to note that clause 8 of the bill will give statutory recognition to practitioners who have a conscientious objection to performing or assisting in a termination. The clause provides for a practitioner who objects to advising on, performing or assisting in a termination to declare this objection to their patient and refer them to another practitioner who they know or believe will provide such a service. There is no compulsion to continue to provide care in these circumstances. The only exception is where the practitioner owes a separate professional duty to act in an emergency …
>
> I am extremely concerned at the claims by some organisations and individuals opposed to the bill that the Reproductive Health Care Reform Bill in some way imposes new conditions on doctors … I tell the House now that it does not. I said, "Let me be clear:

> The Reproductive Health Care Reform Bill 2019 imposes no new requirements on doctors ..." I note that the bill allows a conscientious objection but it indicates that they should refer on, which is precisely what the Australian Medical Association statement of conscientious objection issued in March 2019 says. It recognises the necessary balance between personal views and the professional obligation to act in an emergency, stating:
>
> 2.1 A doctor should always provide medically appropriate treatment in an emergency situation, even if that treatment conflicts with their personal beliefs and values.

As with health, it indicates that doctors should provide referrals on to another practitioner. That is what happens in Queensland, Victoria and other Australian States and Territories. It is not as if we are doing something that is not balanced between conscientious objection and the need to look after a patient. The most basic thing for a doctor is to ensure a continuum of care for their patient. While they can have those conscientious views they must ensure that the patient has a continuum of care. I strongly say to all my colleagues in this place that this amendment should not be supported; it is driven more by a religious perspective than a balanced medical perspective. Finally, we should wait because we will find the balance with the amendment to be moved shortly by the member for Port Macquarie. My learned colleague the Treasurer is now going to present an alternative that I will not agree with but that I will listen to intently.

Mr DOMINIC PERROTTET (Epping—Treasurer) (18:00): I enjoy disagreeing with the health Minister; I just do not have many opportunities to do it in this place. I begin by saying that the Minister's comparison between a legal professional's obligation to a client and a doctor's moral obligation to do something to which they conscientiously object is a poor comparison. It is quite different. The final point the member made was in relation to jurisdictions. There are a number of jurisdictions, such as Western Australia and the Australian Capital Territory upon which this amendment is based, that provide a positive right for a conscientious objection.

Members should support this amendment because while the bill appears to protect freedom of conscience for health professionals, in practical terms it does not. The bill allows doctors who have a conscientious objection to abortion to decline to perform the procedure. That is true. But it would require them to refer the woman to another doctor they know would perform it—that is, to facilitate it. Doctors with a conscientious objection would consider themselves no less culpable if they perform or facilitate an abortion. Taking that view is not unusual; it is reflected in our legal system. For example, section 346 of the Crimes Act states:

> Every accessory before the fact to a serious indictable offence ... shall be liable ... to the same punishment to which the person would have been liable had the person been the principal offender.

In other words, a person who facilitates an act and a person who performs that act are both culpable. Doctors who object to abortion for reasons of conscience take the same approach. I note that this issue would not be overcome by the alternative amendment being proposed in relation to conscientious objection. That amendment proposes to reduce the burden on objecting doctors by requiring them to provide patients with information about a doctor or clinic that will perform terminations. As the member for Wagga Wagga said, it is unclear what information is required. However, for the affected doctors this would still equate to facilitating terminations and would therefore still require them to violate their consciences. From my discussions with members, I believe most of us want to ensure that freedom of conscience for health professionals is genuinely protected under this law.

We value our right to vote on legislation like this in accordance with our consciences. It is therefore incumbent on us not to deprive health professionals of that same right. Accordingly, the law should recognise the right to conscientious objection in relation to not only performing an abortion but also facilitating one too. Objections to this amendment have been raised, mainly in relation to its purported effect on patient care. In the vast majority of cases, a woman who is informed that the doctor has a conscientious objection to abortion will face a minimal delay with no health consequences whatsoever. Those objecting to this amendment point out that it still places an additional requirement on the patient to seek the abortion elsewhere. I acknowledge that.

However, when weighing these additional steps against the prospect of significantly curtailing the fundamental right to freedom of conscience, I believe freedom should prevail. In the small minority of cases where the life of the woman is genuinely in danger, as the member for Wagga Wagga pointed out, this amendment will not affect the care provided. Doctors will still do everything in their power to ensure the woman's health and life are preserved. No doctor with a conscientious objection to abortion would refuse to save a woman's life even if that meant losing the unborn child.

Without this amendment, the professional standing and registration of many doctors could be threatened because they object to performing just one of the many services they provide. Another objection to this amendment is that it does not reflect current ethical requirements. Again, that argument should be rejected. As the member for Wagga Wagga said, the bill as it stands goes much further than the existing requirements, placing on objecting doctors a positive statutory burden to refer. This is not a passive step. It requires significant involvement from the referring doctor when ordinarily terminations do not require referrals. The question is not whether the ethical framework will change, the question is how.

Freedom of conscience and freedom of religion are among the most important freedoms any of us enjoy. That is why I believe positive rights to freedom should be enshrined in legislation by this Parliament, not relegated to health guidelines. Furthermore, if we are to legislate in relation to health professionals' fundamental freedoms, I believe it should only be to protect them, not to constrain them. I remind members that these freedoms are deeply valued by the people of our State. The Federal Government just won an election on the importance of religious freedom and yet, unless this amendment is accepted, this Parliament will be taking that freedom away.

We would be setting a precedent that freedom of conscience, and other freedoms, are not universal and inalienable, but are granted at the pleasure of the State. As a member of the Liberal Party, which derives its name from the Latin *libera*, for freedom, this is a threshold I believe we should not cross. Our duty is to defend the freedom of everyone in this State, including doctors and health professionals. This amendment is necessary to adequately safeguard freedom of conscience for doctors. It will not compromise the health of any woman or the quality of the health care provided. And it will ensure the continued benefit of medical care from many great doctors who would otherwise face pressure in their profession. I urge all members to support the amendment.

[*Interruption from gallery*]

TEMPORARY SPEAKER (Mr Lee Evans): The visitors in the gallery have been warned several times not to interrupt. It will be three strikes and you will be out. It would not be the first time that I have cleared the gallery. In fact, I do it quite regularly. We are trying to have a debate. Interference from the gallery is prohibited. I am sorry about that, but if you want to have a voice here you can stand for election. If I hear one more peep, I will clear the gallery.

Mr ANDREW CONSTANCE (Bega—Minister for Transport and Roads) (18:07): It is in my capacity as the member for Bega that I speak to this amendment. I do so respectfully in light of what has been said and with one reason in mind: Most members would agree with a conscientious objection to undertaking the procedure. But I make the point that when it comes to a regional-based setting where there might be one doctor in a country town, this amendment says in essence that the doctor does not have to refer. I ask everybody in a metropolitan setting: What happens next? For country women and Aboriginal communities in the regions where there unfortunately is a very high level of domestic violence fuelled by alcohol and high levels of sexual assault—much of which goes unreported—I worry that the unintended consequences in relation to referral could be severe and profound. I agree with what has been said in relation to procedure. We have enough challenges in terms of suicide and domestic violence. I said yesterday that every person's pathway to a doctor to make this decision is an individual one—quite often not by choice.

Regional settings do not have the services that are enjoyed in the city. In some cases, women have to travel hundreds of kilometres in order to access a service that is often available in multiple locations in Sydney. That is a very testing circumstance. The faith that country people have in their local doctors is incredibly high. My objection to this amendment has nothing to do with freedoms—in fact, if anything, I respect freedom of religion and the right of a doctor to hold a religious view. But another aspect of Christianity revolves around compassion and support. In the country, where there is a desperate lack of services, I believe that we should not be going down this path. That is why I think the member for Port Macquarie's amendment is far superior to the member for Wagga Wagga's amendment. I note that the member for Port Macquarie's amendment will come up shortly.

Obviously, doctors are required to abide by the standards and practices set by the Medical Board of Australia. We have to make this legislation about patient care. As I said at the outset, I absolutely support every doctor's right not to have to undertake this procedure. But from a regional perspective, I cannot support the issue around referral because isolated communities do not have the option of choosing from a range of services. Often there is only one doctor in town.

Mr DAVID MEHAN (The Entrance) (18:11): This is an appalling amendment and it should be rejected by the House. The provision of medical services is part of the way in which we organise our society. The provision of medical services is part of a complete healthcare system and is largely publicly funded. The bill as it currently stands does not compel a medical practitioner to perform a termination but it does require medical practitioners to be part of the continuous provision of proper health care to members of their communities. As a regional member I have been told by constituents that some GPs refuse to take patients who do not want to cough up an up-front free. I feel very strongly about any healthcare practitioners saying that they do not want to be part of the healthcare system for any reason. We do not need this amendment; it would reduce the quality of health care in my community and I believe it would reduce the quality of health care in a big way in country communities, especially in the electorate of the member for Wagga Wagga. The amendment should be rejected.

Mr RAY WILLIAMS (Castle Hill) (18:12): The amendment seeks to rectify another of the flaws contained within the bill. Amendments to this bill have been adopted by this House. I note that we have had the

benefit of certain professionals—a couple of barristers, and the Attorney General—who are qualified and have brought forward amendments that have been accepted. An amendment concerning medical practitioners offering consulting services was not supported because mental health issues were covered in it. That amendment was moved by the former Minister for Mental Health. The amendment currently being debated was brought forward by a member who is not just a member of Parliament but also a practising doctor. He understands the professional standards for medical practitioners that all doctors have to deal with.

The bill as it currently stands demands that a doctor, regardless of where he practices, overlook his moral beliefs and instead refer a woman seeking an abortion—something that he does not believe in—to another doctor. He is obliged to refer the woman to a doctor of his choice. The member for Bega told us about the lack of services in regional areas. To that I say that the mover of the amendment just happens to represent a regional area. I note that if there is a shortage of doctors in a particular area, it would not guarantee that the referral would be made to a doctor in that area. If there is only one doctor in that area, the referral may be made to a doctor who is hundreds of miles away. This is another flawed aspect of this bill.

If a doctor has a conscientious objection to performing a termination, what does this bill do? It does not state that the doctor should offer some suggestions as to where the lady may obtain an abortion. It demands that the doctor, against his moral beliefs, finds a doctor and refers the lady to that doctor for an abortion, something that he does not believe in on religious grounds. He has a conscientious objection, as has been stated. To contextualise this amendment, there are three similar amendments waiting to be debated. That highlights that this bill has been rushed into Parliament. This bill has not been thought through. Instead of getting independent expert advice in regard to the drafting of the bill, we are debating amendments on the run. These amendments are to improve the bill as it stands. We are relying on the professionals that we have in this Parliament, and God bless them. At least they have the opportunity to bring forward amendments to improve the bill. I believe in the future there will be amendments to this bill if it passes this place, because this bill is flawed.

Mr EDMOND ATALLA (Mount Druitt) (18:16): For a number of reasons I support the amendment moved by the member for Wagga Wagga. In the bill there is a mandatory legal requirement for a medical practitioner with a conscientious objection to abortion to refer the person to another doctor who does not have a conscientious objection. Firstly, I have heard from medical practitioners, not only the member for Wagga Wagga but also those who practise in my electorate, who are concerned about their obligation to refer a woman seeking a termination to a doctor who does not have a conscientious objection when the initial doctor has a conscientious objection.

These doctors have communicated to me that they are concerned about this mandatory obligation and legal requirement when they have a moral belief that they should not participate in something that they do not believe in. They tell me that by referring a person to another doctor to conduct this procedure then they have participated in the process. They feel that they should not be put in that position. From a practical point of view, I believe there will not be a separate register of doctors who do not have a conscientious objection to carrying out a termination. I believe that such a register will not be available to medical practitioners, and that means that they will not have a list that they can consult to find a doctor who does not have a conscientious objection to terminations. From a practical point of view, how will this operate?

Secondly, what is the liability on the doctor referring a person to another doctor if the procedure goes wrong? If something goes wrong, what obligation does the referring doctor have? The amendment before us basically says that there is an obligation on the doctor to let the patient know that they have a conscientious objection to this procedure, but there is no obligation on them to refer the patient to another doctor. I do not know how a patient can determine which doctors do not have a conscientious objection and I do not know how a doctor knows that either. There will not be a register of doctors who are happy to carry out a termination. The medical practitioners I have asked do not know how it will work. They believe they should not refer patients to another doctor who does not have a conscientious objection or be involved in this process. For those reasons I support the amendment moved by the member for Wagga Wagga.

Ms KATE WASHINGTON (Port Stephens) (18:20): I have heard a number of comments from members who are supporting this amendment, a lot of which I disagree with. The member for Castle Hill said it is a sensible amendment. I think it is far from sensible. It is a dangerous amendment that risks women's health. As the member for Bega said, if a woman in a regional community actually manages to get an appointment with her local GP and that GP refuses to give her a contraceptive pill or does not provide advice or a referral to another doctor, the woman is at enormous risk of not seeking a health service from anybody else. That is especially so if they are Aboriginal, from a culturally and linguistically diverse community or are vulnerable in any other way.

A number of constituents in the community of the member for Wagga Wagga object to the position he has taken and to what he has said today. I hear from his community a lot. They say they attend their GP services and are not being referred elsewhere when they ask for contraceptive help or advice on reproductive health

services. They are in a real predicament in Wagga Wagga because there are very few services for them to go to. Women from Griffith travel to Wagga Wagga and then women from both communities travel to the Australian Capital Territory, a 600-kilometre round trip which they also pay for. It is enormously important that health professionals do what their own governing body, the Australian Medical Association [AMA], says they ought to do. The policy of AMA on conscientious objection states:

> A doctor with a conscientious objection, should:
>
> • inform the patient of their objection, preferably in advance or as soon as practicable;
>
> • inform the patient that they have the right to see another doctor and ensure the patient has sufficient information to enable them to exercise that right;
>
> • take whatever steps are necessary to ensure the patient's access to care is not impeded;

To say that one GP in this House represents the entire doctor profession completely misses the point. I draw the attention of the House to a letter from the Deputy Mayor of Albury, who is a health practitioner in this field. The letter, which was sent to all members of Parliament, is signed by five health professionals also working in this field. She states:

> We respect that many of our colleagues and elected members have personal religious beliefs that mean they would not seek or provide a termination of pregnancy. A local Muslim colleague proudly attests that "Islam is my religion, not hers" and refers women to our service professionally and without judgement. We ask that you similarly allow our colleagues and our patients the freedom to make these choices safely, in their own communities, and without fear of prosecution.

I urge members of this House not to support this amendment because it is dangerous for women. The member for Epping suggested the amendment does not compromise women's health—but that is entirely what it risks. At no point does the amendment stop any health professional or doctor from having a conscientious objection. That is not what we are discussing today. I do not know how this debate has suddenly turned from being about women and women's rights to being about doctors. According to the contribution of the member for Castle Hill, every doctor is a man. They are not. Women also practice medicine, just for the record. This bill is about women and women's health. Doctors do not lose their right to have a conscientious objection but they must always give advice to women for the sake of their health about what they need and whether they need to go elsewhere if necessary.

Mr KEVIN CONOLLY (Riverstone) (18:25): I thank the member for Port Stephens for putting the policy of the Australian Medical Association [AMA] on *Hansard*. If this bill implemented that AMA policy we would not be having this discussion. The member for Wagga Wagga would be comfortable because he already abides by that policy. I invite the working group, if possible, to talk to the member for Wagga Wagga and amend his amendment—

Ms Kate Washington: The working group is quite happy talking to the AMA.

Mr KEVIN CONOLLY: If they could talk to the member and amend his amendment it could achieve what the member for Port Macquarie intends. If her amendment could sit within the amendment of the member for Wagga Wagga we may save ourselves a lot of drama. If the intent is to implement the AMA policy guideline—that is, not to impede access to health care but to make sure that the patient has the capacity to find the information they need—I think the member for Wagga Wagga could draft an amendment to cover that. I think we can do that now. We do not need to lock horns. The amendment moved by the member for Wagga Wagga asserts a right of conscientious objection and makes it clear that there is protection for the doctor in doing so.

If we need to add something to say that the appropriate access to information needs to be provided to the woman involved, and do that so it sits within the existing ethical policy guidelines, why can we not achieve that between us? I encourage the people involved to try to do that so that we protect the conscientious rights of doctors in a form that makes doctors comfortable. Clearly many doctors are uncomfortable with this bill as drafted but we can achieve a replication of the AMA ethical position right now in the bill. I think that would be a good outcome for all. I floated a suggestion with the member for Sydney but it did not hit the mark. I was genuinely trying to find a way to achieve an outcome that would satisfy the requirement not to impede but to give protection to doctors in this difficult position.

Mr KEVIN ANDERSON (Tamworth—Minister for Better Regulation and Innovation) (18:27): In regional New South Wales it is difficult enough to access a doctor. As the member for Tamworth I know only too well the struggles of my community in order to access health services. Equitable health services between the city and regional areas continues to be the number one focus. Some smaller towns west of Tamworth do not even have a doctor. The difference between the major metropolitan city of Sydney where many practitioners are available and a small town without a doctor is life or death. A visiting medical officer goes to a remote or rural location in New South Wales once every two or three weeks or once every week, once a month or once every two months—whatever the case may be. There is no set time frame for when a medical practitioner visits a regional location.

For example, if every couple of weeks a medical practitioner visits a remote location and a woman presents seeking assistance in relation to the matter we are talking about today it beggars belief to think that that GP would say, "Sorry, I have a conscientious objection to what you are inquiring about. Shut the door." Where does that leave that woman—waiting for another two weeks to see a doctor? Or does that woman have to then jump in a car or catch a bus? Public transport is virtually non-existent in rural and regional New South Wales, so she would either have to get a car or get someone to drive her. The explanations would then have to come, but it might be very private—she may not have told anyone. If she does not drive—and there are people in rural and regional New South Wales who do not drive, for whatever reason—what happens then, if she has not got a referral or an option or at least a line of inquiry that she might be able to follow to help her out? Where does that leave her?

There should at least be an obligation for the GP to provide some sort of advice, referral or line of inquiry to the person sitting opposite them in that clinic, wherever it may be—to offer them some hope and a referral if possible to seek the procedure the person is inquiring about. There has been some suggestion that the doctor can say, "No. See you later. That's it. It's all well and good. We do not have to go any further than that." Well, I do not believe in that. If we are to have equitable health access across New South Wales, the amendment of the member for Wagga Wagga seeks to drive a huge wedge in the equity of health access for women in New South Wales. If that is the intent then I strongly oppose the amendment and ask members to think seriously about what is happening in rural and regional New South Wales.

Mr ALISTER HENSKENS (Ku-ring-gai) (18:32): I support the amendment but I am doing what the member for Miranda did and proposing a further amendment to the amendment, which I have done in consultation with the member for Wagga Wagga. I seek to pick up the language of the Australian Medical Association [AMA] ethical position on conscientious objection. I seek leave to amend the member for Wagga Wagga's amendment No. 1 on sheet c2019-043A to proposed section 8 of the bill, by adding a subclause (5).

Leave granted.

Mr ALISTER HENSKENS: I move:

That the motion be amended by adding the following paragraph:

"(5) A registered medical practitioner's refusal to provide or participate in a treatment or procedure must be done in a way to minimise disruption to patient care and must never be used to intentionally impede a patient's access to a termination."

The reason I am sympathetic to what the member for Wagga Wagga is trying to do has a number of bases. The reason I support the intent of the bill, as I said in my speech to the House earlier this week, is because I believe in a woman's freedom of choice but I also believe in a whole lot of other freedoms. I believe in freedom of speech and I also believe in freedom of religion. This conscientious objection provision is very important for any liberally minded person who believes in freedoms. The reason I think the law of abortion should be taken out of the Crimes Act is because I believe very strongly in freedom of choice. But I also believe in freedom of religion. We need to balance our freedoms in society.

One of the great strengths of this Parliament is that members come from a range of backgrounds, but I believe only one member is a legally qualified medical practitioner, and that is the member for Wagga Wagga. He is a highly experienced medical practitioner and I think we need to listen to his experience. Last year, in the context of the abortion exclusion zones, when I spoke to an obstetrician who was a constituent I learnt how terminations of pregnancies operate at the moment in this State. One of the things that struck me was that a large proportion of specialist obstetricians and gynaecologists in this State are not willing to perform what they call a "social" termination. They are only willing to perform a termination if it is medically indicated by the physical health either of the woman or of the fetus.

As I said last year, I found that rather offensive. I think that if a woman's state of mind is the legal justification for a termination, she should have access to medical care as well. I have listened to the member for Tamworth and the member for Bega, and I fully support their concerns about access to health in country areas. But if we throw a hand grenade in amongst the specialists in the country who are obstetricians and gynaecologists and put in a provision as currently drafted in the bill, we are causing great grief in a significant and important area of the profession that has to administer this law that we are passing. That is a very important consideration. All of us remember what happened when the professional indemnity fees were so high for obstetricians that they left the profession in droves many years ago. I do not think we should put in a law that will offend a significant proportion of the very doctors that have to administer the bill.

I am listening to a professional colleague from another profession who is very experienced and who says that the way in which this bill is currently drafted is wrong. My proposed amendment picks up the AMA guidelines so that there is no impeding by the taking of the conscientious objection. I think we need to listen to each other. This debate has been conducted with extraordinarily goodwill. I move an amendment to the member for Wagga

Wagga's amendment in that spirit, and I understand that he will agree to it. I ask members to consider supporting his amendment as amended by my amendment.

Mr STUART AYRES (Penrith—Minister for Jobs, Investment, Tourism and Western Sydney) (18:37): I want to provide some context for members who are in the Chamber or listening to this debate elsewhere. The amendment before the House is not a single amendment that stands on its own like many of the other amendments that have been proposed in the course of this debate. It is one of three amendments that are proposed by three separate members, all dealing with the issue of conscientious objection. The first thing members should acknowledge is that there is a recognition from both sides of the debate that the bill needs to be improved from its original drafting on the arrangement of conscientious objection. That option will exist both in this amendment and the amendment that follows it. And should the member for Cronulla not withdraw his amendment, there will be a third one. The reality is that members need to consider which of these three amendments is the best way to deal with the concept of conscientious objection.

Mr Dominic Perrottet: Back this one, Stuart. Back it in, Stuart.

Mr STUART AYRES: I do love the strong work and presentation by my very good friend, the member for—which seat are you in again?

Mr Dominic Perrottet: Epping.

Mr STUART AYRES: The member for Epping. One thing I will say about the member for Epping is that he and I are both passionate believers in freedom of speech and freedom of religion. We concur with the founding values of our party. My consideration of the amendments is based on the question: Which of the three amendments will best suit the arrangements for conscientious objection? Clearly, the preference is to not create multiple versions of conscientious objection across the statute book. That is the best thing we could do in this position. We want to provide medical professionals the opportunity to express their conscientious objection in an appropriate fashion.

My message to members is to not support the amendment moved by the member for Wagga Wagga that is before the House or the proposed amendments of the member for Ku-ring-gai, because they increase the complexity of the concept of conscientious objection when compared with the amendment of the member for Port Macquarie. Her amendment proposes that a doctor with a conscientious objection give information to a person on how to locate or contact a medical practitioner who the first practitioner reasonably believes does not have a conscientious objection to the performance of the termination.

Based on the views of my learned colleague the member for Wagga Wagga, who is the only medical practitioner in the House, my recommendation to members is that the amendment of the member for Port Macquarie is the closest way of achieving all the outcomes that exist in the standards that are applied to medical practitioners now without creating additional complexity around the concept of conscientious objection across the statute book. The amendment solves the issues that many members have identified throughout this debate, and it does so in the least complex way. We want the simplest and easiest piece of legislation to look after women, children, families and practitioners. My proposition to members is to not look at the three amendments in isolation but to look across them and determine which one best addresses the issue of conscientious objection.

Members should also ensure not to support the current amendment, even if it is amended by the amendment of the member for Ku-ring-gai, and then support the amendment of the member for Port Macquarie, because that will result in two versions of conscientious objection in the bill, which is not the preferred outcome for anyone. My job is to inject some practicality into the debate about how the bill will work in practice so that we do not get lost in the technical drafting of legislation and amendments and so we put people first. While I appreciate all the things that the member for Wagga Wagga has put forward, I suggest to members to not support his amendment. The amendment of the member for Port Macquarie will have the best version of conscientious objection for the bill.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (18:43): At the outset I clarify the meaning of "conscientious objection". The member for Pittwater and I foreshadowed moving an amendment that would clarify that a conscientious objection could be to terminations generally or to a particular termination. We have not pressed that amendment because we understand that the proponents of the bill accept that proposition and that whichever version of "conscientious objection" we end up with, it is to be interpreted as any conscientious objection to performing terminations generally or the particular termination a medical practitioner is faced with. If any member disagrees with that proposition I invite them to come forth or forever hold their peace.

As usual, the member for Penrith is correct: There is a choice between three proposals. Two competing considerations have emerged from the arguments for and against the amendment of the member for Wagga Wagga

and the proposed amendment of the member for Ku-ring-gai: On the one hand, there is the freedom of conscientious objection of a practitioner, which is compromised if that practitioner feels that he or she, in some way, having refused to perform a termination or give advice on a termination, has to provide a referral or, in a more simplified form, information; and, on at the other hand, there are the identified issues with patient health that members such as the member for Bega and the member for Tamworth have identified.

If we get to that stage, I would hope that my amendment represents that attempt to balance, rather than asking doctors to always have to refer or provide information or never do so. The amendment seeks to achieve a balance where if there is an issue of patient health the doctors have to make a referral, notwithstanding a conscientious objection, but if there is no patient health issue, there is no reason for doctors to have to refer. The issue that has not been dealt with so far and will be a problem if the bill is amended by the member for Port Macquarie's amendment is the assumption that there will be no difficulty in finding another practitioner who will perform the termination if there is a conscientious objection. Currently the bill requires and will require, whether it is referral or information, that the objecting practitioner must, without delay—and without delay is not a problem—refer the person or transfer the care or provide information to another registered health practitioner who the first one believes can provide the requested service and does not have a conscientious objection.

That may not be a practical issue in early abortions; chances are there will not be a difficulty finding another practitioner to do it. But what if a practitioner opposes a late-term abortion on the grounds that most practitioners would oppose it? What is the professional obligation of the practitioner in those circumstances? It seems possible that the first practitioner is compelled to make a referral or provide information about a service that just may not be possible to procure. We are setting practitioners up for failure for being unable to perform an obligation. I had raised the prospect of tempering the amendment of the member for Port Macquarie with words such as "if practicable", so that if it is actually not practicable to find another practitioner, the objecting practitioner should not be required to do so.

Unfortunately, because there are three amendments and my amendment will be the last to be voted on, I am in a bit of a lottery as to what is going to happen. I think that with the proposed amendment of the member for Ku-ring-gai, this amendment tempers what might otherwise be the inflexibility or harshness of the amendment of the member for Wagga Wagga. But if the amendment goes down, I invite members who are understandably concerned about putting patient health first to look at my amendment closely because it is an attempt to balance competing considerations.

Mrs LESLIE WILLIAMS (Port Macquarie) (18:48): As the Minister for Health and Medical Research flagged earlier, and as I am sure many members are aware—it has been discussed—I will be moving an amendment to the conscientious objection clause of the bill. I strongly encourage all members to oppose the amendment currently before the House as well as the amended amendment and ask members to support the amendment that I will move immediately afterwards. I assure members that my amendment will address the concerns that have been ventilated on this issue throughout the debate. The proposed amendment before the House has a number of flaws which will not only increase the emotional toll on women accessing abortions at an incredibly difficult time of their lives but also adds confusion and a lack of clarity to what has otherwise been signed-off on by representative medical bodies.

Firstly, the proposed amendment uses the phrase "as soon as practical", instead of the wording "without delay" of the amendment that will be moved later today. While this difference may seem minor, it will have a profound effect on women in regional and rural communities trying to access abortions. The House has consistently heard this message from regional members like me—the member for Bega, the member for Port Stephens and the member for Tamworth. This is because in regional and rural communities it may never be particularly practical to inform women of the medical practitioner's conscientious objection—or worse, it could lengthen the process and lead to late-term abortions. In these communities medical practitioners are often limited and if a person wants to see another doctor they may have to travel considerably. We do not want to burden women by delaying and potentially leading to later-term abortions—thus the language of "without delay" is clearly more appropriate.

Secondly, the drafting of this amendment uses language inconsistent with other elements of the bill. Specifically, clause 8 (4) refers to "registered health practitioners" who refuse to perform terminations; however, in the bill only "medical practitioners" are able to perform abortions. This poor drafting makes the amendment unworkable in practice. Thirdly, this amendment creates an internal inconsistency to the bill with the inclusion of clause 8 (4) in that it absolves medical practitioners of any prospective misconduct review or proceedings for a failure to disclose this conscientious objection.

The clause provides that medical practitioners will not be in breach of any duty, however imposed. This includes the duty to merely disclose the fact that the health practitioner has a conscientious objection. This is an alarming entry into a vanguard completely unknown to the medical profession. On a plain reading of the clause it

states that "if a health practitioner fails to disclose their conscientious objection, then no liability will arise". This is at clear odds with clause 8 (2) of the member for Wagga Wagga's amendment, as well as clause 9 (1) (c) of the bill, which has given rise to no controversy.

Finally, the amendment is directly inconsistent with current existing medical practice, which requires medical practitioners to refer patients to another health service provider who, in their reasonable belief, does not have a conscientious objection. That is existing clinical practice for the 20,000 terminations that currently occur each year in New South Wales. Through his amendment the member for Wagga Wagga wants to walk away from accepted and currently in-use medical practice for this single class of medical procedure. For these reasons I encourage all members to vote against the amendment and support my amendment in lieu.

Dr JOE McGIRR (Wagga Wagga) (18:52): In reply: I acknowledge the contributions of my fellow members—the members for Wakehurst, Epping, Bega, Castle Hill, The Entrance, Mount Druitt, Port Stephens, Riverstone, Tamworth, Ku-ring-gai, Penrith, Cronulla and Port Macquarie. I thank everybody for their contribution. My sense is that there has been a genuine attempt to address this issue of conscientious objection. I make a couple of comments. When I began I was at pains to make it very clear that the current professional code of conduct for doctors requires referral for medical conditions and that I did not want that in any way impeded. I am very pleased that the member for Ku-ring-gai has put forward an amendment which clarifies that. When it comes to health care and medical care in this particular situation I agree with the member for Wakehurst that there should not be any impediment of any sort. I made that very clear. I thank the member for Port Stephens for also highlighting that in the Australian Medical Association's code of conduct.

I also appreciate the comments that have been made about the paucity of medical services in regional centres—something that is getting worse. We are facing a very real problem with medical practitioners in district hospitals and I am glad that this has been raised. It is a failing of our health system rather than of individual doctors. I am acutely aware of that shortage. I believe our communities deserve to have the services that they should have, and I have always said that includes access to these services. I said that in my address to the House and I repeat today that these services should be available in regional communities.

An issue raised by the member for Bega and the member for Tamworth is: What happens when there is a community with only one doctor? My concern, particularly with the foreshadowed amendment, is that the requirement is for the medical practitioner to provide information. If that doctor does have a conscientious objection, what will the quality of that information be? We may end up with the unintended consequence of relying on the practitioner to provide information rather than taking the responsible stance, which is for the Government to ensure that that information is available. It may also discourage doctors from going to rural areas if they feel that they are in a very difficult position in relation to—

Mr Brad Hazzard: Come on.

Dr JOE McGIRR: Well, it is a factor that people consider. I have spoken to doctors and it is hard enough getting doctors to rural areas, as members know. We should be careful about anything that discourages it. We are talking about a situation—which the amendment of the amendment from the member for Ku-ring-gai makes clear—where there is a conscientious objection to this procedure in the context of a perception that it is not related to medical care. As previous speakers have made clear, it is important to recognise freedom of conscience. I think that is agreed—because we are debating three different amendments. I believe that this amendment makes it the clearest, it provides the best protection and it does not let us fall into the trap of relying on the local doctor to provide information to patients when they clearly deserve better than that. I commend the amended amendment to the House.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (18:56): By way of explanation I note for members—because this is a little confusing for all us when we are not lined up in our party political teams and we cannot see the colours of our uniforms—what is going to happen now. There is an amendment to an amendment. There is an amendment being moved by the member for Ku-ring-gai on the amendment being moved by the member for Wagga Wagga. Those who brought the bill to the House will oppose the amendment to the amendment; however, we will graciously not call for a division, just to get things moved along. But we will then vote on the substantive amendment—the amended amendment—and we will definitely call a division then because we oppose it.

TEMPORARY SPEAKER (Mr Lee Evans): The question is that the amendment of the member for Ku-ring-gai to amendment No. 1 on sheet c2019-043D of the member for Wagga Wagga be agreed to.

Amendment to the amendment agreed to.

TEMPORARY SPEAKER (Mr Lee Evans): The question is that amendment No. 1 on sheet c2019-043D of the member for Wagga Wagga as amended be agreed to.

The House divided.

Ayes 36
Noes 56
Majority.....20

AYES

Atalla, Mr E	Bali, Mr S	Barilaro, Mr J
Bromhead, Mr S	Chanthivong, Mr A	Clancy, Mr J
Conolly, Mr K	Cooke, Ms S (teller)	Coure, Mr M
Crouch, Mr A (teller)	Davies, Mrs T	Dib, Mr J
Donato, Mr P	Elliott, Mr D	Henskens, Mr A
Johnsen, Mr M	Kamper, Mr S	Lalich, Mr N
Lee, Dr G	Lindsay, Ms W	McGirr, Dr J
Mihailuk, Ms T	Perrottet, Mr D	Petinos, Ms E
Preston, Ms R	Roberts, Mr A	Sidgreaves, Mr P
Sidoti, Mr J	Smith, Mr N	Speakman, Mr M
Stokes, Mr R	Taylor, Mr M	Tuckerman, Mrs W
Upton, Ms G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barr, Mr C	Berejiklian, Ms G	Butler, Mr R
Car, Ms P	Catley, Ms Y	Constance, Mr A
Cotsis, Ms S	Crakanthorp, Mr T	Daley, Mr M
Dalton, Mrs H	Dominello, Mr V	Doyle, Ms T
Evans, Mr L.J.	Finn, Ms J	Gibbons, Ms M
Greenwich, Mr A	Griffin, Mr J	Gulaptis, Mr C
Hancock, Mrs S	Harris, Mr D	Harrison, Ms J
Haylen, Ms J	Hazzard, Mr B	Hoenig, Mr R
Hornery, Ms S	Kean, Mr M	Leong, Ms J
Lynch, Mr P	Marshall, Mr A	McDermott, Dr H
McKay, Ms J	Mehan, Mr D (teller)	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Saunders, Mr D	Scully, Mr P
Singh, Mr G	Smith, Ms T.F.	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

Amendment as amended negatived.

The SPEAKER: Members wishing to have conversations will do so outside the Chamber.

Mrs LESLIE WILLIAMS (Port Macquarie) (19:07): I move amendment No. 1 on sheet c2019-036-EE-5:

No. 1 **Conscientious objection**

Page 4, proposed section 8, lines 10-18. Omit all words on those lines. Insert instead—

the performance of a termination on the person, the practitioner must, without delay—

(a) give information to the person on how to locate or contact a medical practitioner who, in the first practitioner's reasonable belief, does not have a conscientious objection to the performance of the termination, or

(b) transfer the person's care to—

(i) another registered health practitioner who, in the first practitioner's reasonable belief, can provide the requested service and does not have a conscientious objection to the performance of the termination, or

(ii) a health service provider at which, in the first practitioner's reasonable belief, the requested service can be provided by another registered health practitioner who does not have a conscientious objection to the performance of the termination.

I reiterate the remarks I made on the last amendment. The amendment to the conscientious objection clause I am moving is the most appropriate way to approach this matter. The point of contention in the debate is what medical practitioners are obliged to do once they have disclosed that they have a conscientious objection. The bill presently provides that once the objection has been disclosed the medical practitioner must transfer the patient's care to another medical practitioner or health service provider who, in the first medical practitioner's reasonable belief, does not have a conscientious objection. The amendment clarifies the intent of the working group and addresses the concerns that members have raised on the issue.

For example, the requirement to give information to the person about how to locate or contact a medical practitioner who does not have a contentious objection will be satisfied if a health practitioner provides information on how to contact Family Planning NSW, another health practitioner or service provider. This clarified requirement places a limited burden on contentious objectors and appropriately balances their interests with the interests of a pregnant woman who may wish to have a termination. For the avoidance of ambiguity I advise that "contentious objection" is to be interpreted in this clause as "a contentious objection to performing terminations, generally the particular termination a medical practitioner is faced with". I ask members to support this amendment on contentious objection.

Ms JENNY LEONG (Newtown) (19:10): I thank members who have worked to get us to this point on this amendment. I acknowledge that we are trying to deal with a number of challenging interests. It is important to note that while we will not oppose the amendment and will not call a division, we are trying to get a reform that will deliver the primary objective of the bill, which is decriminalising abortion in New South Wales. That will be an incredible outcome if we ever get there. With the hours that have passed it is easy to forget that we are trying to provide people with the ability to make reproductive choices without being treated as criminals.

While it is exciting to have 15 co-sponsors to the bill and cross-party working groups, et cetera, compromises and negotiations will occur throughout the process of meeting our primary objective, which is decriminalising abortion in New South Wales. The Greens appreciate the pragmatic reasons for this amendment, but, by far, it is not an ideal scenario. It is the lesser evil. While we will accept the amendment, we note it is not an ideal scenario. The Greens and the many organisations and groups that we have spoken with have serious concerns about the amendment. We put those concerns on the record.

Under any other situation, a written referral would be the norm. Not providing one may be a major barrier for a lot of people wishing to access this service. If a person is very distressed or mentally unwell, leaving a doctor's office with a business card or a verbal instruction is not sufficient. Abortions can be time sensitive and there can be other risks and major delays. A person would have to research how to access an appropriate service. The extra stress and burden that would create is concerning. I hope that this issue is looked at when there is a review of the bill. It is really important that we do not create barriers in the legislation that were not intended. I note and recognise that this amendment is an attempt to bring members together. Members have different views, but it is very important to acknowledge that people have serious concerns about this amendment that need to be considered. At the end of the day we need to ensure that we are not adding barriers that will prevent people from accessing the reproductive health care that they require.

Dr JOE McGIRR (Wagga Wagga) (19:14): I make a brief comment and thank the members representing the electorates of Sydney, Port Macquarie and Wakehurst for trying to address this issue through this amendment. The revised amendment has some additional wording that I was not previously aware of and I thank those members for including that. While I am disappointed that the amendment I put forward did not get up, I will support this amendment. I thank the members for their efforts.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (19:14): I indicate a complexity, but it will save time. The Attorney General wants to move another amendment after this amendment is dealt with, despite the fact that no-one on that side—including him—will object to the contentious objection amendment. His amendment will create a slight technical issue because clause 8 (4) of the bill states:

This section does not limit any duty owed by a registered health practitioner to provide a service in an emergency.

If we do not include clause 8 (4) in this amendment, we will have to have a further division, because the Attorney General is moving another amendment after this. If clause 8 (4) is included in the amendment moved by the member for Port Macquarie it will allow the Attorney General to move his amendment when we have concluded this amendment, but it does not require us to move another amendment after his has been dealt with.

The SPEAKER: The question is that amendment No. 1 on sheet c2019-036-EE-5 of the member for Port Macquarie as amended be agreed to.

Amendment agreed to.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (19:17): I move amendment No. 1 on sheet c2019-031-LA as circulated. However, I change the numbering of the proposed new clause from (4) to (5):

No. 1 **Limiting need to refer person when first practitioner has conscientious objection**

Page 4, proposed section 8. Insert after line 18—

(5) Subsection (3) does not apply if—

(a) the request is by a person who is not more than 22 weeks pregnant, and

(b) the first practitioner reasonably believes it would not be difficult for the patient to find another registered health practitioner, who does not have a conscientious objection to the termination, to perform the termination or to advise the person about the performance of a termination.

I propose a further amendment to the conscientious objection clause, which is capable of coexisting with the amendment moved by the member for Port Macquarie that was adopted by the House. The question is whether we add this amendment. A great philosophical debate has occurred here about the clash of freedom of conscience on the one hand and the paramount obligation of a medical practitioner to look after the health interests of his or her patient on the other hand.

The gist of the objections to the amendments moved by the member for Wagga Wagga and the member for Ku-ring-gai was that those amendments risked compromising patient care. Members argued that if a doctor refuses on grounds of conscientious objection to perform a termination, that can leave a patient in the lurch because they may have nowhere else to go. For example, they may be a victim of domestic violence who does not want to return home and use a computer in front of their partner. They may be in a remote regional area or a regional area that is not so remote, such as Bega and Tamworth, and we heard from the members representing those electorates.

I accept that we cannot just invoke freedom of conscience and say that it trumps everything. We must balance that against patient care. It does not follow that that patient care is compromised every time a doctor says, "Not only do I have a conscientious objection but also I am not going to give you any information or make any referral." Paragraph (b) of the proposed subsection states that the prima facie rule is as the member for Port Macquarie set out—the practitioner has to provide information. But if the first practitioner who is the conscientious objector reasonably believes that it would not be difficult for the patient to find another registered health practitioner, then they do not have to provide that information.

If somebody rightly or wrongly thinks that a termination is murder or is immoral, it is infringing their freedom of conscience by making them provide information they think is facilitating that wrong. That belief has to be overridden when there is a threat to patient health. This amendment does not challenge the principle that, at the end of the day, patient health is paramount. Rather than having a blanket rule that doctors must provide information, if the first practitioner reasonably believes that it would not be difficult to find another registered health practitioner, then they do not have to provide that information. I cannot see how a registered health practitioner could form that belief in the case of a domestic violence victim. I cannot see how a practitioner could form that belief in the case of a one-doctor town as described by the member for Bega.

In other circumstances, particularly in metropolitan Sydney, it may not be difficult for the patient to find another practitioner. If there is any doubt about it one way or the other, this exception will not apply. The first practitioner must form a belief that it would not be difficult for the patient to find another registered practitioner. If the first practitioner is unsure whether there is a difficulty, the first practitioner will have to provide the information. But if he or she forms a belief and if that belief is a reasonable belief, then the first practitioner will not have to provide the information. This is an attempt to balance the two competing considerations. If the bill is passed and we entrust doctors to make life-or-death decisions about the destruction of fetuses, surely they are capable of forming a reasonable belief. They are only excluded if it is a honest and reasonable belief, because a belief has to be an honest belief. Surely we can trust doctors to be capable of that. That is the explanation for paragraph (b).

The explanation for paragraph (a)—and I adverted to this issue when addressing the amendment moved by the member for Wagga Wagga—if a patient is at 12 weeks, chances are that if there is a conscientious objection, at least in an urban area, the patient will be able to find another registered practitioner. Whether they can is dealt with by paragraph (b). If abortions at 22 weeks are only to be performed in public hospitals with two doctors approving, chances are that if a woman has been knocked back by a doctor on grounds of a conscientious

objection, those objector will not be able to find other doctors who will perform the operation. That is the rationale for paragraph (a). It addresses what is likely to be a practical difficulty in finding anyone who will do the termination.

At the moment the obligation in the bill is not to make a formal referral—I accept that—but to provide information that the objecting practitioner thinks will result in the patient being able to get a termination. But chances are that after 22 weeks that is not practicable. Prima facie, before 22 weeks the position will be that the first practitioner still has to provide that information but will not have to do so if they form a reasonable belief that there will not be a difficulty in finding another registered practitioner. Some regional members, such as the member for Bega, are concerned about patient health. This amendment will not compromise patient health because before 22 weeks a doctor can only fail to provide information if they believe it will not be difficult to find another registered health practitioner.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (19:26): There is absolutely no reason for this amendment. The member for Cronulla is my colleague and I appreciate his input, but this amendment is over the top. We have already had a lengthy debate about conscientious objection. A majority of members agreed that there had to be an option for a doctor to ensure that the patient is being looked after. That is the crux of it: Even if they do not like it, do the bare minimum to pass it on. That is what this House decided a few minutes ago, which is basically giving the person a phone number or telling them where there is a family medical practice.

This amendment tries to readdress the same issue. It takes us no further; in fact, it is quite counter-productive. Listening to each of the arguments put by my learned friend, I have to say that anybody living in the bush would think: My heavens, I am going to be left high and dry. The answer is no, we will not support this amendment. That is probably all we need to say because we have spent a lot of time talking about it. As was identified by the Law Reform Commission, doctors have an obligation through the Australian Medical Association and public health guidelines to ensure a continuum of care for their patient. We have agreed on an appropriate framework for conscientious objection. We have looked after those who have a conscientious objection. We have looked after the patient. We do not need this amendment and we reject it.

Mr ROB STOKES (Pittwater—Minister for Planning and Public Spaces) (19:27): I back my colleague the member for Cronulla in pressing for this slight extension to the concept of freedom of conscience in relation to these matters. I listened as the member for Wakehurst—a colleague and friend—said that people in the bush would be looking at this amendment and thinking: My goodness, he is leaving us out in the cold. That is clearly not the case when one reads the words of the proposed amendment. It makes it very clear that a practitioner has a positive duty to refer patients unless they can form a reasonable belief that it would not be difficult for the patient to find another registered health practitioner who does not have a conscientious objection to perform the termination.

As the member for Cronulla identified, that would cover circumstances such as being in a regional remote location, having no access to those services, or having no capacity through language or technological issues to find that information. I make a general observation in relation to the freedom of conscience issues that have been thoroughly canvassed. The member for Wakehurst said that this was ultimately a matter relating to faith, which is an inherently private matter. That may be so, but a private faith will have public expression and public consequences. We are dealing with that intersection. I do not think you can entirely privatise someone's expression of faith. That is why these very modest extensions to freedom of conscience should be supported by this House.

I note that the whole area of conscientious objection will be quite difficult for practitioners to navigate. As my colleague the member for Cronulla has already indicated, a practitioner may have a conscientious objection to a particular termination or to a termination in particular circumstances, and may therefore find it difficult to find another practitioner who may not have the same conscientious objection because of the circumstances involved. That may expose the doctor to potential findings of professional misconduct, because it establishes a duty that it is simply not possible to satisfy. This has become a fraught area. That is why this very slight extension to the concept of freedom of conscience should be supported by this House.

Ms JENNY AITCHISON (Maitland) (19:31): If a doctor has a conscientious objection to doing this, surely they can use the *Yellow Pages*, the internet or whatever. Women in this State are travelling to other States. I have heard of women in Wagga Wagga going to Adelaide to get abortions. Women are resilient and they will find a way if the doctor says, "This is where you can get it." At present women in this State have to travel interstate—they have to take all these other steps. I think doctors with a conscientious objection can pick up a phonebook.

Mr KEVIN CONOLLY (Riverstone) (19:31): Since a little after 10 o'clock this morning we have been considering amendments. I have taken the approach throughout the day that I would vigorously support

amendments I was keen to support and would try to support other amendments which, although I was not so fussed about them, I thought would improve the bill and come closer to a better balance. I supported the amendment of the member for Port Macquarie on that basis—I thought it was better than the original bill. I think this addition by the member for Cronulla makes the bill slightly better again, by better balancing people's rights. The member for Port Macquarie's amendment ensured that people in rural and regional areas who are going to find it difficult would be looked after. The exemption that the member for Cronulla is proposing would not affect that because one would not be able to form a reasonable belief in those places that would apply. I support this amendment.

Ms JENNY LEONG (Newtown) (19:32): Other members have given reasons as to why this amendment should not be supported, but I think it is really important to call out the obsession on late-term abortions that those on the other side of the debate seem to have. We should remember why we are here. I want to put on the record a story from Georgia, who has been listening to the debate and hearing the arguments about late-term abortions. I will read part of her statement. Just to be clear, it is in her words. So when I say "I", I am not referring to me. Georgia said:

> In September 2010 I fell pregnant with my first child. I was excited and nervous.1 took all the vitamins. I stopped drinking alcohol and coffee. Resentfully gave up soft cheese. I went to my doctor. Got all my tests and scans. Everything was fine … At the 20 week scan it all looked good. The foetus was moving about too much, so it took a long time and the person doing it was worried she wasn't getting all the shots she needed but all was fine.
>
> The next day the ultrasound place called and said that they didn't get the profile shot they needed so could I come back. I said I could a few days later, and tried to dissuade my partner from coming as it seemed unnecessary. He came anyway. There was a moment, in the second scan, when they brought a foetal health specialist in to review things. No-one had said anything to indicate there was anything wrong. At this point, we still thought the foetus was moving about too much. But there was a moment, without anything being said, where tears sprung to my eyes in a way they never had before. I didn't feel myself crying but tears were streaming down my face. I didn't know what was wrong, but I knew instinctively that something was.
>
> Soft-markers are a term I'd never heard before. It means that they can see some things that might indicate something is wrong, but they're not so significant that they're sure. The doctor said he was very conservative and that it may be nothing so we shouldn't get ahead of ourselves. He referred us to the hospital.
>
> The next day at the hospital we had another scan, with another doctor, who said she shared the first doctor's concerns …. We asked what would happen. If it was really bad, what would happen? She said that abortion at this point was illegal but we might be able to get it signed off by multiple doctors depending on the results as we proceeded. I understood the laws, I understood what she meant by illegal and that knowledge meant that I didn't take her comment to heart.
>
> In the mean time I was showing and getting congratulations and being asked when I was due. … All the joy of the pregnancy was gone. I wished I wasn't showing. …We had more scans. It was four weeks of limbo. After one scan we were told it was all fine, only to get a call from the specialist the next day to say it was not.
>
> Our specialist had a gentle, brutal conversation with us. Our baby would likely die in utero. It would be a question of waiting for the movements to stop one day, never knowing when that day would be. If we made it to term, the baby would not live for long. We had an option to put the baby to sleep and then I would labour it. It required multiple doctors to sign off and us to speak with a social worker. We chose that option.
>
> Making this choice was the hardest thing I ever had to do. But I was so, so grateful I had the choice. I didn't want to walk through the world with a growing tummy, meeting people offering joyous congratulations when I knew there would be nothing to celebrate. I didn't want to spend each day waiting for the kicks to stop. I didn't want my child to suffer for one second …
>
> On Friday March 15th they put our baby to sleep …On Monday March 18th I laboured for 15 hours and gave birth to my baby girl Rosa in the early hours of Tuesday morning. The midwives and doctors were very kind. They wrapped her in blankets and took photos of us holding her. We lay in the maternity ward, listening to mother's labouring with their living children and new born babies crying and wept.
>
> Between 0.7-2.8% of abortions happen after 20 weeks. I am one of those people. It is one of the most horrific experiences you can have. No one does it lightly. No one chooses to labour a dead child. You have a late term abortion because it's the best option out of a bunch of terrible options. If we work from that basis, that people making this choice are doing so in the worst of circumstances we should create a regulatory framework that supports these people, that trusts these people, that enables these people to go through this experience in the most supportive environment possible. This means we don't impose hoops for them to jump through that are unnecessary, we don't treat them like perpetrators of a terrible act, we don't force them to travel to big cities, away from their homes and families and friends.

That is Georgia's story. That is what we are talking about here. I commend Georgia for sharing those words and allowing me to put them on the record. I commend her bravery in doing so. I urge the mover of this amendment to listen to that story and not put other hurdles in place for women who find themselves in that situation.

Mr ALISTER HENSKENS (Ku-ring-gai) (19:37): I did not wish to interrupt the member for Newtown, but I draw to her attention that this amendment wholly relates to early-term abortions, not late-term abortions. So that entire contribution was, regrettably, not actually directed toward the amendment that is before the House. Given that this has already been a long day, it is regrettable that members are speaking without having regard to the amendment that is before the House. I support this amendment because, as I said earlier in respect of the amendment by the member for Wagga Wagga, it is critically important that there is flexibility in respect of

a balance between the interests of the conscientious objector on the one hand, and, on the other hand, the interests of access to medical facilities.

This amendment is an attempt to slightly improve the bill—I think it does achieve it—by recognising that there will be some circumstances, perhaps in more urban areas, where it will not be difficult for a patient to find another registered health practitioner, and that the duty upon the medical practitioner is accordingly different there than in regional areas, where it will be more difficult to navigate.

For the medical practitioner to avail themselves of this provision they will have to have regard to the educational level of the patient, the geographical location of the patient and a whole range of other factors before they would be able to satisfy themselves that it would not be too difficult for that patient to find another registered health practitioner. I do not see this amendment, if it is agreed to, as a big qualification on the duties of the practitioner but I do think it affords important flexibility which is desirable in this difficult area where various considerations have to be finely balanced.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (19:40): In reply: I thank the member for Newtown for sharing that harrowing story. However, if we look at what is proposed we see that there are two requirements that must be satisfied for this exception to apply. The first of these requirements is that the request be from a person who is not more than 22 weeks pregnant. So if it is a late-term abortion this carve-out would not apply. In relation to the other points that were raised, the member for Wakehurst said that this amendment would leave patients out in the cold. Unless the conscientious objector believes that the patient will not be left out in the cold, they have to provide the information. It is only where they reasonably believe the patient will not be left out in the cold that they would have to do something.

The member for Pittwater talked about faith in private life and faith in public life. A conscientious objection can equally be undertaken by someone who is a secular humanist or an atheist. If someone who is an atheist believes that a fetus is a human or a potential human and has a conscientious objection to performing a termination either generally or in particular circumstances because of what they think are the characteristics of the fetus, that is just as much a conscientious objection as an objection by someone who has a faith-based consideration of this issue.

The member for Maitland referred to cases of women who had to go interstate because of criminalisation in New South Wales. The whole point of this bill is to remove that criminalisation. I do not understand the point that the member was trying to make, with the greatest respect. Unless the conscientious objector thinks there is no difficulty, he or she has to provide the information. So the onus is very much on the conscientious objector. This is a light carve-out and it is far less ambitious than what was put by the member for Wagga Wagga, as amended by the member for Ku-ring-gai. It represents a very modest acknowledgement of freedom of conscience in circumstances where the conscientious objector reasonably believes there is no problem for the patient. I recommend this very modest amendment to the House.

The SPEAKER: This amendment would operate in addition to the last amendment that was passed in relation to conscientious objection. There is no inconsistency, so the two would coexist. The question is that amendment No. 1 on sheet c2019-031-LA of the member for Cronulla be agreed to.

The House divided.

Ayes 36
Noes 53
Majority.....17

AYES

Atalla, Mr E	Bali, Mr S	Chanthivong, Mr A
Clancy, Mr J	Conolly, Mr K	Cooke, Ms S (teller)
Crouch, Mr A (teller)	Davies, Mrs T	Dib, Mr J
Elliott, Mr D	Finn, Ms J	Gibbons, Ms M
Henskens, Mr A	Johnsen, Mr M	Kamper, Mr S
Lalich, Mr N	Lee, Dr G	Lindsay, Ms W
Marshall, Mr A	McGirr, Dr J	Mihailuk, Ms T
Perrottet, Mr D	Petinos, Ms E	Preston, Ms R
Roberts, Mr A	Sidgreaves, Mr P	Sidoti, Mr J
Singh, Mr G	Smith, Mr N	Speakman, Mr M
Stokes, Mr R	Taylor, Mr M	Tuckerman, Mrs W

AYES

Upton, Ms G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barr, Mr C	Berejiklian, Ms G	Butler, Mr R
Car, Ms P	Catley, Ms Y	Constance, Mr A
Cotsis, Ms S	Crakanthorp, Mr T	Daley, Mr M
Dalton, Mrs H	Dominello, Mr V	Donato, Mr P
Doyle, Ms T	Evans, Mr L.J.	Greenwich, Mr A
Griffin, Mr J	Gulaptis, Mr C	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Hoenig, Mr R	Hornery, Ms S
Kean, Mr M	Leong, Ms J	Lynch, Mr P
McDermott, Dr H	McKay, Ms J	Mehan, Mr D (teller)
Minns, Mr C	O'Neill, Dr M	Park, Mr R
Parker, Mr J	Pavey, Mrs M	Piper, Mr G
Provest, Mr G	Saffin, Ms J	Saunders, Mr D
Scully, Mr P	Smith, Ms T.F.	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

Amendment negatived.

The SPEAKER: The House has deferred a vote on professional standards and guidelines as earlier moved by the member for Mulgoa. I will put that vote if necessary after the member for Port Macquarie moves her amendments on professional conduct or performance. Following that, I will ask the member for Ku-ring-gai whether he wants to continue and if so the House will deal with those amendments.

Mrs LESLIE WILLIAMS (Port Macquarie) (19:50): By leave: I move amendments Nos 1 and 2 on sheet c2019-036EF-2 in globo:

No. 1 **Professional conduct or performance**

Page 4, proposed section 9, line 21. Omit all words on this line. Insert instead "**Professional conduct or performance**".

No. 2 **Professional conduct or performance**

Page 4, proposed section 9. Insert after line 33—

(3) This Act does not limit any duty a registered health practitioner has to comply with professional standards or guidelines that apply to health practitioners.

These are clarifying amendments consistent with my earlier amendment in respect of professional guidelines. The amendments provide that the Act does not limit any duty on a registered health practitioner to comply with professional standards or guidelines that apply to health practitioners. The amendments reinforce the fact that all terminations must be performed in accordance with such guidelines. This is consistent with existing clinical practice in New South Wales. I encourage all members to support these amendments.

The SPEAKER: The question is that amendments Nos 1 and 2 on sheet c2019-036EF-2 of the member for Port Macquarie be agreed to.

Amendments agreed to.

The SPEAKER: Given that the amendments Nos 1 and 2 on sheet c2091-36EF-2 of the member for Port Macquarie have succeeded, does the member for Mulgoa wish to put her earlier amendment to a vote or does she withdraw it?

Mrs TANYA DAVIES (Mulgoa) (19:52): I withdraw amendment No. 3.

The SPEAKER: Does the member for Ku-ring-gai wish to put his amendment to the vote?

Mr ALISTER HENSKENS (Ku-ring-gai) (19:53): I withdraw my amendment.

Mrs TANYA DAVIES (Mulgoa) (19:53): By leave: I move amendments Nos 10 to 12 on sheet c2019-042 in globo:

No. 10 **Criminal offences**

Page 8, proposed Schedule 2.1[2], line 9. Omit "by unqualified persons".

No. 11 **Criminal offences**

Page 8, proposed Schedule 2.1[2], line 10. Omit "performed by unqualified person".

No. 12 **Criminal offences**

Page 8, proposed Schedule 2.1[2]. Insert after line 16—

(3) A medical practitioner who performs a termination other than in accordance with the *Reproductive Health Care Reform Act 2019* commits an offence.

Maximum penalty—7 years imprisonment.

In 2006 Dr Suman Sood was found guilty of performing an unlawful abortion when she gave a woman who was 23 weeks pregnant a drug to induce an abortion without making any inquiries as to the woman's circumstances. The jury appears to have concluded, as did the judge in sentencing, that Dr Sood therefore could not have formed the view, required by the law, that the abortion was both necessary and proportional. Similarly, in 1981 Dr George Smart was convicted for performing an abortion on a 17-year-old girl who was seven months pregnant without making any inquiries about her physical or mental health. He also botched the abortion, so the girl required emergency surgery.

I believe everyone in this House would agree that both of these doctors were a disgrace to the medical profession. They had a long history of civil complaints. If these proposed amendments are not accepted, there will no longer be any possibility of a criminal conviction of a doctor for performing an abortion even in cases like those of Dr Smart and Dr Sood, where no consideration was given to the woman or girl's circumstances. Under the bill before us, if a doctor failed, as Dr Smart and Dr Sood did, to consider the woman's physical and mental health or to consult a second doctor, the most the doctor would face would be notification under the Health Practitioners Regulation National Law Act 2009 (NSW) or a complaint under the Health Care Complaints Act 1993. Neither of these processes could result in a criminal conviction. I do not believe the bill as it stands meets the best interests of the woman. Proceedings for this offence, as provided already in the bill for abortions performed by unqualified persons, could only be instituted by the Director of Public Prosecutions [DPP] or with the DPP's approval. This should ensure that the offence is not prosecuted inappropriately in anything other than the most serious circumstances.

In summary, while we are working on a piece of legislation to remove confusion over whether abortion is legal in New South Wales, one of the consequences of moving to this new legislative framework is that by taking out the link to the Crimes Act the level of prosecution available for doctors who do the wrong thing is reduced. That is a serious flaw in the current wording of the legislation. I have put these amendments to the House to be seriously considered to ensure that a doctor who grossly does the wrong thing can be brought before the courts to face criminal proceedings. Without that, we are lessening the consequences for a medical practitioner who does the wrong thing and I cannot support that. I commend the motion to the House.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (19:57): I thank the member for Mulgoa for her amendments. Perhaps I can satisfy some of her concerns. This bill is about taking the aspects of termination out of a criminal regime. We are taking it out of the Crimes Act and establishing a new medical framework. Having said that, I assure the member that in the event that a doctor were to do something inappropriate there are a whole range of sanctions that could be applied. The doctor could be investigated with a range of possible outcomes. Proceedings against the doctor could result in deregistration or registration with conditions.

If a doctor did something so extreme that it would clearly offend all of us and constituted a serious assault on a patient, then the doctor would be charged, and can be charged, and has been charged, under the Crimes Act. So amendments Nos 10, 11 and 12 are unnecessary. The member is my colleague and has been my partner in health as the mental health Minister. I assure her and guarantee that if a doctor does something well beyond what would be appropriate for disciplinary proceedings under the Health Practitioners Regulation National Law Act 2009 (NSW) they will be charged and, in all likelihood, would be convicted of a criminal offence.

What the member for Mulgoa is proposing is, firstly, inappropriate because, as we all agreed when we voted on the second reading of the bill at about 10 o'clock this morning, it should be within a medical framework. Secondly, it is based on a premise that simply is not right. I will not say much else other than we will absolutely oppose it for that reason. The member for Mulgoa should not be worried about it because if doctors go to that extreme they will be charged.

Mr KEVIN CONOLLY (Riverstone) (20:00): The logic behind a proposal like this is to say that having gone through the exercise of legislating what is now to be lawful and structuring a regime where people can have confidence that behaving within those confines is lawful and there is no criminal stigma or risk associated with working within those confines the residue is therefore unlawful. Further, because of the gravity and special significance of this situation where the community rightly identifies human life as important, the penalty associated with being unlawful, being outside what we have legislated, should be significant.

I note that in the bill that has been presented to us there is the creation of a new offence relating to an unqualified person conducting an abortion. So criminality around this area is already in the bill for people who go outside the guidelines by conducting an abortion when they are not qualified to do so. It is established as a criminal offence by those who brought us this bill. I believe the maximum penalty is seven years' imprisonment. This proposed offence is parallel to that—people who go outside the confines of the bill in other ways and conduct unlawful abortions because they do not live within the parameters of what this House is now legislating—and it has the same proposed penalty. That is the logic behind the amendment and I will be supporting it.

Mrs TANYA DAVIES (Mulgoa) (20:01): In reply: I thank the Minister for Health and Medical Research and the member for Riverstone for their contributions. As I have said, we are considering historic legislation in relation to abortion in this State. I believe this is an opportune time to ensure that the legislation is written in the clearest and most unambiguous terms possible. I stand by the amendments that I have put forward. I believe it is critical that we ensure that doctors who will be reading this legislation once it is assented to understand the obligations, the consequences and sanctions if they do anything outside the required standards and the required levels of performance of their profession when giving health care to women in this situation. For that reason I support my amendments and I encourage members of this House to also lend their support to them.

The SPEAKER: The question is that amendments Nos 10 to 12 on sheet C2019-042 of the member for Mulgoa be agreed to.

The House divided.

Ayes 30
Noes 58
Majority.....28

AYES

Atalla, Mr E	Bali, Mr S	Clancy, Mr J
Conolly, Mr K	Crouch, Mr A (teller)	Davies, Mrs T
Dib, Mr J	Elliott, Mr D	Finn, Ms J
Johnsen, Mr M	Kamper, Mr S	Lalich, Mr N (teller)
Lee, Dr G	Lindsay, Ms W	McGirr, Dr J
Mihailuk, Ms T	Perrottet, Mr D	Petinos, Ms E
Preston, Ms R	Roberts, Mr A	Sidgreaves, Mr P
Sidoti, Mr J	Smith, Mr N	Speakman, Mr M
Stokes, Mr R	Taylor, Mr M	Tuckerman, Mrs W
Upton, Ms G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barr, Mr C	Berejiklian, Ms G	Butler, Mr R
Car, Ms P	Catley, Ms Y	Chanthivong, Mr A
Constance, Mr A	Cooke, Ms S	Cotsis, Ms S
Crakanthorp, Mr T	Daley, Mr M	Dalton, Mrs H
Dominello, Mr V	Donato, Mr P	Doyle, Ms T
Evans, Mr L.J.	Gibbons, Ms M	Greenwich, Mr A
Griffin, Mr J	Gulaptis, Mr C	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Henskens, Mr A	Hoenig, Mr R
Kean, Mr M	Leong, Ms J	Lynch, Mr P
Marshall, Mr A	McDermott, Dr H	McKay, Ms J
Mehan, Mr D (teller)	Minns, Mr C	O'Neill, Dr M
Park, Mr R	Parker, Mr J	Pavey, Mrs M
Piper, Mr G	Provest, Mr G	Saffin, Ms J

NOES

Saunders, Mr D	Scully, Mr P	Singh, Mr G
Smith, Ms T.F.	Tesch, Ms L	Toole, Mr P
Voltz, Ms L	Ward, Mr G	Warren, Mr G
Washington, Ms K	Watson, Ms A (teller)	Williams, Mrs L
Wilson, Ms F		

Amendments negatived.

The SPEAKER: The member for Prospect has indicated that he is not proceeding with his previously foreshadowed amendment, which means that we move to the next amendment in relation to criminal offences from the member for Mulgoa.

Mrs TANYA DAVIES (Mulgoa) (20:14): I move amendment No. 13 on sheet c2019-042.

No. 13 **Criminal offences**

Page 9, proposed Schedule 2. Insert after line 2—

[4] Section 545B Intimidation or annoyance by violence or otherwise

Insert after section 545B (1)—

(1A) For the purposes of subsection (1), if a person is convicted of offence under that subsection involving any of the following circumstances the maximum penalty is 7 years imprisonment—

(a) using intimidation or annoyance to compel a person to have a termination performed,

(b) using intimidation or annoyance as a consequence of a person abstaining from having a termination performed.

[5] Section 545B (2)

Insert in appropriate order—

termination has the same meaning as in section 82.

Anyone who considers that a decision whether to terminate a pregnancy should be the free choice of the pregnant person and not of any other person such as an abusive partner, a scandalised parent, or the pimp of a trafficked woman should welcome this amendment. It amends an existing offence in the Crimes Act that deals with using intimidation or annoyance by violence or otherwise with the intention of compelling a person to do something he or she is lawfully entitled to abstain from doing. A study published in the *Medical Science Monitor* 2004 titled "Induced abortion and traumatic stress" shows that up to 64 per cent of pregnant women feel pressured by others to have an abortion. In some cases this pressure will reach the threshold for this offence of "using intimidation or annoyance to compel a woman to have an abortion she is not freely choosing". The penalty reflects the seriousness of forcing a woman to undergo a procedure that may have a profound effect on her wellbeing in circumstances where she was coerced into undergoing it.

The 2007 court case, which has been mentioned previously in this debate, involved Linda. She was seven months pregnant when she took misoprostol to attempt to abort her unborn child. What struck me as I was reading through the court case was that it really was her boyfriend—the father of the child—who should have been prosecuted. It is for bullies like the boyfriend, Akech Lual, that I am proposing this amendment. According to the judge's summary of the facts this woman had been in a relationship with Mr Lual for three years when she fell pregnant. The couple was planning a tomorrow. She underwent the usual prenatal care. However, at 19 weeks into the pregnancy Mr Lual told her that he did not want to have the child as they were not married. Let me say that again: He did not want her to have the child.

This case was not about the woman's choice, but about a woman subjected to coercive bullying by her aggressive arrogant male partner to have an abortion. The woman continued with the pregnancy and prenatal care; she clearly wanted the baby. At 26 weeks into the pregnancy Mr Lual began bullying her to have an abortion. Trying to defend herself and her unborn child from this abuse she told him that it was too late. She, no doubt under intense pressure from Mr Lual, contacted several abortion clinics both in New South Wales and interstate, but was told the pregnancy was too far advanced. Mr Lual apparently did not accept this and the bullying appears to have continued.

I feel sick thinking about this woman, with her baby kicking and moving inside her, being intimidated into taking action that she did not want to take. Eventually, the drug that she sourced from South Africa was illegally obtained from a black market source in Darwin. Linda took the pills and began to feel unwell. Thankfully,

she was with a friend and she was taken by that friend—I note not by Mr Lual—to Blacktown hospital. The unborn child was found to be in distress and was delivered alive successfully by emergency caesarean section. Under this amendment to the Crimes Act and on the facts of this case as recounted by the judge, Mr Lual would most likely have been convicted. I trust that those who are champions of a woman's right to choose will support this amendment, which is aimed squarely at abusive partners and anyone else who uses intimidation to compel a woman to have an abortion. I commend this amendment to the House.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (20:20): The amendment that the member for Mulgoa has moved is not necessary. Those of us who do not support her amendment understand her intent and what she is trying to achieve, but it is not necessary to have an amendment to create a specific offence relating to compelling a person to have a termination using intimidation or annoyance. Under section 545B of the Crimes Act it is an offence to compel another person to do or to refrain from doing an act using violence or intimidation. The maximum penalty is two years' imprisonment and/or 50 penalty points. It is late in the day and we have been debating this bill for 10 hours, so I will not say much more. I understand what the member is trying to achieve, but it is already available in the Crimes Act.

Mr KEVIN CONOLLY (Riverstone) (20:21): The group that worked on drafting this amendment was aware of the section in the Crimes Act. It has a lower penalty than the proposed penalty, as the member for Wakehurst said, of two years. The amendment is for a proposed aggravated offence to heighten the focus on this particular kind of behaviour.

Mrs TANYA DAVIES (Mulgoa) (20:22): I thank the Minister for his contribution, but I found it somewhat contradictory to everything he has said throughout this debate. He said that this amendment is not necessary because there are provisions in the Crimes Act, yet this legislation seeks to remove any relationship to the Crimes Act for an abortion.

Ms Jenny Leong: It's not a crime.

Mrs TANYA DAVIES: The member for Newtown had an opportunity to speak, but she chose not to speak on this amendment. I do not know if anyone else can see the confusion, irony or hypocrisy—whatever you want to call it—as I do. We are attempting to create historic legislation that makes it abundantly clear to our communities that seeking advice on abortion or seeking an abortion is a healthcare process. It is completely separate from the Crimes Act and has been completely removed from the Crimes Act. I urge members to support an amendment to this historic legislation on abortion to insist that women who are coerced, intimidated or threatened have some level of protection. Those who oppose this amendment say that we should look to the Crimes Act. It does not make sense; I do not accept that argument. I think that is contradictory and confusing to our communities. When people read this brief bill about their healthcare rights in relation to abortion, they should be able to see the protections that exist for them should they be coerced, threatened or intimidated into having an abortion. If that provision is not contained in this bill then I think that this bill is less than it should be.

The SPEAKER: The question is that amendment No. 13 on sheet c2019-042 of the member for Mulgoa be agreed to.

The House divided.

Ayes 27
Noes 59
Majority.....32

AYES

Atalla, Mr E	Bali, Mr S	Bromhead, Mr S
Conolly, Mr K (teller)	Cotsis, Ms S	Davies, Mrs T
Elliott, Mr D	Finn, Ms J	Gibbons, Ms M
Johnsen, Mr M	Kamper, Mr S	Lalich, Mr N
Lindsay, Ms W	McGirr, Dr J	Mihailuk, Ms T
Perrottet, Mr D	Petinos, Ms E	Preston, Ms R
Roberts, Mr A (teller)	Sidgreaves, Mr P	Sidoti, Mr J
Smith, Mr N	Taylor, Mr M	Tuckerman, Mrs W
Upton, Ms G	Williams, Mr R	Zangari, Mr G

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barr, Mr C	Berejiklian, Ms G	Butler, Mr R

NOES

Car, Ms P	Catley, Ms Y	Chanthivong, Mr A
Clancy, Mr J	Constance, Mr A	Cooke, Ms S
Crakanthorp, Mr T	Crouch, Mr A (teller)	Daley, Mr M
Dalton, Mrs H	Dominello, Mr V	Donato, Mr P
Doyle, Ms T	Evans, Mr L.J.	Greenwich, Mr A
Griffin, Mr J	Gulaptis, Mr C	Hancock, Mrs S
Harris, Mr D	Harrison, Ms J	Haylen, Ms J
Hazzard, Mr B	Henskens, Mr A	Hoenig, Mr R
Kean, Mr M	Leong, Ms J	Lynch, Mr P
Marshall, Mr A	McDermott, Dr H	McKay, Ms J
Mehan, Mr D	Minns, Mr C	O'Neill, Dr M
Park, Mr R	Parker, Mr J	Pavey, Mrs M
Piper, Mr G	Provest, Mr G	Saffin, Ms J
Saunders, Mr D	Scully, Mr P	Singh, Mr G
Smith, Ms T.F.	Speakman, Mr M	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

Amendment negatived.

Mrs TANYA DAVIES (Mulgoa) (19:29): I move amendment No. 14 on sheet c2019-042:

No. 14 **Public health**

Page 9, proposed Schedule 2. Insert after line 10—

2.3 Public Health Act 2010 No 127

[1] Schedule 1 Scheduled medical conditions

Insert the following definition after the definition of still-birth—

termination has the meaning given in the *Reproductive Health Care Reform Act 2019*.

[2] Schedule 1 Scheduled medical conditions

Insert "Termination" after "Sudden Death Infant Syndrome" in the matter relating to "Category 1".

The intent of this amendment is simply to ensure that a termination is reported in the same way as other category 1 scheduled medical conditions under the Public Health Act 2010 are reported unless such minimal reporting is mandated by the bill. There is simply no data to be considered by the review that is required in clause 11 of this bill to conduct a review of the operation of this Act within a five-year period. Section 54 of the Public Health Act 2010 imposes obligations on medical practitioners to report still births, live births, perinatal deaths and so forth. For each medical condition there is a specified form or procedure set out in regulation 37 of the Public Health Regulation 2012. If this amendment passes it would be in the hands of the Minister responsible for that Act to determine the specific details of the reporting requirements for a termination.

There has been a lot of discussion in the last two weeks about how many abortions are performed in New South Wales. There have been a lot of claims—anything from 20,000 per year to 80,000 per year, etcetera. That discussion clearly demonstrates that no-one actually knows how many abortions are carried out. We just do not know, and we should know. The New South Wales Liberal-Nationals Government is a reforming government that has brought in significant change right across our State in many parts of our communities to ensure that, as Ministers of the Crown and as stewards of New South Wales taxpayer dollars, we are governing and making decisions with the best available information for the best outcomes possible for our communities.

A lot of Government decisions are based on data. This Government has created a fantastic service called Service NSW. New South Wales citizens can obtain a membership number with Service NSW. All engagements with government are registered and citizens can process driver licences, birth certificates, death certificates—all sorts of things—very quickly through that process which is all centred around data. The purpose of the amendment is to ensure that our health services gather that data. The bill contains no requirement for the collection of data concerning abortions. Many people have stated already, and it has been commonly stated in other jurisdictions, that abortions should be made available, legal, safe and rare.

How can we know if they are rare if we do not know how many are being carried out? Further, we need to know the circumstances: What is the rationale for the procedure? What is the gestational age of the child who

was aborted? We need accurate data to inform policymakers and Ministers so that we can continue to direct taxpayer dollars to the services and to the information and education programs in order to reverse undesirable trends and to identify serious gaps in the provision of services or information to a particular group in the community. Otherwise, we are operating blindly in this space.

Medicare can count abortions because abortion is given a Medicare code, but there are people in our communities who may require an abortion but do not have a Medicare card, such as refugees. If they require the services of a doctor to terminate a pregnancy, that would be missed in the data collection. South Australia and Western Australia have comprehensive reporting of abortions, and that has not impeded or blocked or made more difficult access to abortion in those jurisdictions.

If we do not know that something is happening, how can we make sure that safety, information and education are being provided? I urge my colleagues to support the amendment to ensure that medical professionals, policymakers and lawmakers in our State all have the necessary information at their fingertips to ensure that the Government is providing the best care in the right places with the right information and knowledge for our communities. I commend this amendment to the House.

Ms JENNY LEONG (Newtown) (20:44): I oppose this amendment. It is clear that the amendments being proposed by members in this debate are attempts to drastically change the way abortion is treated in the health system and to place barriers in the way of people accessing abortion. The Reproductive Health Care Reform Bill 2019 seeks to remove those barriers. It is important to acknowledge that the particular amendment before the House is trying to conflate two things. I appreciate members are doing that to appeal to supporters who agree with their values and views. The reality is that we are trying to allow medical practitioners to advise people in a supportive way, not drastically change the way abortion is treated in the health system. It is totally unnecessary to list abortion as a Category 1 scheduled medical condition in the Public Health Act 2010. The proposed amendment suggests that termination of pregnancy should be listed after Sudden Infant Death Syndrome in category 1 of schedule 1 to the Act.

I appreciate we are all trying to talk calmly, but I think it is important to realise that, despite talking in calm voices, we might have very strong feelings about how this debate is progressing. I appreciate that members have been respectful, and I acknowledge that many of us have probably bitten our tongues more than we would like to during this discussion when we have heard some members say offensive things and we have heard members propose amendments that seek to undo what the bill is trying to do by imposing additional barriers. That is happening because some members on the other side of this debate believe that people should not be able to access abortion. They are fundamentally opposed to that choice.

When speaking in this Chamber on another occasion, I said that if somebody does not want to have an abortion, they do not have to have one, but the reality is that in attempting to pass a reform in this place we have proven that this is a very personal issue. The reform we are trying to introduce is to allow a person to make a personal choice for themselves. In every proposed amendment to the bill that seeks to remove barriers and improves access, we see additional barriers being imposed. We need to question the motives of the members who are proposing those amendments.

We need to ask ourselves if we were to pass all of the amendments members are bringing forward, would those members support this amazing reform that would see women able to access reproductive health choices? Would they actually support the bill if we accepted all of their amendments? The answer is no, they would not support the bill because they have a fundamentally different view to us. Our view is that women and people should get to decide what is best for them in relation to their own reproductive health care, with the advice and support of their medical professionals and, hopefully, their family and friends. That is what we need to see but that is not happening because members in this place are looking to their conscience to say that they do not support the idea that other people's consciences should be able to decide what happens for them. That is key. For that reason and many other reasons, I do not support the amendment.

Mr RAY WILLIAMS (Castle Hill) (20:49): In supporting the amendment moved by my learned colleague, I make the same observation that she has: We collect data for everything we do; it is the basis for all of our decisions. That is why we keep the information. Last year 1,140 people died on roads across Australia, out of which 400-odd were in New South Wales. How do we know that? We keep data. A large number of people who lost their family members on our roads last year would want to say to the Government, "You need to do something. You need to put processes in place to improve the safety of our roads." How do you do that without data? That is just one example.

Contrast that with perhaps 80,000 abortions that take place in this country every year. I hope to lower that number. I would like to make people think about it. In my contribution to the second reading debate a couple of nights ago I said I believe abortion is necessary in extreme cases and that a woman should be able to make that

choice. I will not go through that again because it was deeply emotional—I do not want to start howling in the House again like I did two nights ago—but I had good reason to make those comments. I firmly believe them because my mother instilled those values in me.

However, my mother also said that people should not bring unwanted babies into this world and that they should be responsible for their actions. I absolutely get that there are women who will need to have an abortion. We should support them in whatever way we can. But there are 80,000 abortions a year in this country. Have people treated the responsibility about their sexual activity lightly? I think they have; I think they should be more responsible. In addressing these issues we as leaders of this State should do everything we can. If I could do something to lower that rate of abortions, I absolutely would because I would love to see more Australian-made babies every year. We cannot do that, we cannot prevent that and this is not a process under this amendment to do that. All this amendment seeks to do is collect data.

Mr RYAN PARK (Keira) (20:53): I oppose the amendment strongly. I note respectfully that comments have been made about the number of abortions that occur each year. That is not a figure that I have a right to comment on. I will not make a judgement about whether that is good or bad; that is highly inappropriate. I will not say whether I believe a figure is good, bad or indifferent. I do not have that opinion; in my view as a legislator, I do not need to have that opinion. To my knowledge, the data the amendment refers to is already collected through Medicare; that information is already available.

I am concerned that the amendment is another hurdle for women and another opportunity to stop the bill from progressing. During my contribution to the second reading debate, I said that I respect wholeheartedly that there are differences of opinion on this matter. I respect that many people watching this debate—in the community that I represent and my colleagues on both sides—have a very strong opinion that is different to mine, but I do not believe this amendment is necessary. The member said that data is important. Yes, it is, but it is already collected. I have a strong belief that data about road accidents is very different from the data this amendment aims to collect. I will never believe all data is equal. As I said, I will not make a judgement about whether a number is right, wrong or indifferent. In my heart of hearts and in my deep conscience, I do not believe that is my duty as a legislator; it is certainly not my duty as a bloke.

I do not believe the amendment will solve a problem. From discussions with the Minister, I understand that largely the data is already collected and available. This amendment is not necessary. I have told my colleagues that I respect the right of members to move amendments in the way it has been done in this debate. I will not support this amendment because, firstly, I do not believe it adds any value to the bill; secondly, this data cannot be necessarily equated to other data that the State collects; thirdly, data about this issue is already collected on a Commonwealth level; and, most importantly, fourthly—this is at the core of my view on this issue—I do not want to add another barrier for women seeking to make decisions about their reproductive choices.

Mr KEVIN CONOLLY (Riverstone) (20:57): I put on the record that the data is not basically available. There is a great deal of conjecture about the number of terminations across the country, not just in New South Wales, because it is not an easily identifiable Medicare code; it is with a number of other items. We have heard that in the debate throughout the past couple of days. More to the point, if we are treating abortion as any other health issue, as has been argued, I point out that we collect data about lots of things. That is why there is already a list of them in the Public Health Act. The amendment is not an outrageous proposition; it is not a barrier. It is a data-collecting exercise to inform the Parliament so it knows how to treat public policy.

Mr JAMIE PARKER (Balmain) (20:57): In speaking to this amendment, I first appreciate the goodwill in the debate. There has been very eloquent discussion on all sides. I acknowledge the civilised and thoughtful way in which all contributions have been made. I also acknowledge visitors in the public gallery and thank them for attending this evening. The point I make explains why I do not believe the reason for this amendment. The amendment is not about collecting data; it is about including this medical procedure in a specific category of medical conditions that are listed in the Public Health Act. The process by which the amendment is seeking to get this data is by including terminations in category 1 in schedule 1 to the Public Health Act. Some medical conditions are in that category for a specific reason: to assist with understanding more about those issues from a medical perspective to help inform research. Including terminations in that category is not appropriate. Even if we wanted to collect data, that schedule is the wrong place to include terminations.

Let us look at some of the conditions that are included in this schedule: cystic fibrosis in a child under the age of one year, hyperthyroidism in a child under the age of one year, rheumatic heart disease in a person under the age of 35 years, sudden infant death syndrome—the issues raised here are those that are subject to rigorous medical research. For example, understanding why a person under the age of 35 has died from rheumatic heart disease is important for medical researchers. The raw number of terminations is not appropriate to be put in this category; the reasons for inclusion in this category are very different. Of course, we know the reason why there is a motivation to understand the number of terminations.

It is because there is a lot of judgement around that. It is not about improving the level of medical research on a particular ailment and why people die at a particular age. It is about judging people and implying that the level is far too high and the reasons for that and so on. We have heard that the data is already collected by Medicare and that maybe refugees are not included. I always find it very challenging when we talk about refugees and look at them with sympathy, when many of those who are talking about why we should treat refugees with sympathy are those who support locking them up on Manus and Nauru. I am not necessarily casting aspersions on anyone in the House right now.

Mr Ray Williams: You just did, just quietly. But anyway, far be it from us to say something rude.

Mr JAMIE PARKER: I am not saying it about anyone in the House right now because I do not believe it about those members. But members know that other members have raised it and they know their position on refugees and it is not that we should process them here in Australia. That is a matter of fact. I acknowledge that the members in the House are not those to whom I was referring. My concern is that seeking to gain this data to include it in this schedule, in this category, which is designed to collect information used for purposes of medical research in particular, is not appropriate. The real motivation behind a lot of this is be able to judge the number of terminations in a negative way. I understand that this data has been collected in a very significant way across Australia. We can use different data points depending on where we are talking about in Australia or the different types of terminations and we can look at the Medicare data. We have a good indication as to terminations here in Australia.

It is important that whenever we think about this issue we recognise that we need to be looking at this schedule in the medical framework and not loading up the schedule with items that do not meet the test of inclusion, which is how we can add to the sum total of medical knowledge to help improve the research environment for those particular conditions. We know that many of those issues are about congenital malformation in a child under the age of one and are issues that, in going to the actual age of the condition being experienced by the person, are important for public health outcomes. Terminations are not and should not be included in this category.

Ms TAMARA SMITH (Ballina) (21:03): I speak against the amendment. I find the fact that this relates to data very interesting because the data that we do have on abortion globally tells us that where there are safe abortions, the rate of abortion goes down. If the brief of the member for Mulgoa and those members opposite is to see the rate of abortion go down, then safe and lawful abortion is the means. It is an irony that I see. Throughout the course of this debate we have seen a strong anti-abortion element to the amendments. The bill is not about being for or against abortion. It is, as so many members have reiterated, about locating the choice of reproductive rights and health within a health framework and not a criminal framework. That is not outrageous. When I was explaining to a friend of mine who is a judge in Sweden—and I have been there a number of times—what was going on in this place she could not understand it because, of course, there is absolutely no place for faith-based arguments in Sweden's system of government as it is a secular society. It is inconceivable that people would use faith-based arguments in Parliament to discuss women's reproductive rights.

Do not be fooled by the politeness; do not be fooled by the restraint. It is fundamental to me that when it comes to something as pivotal as a woman's rights, faith-based and moral arguments should not be used. Describing women as "vessels" goes back to ancient Greece, where women were regarded as incubators and it was believed that genetics came only from males and not from females. It is archaic. We are our bodies. I am a woman and I am my body. The idea that we do not have rights over our own bodies is antiquated; it is outdated. We are the last State or Territory in Australia to modernise this area of the law. I feel so sad to think of the messages and the representations of women that I have heard in the House—it is as if there is a war against us. The idea of "conscientious objection" is used in the context of war.

And yet that is the language of the bill that we have had to compromise on. I can assure members that for The Greens—and I am happy to put it on the record—the bill as it stands is a massive compromise for us. The idea that a doctor, who has already sworn a Hippocratic oath, can turn away—the term was "leave out in the cold"—the duty of care to support a woman to find adequate care, is ludicrous. It is not something that my doctor would ever do, regardless of what I was asking her about. She would support a woman to find the care that she needs. It is incredibly disappointing to me to have sat here and listened to the portrayal of women in ways that I find obscene—the way of talking about women's bodies as if somehow they are separate from them. The amendment is ludicrous. The statistics are already there; the data is already there. Safe abortion is the best way to reduce those numbers.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (21:08): I understand what the member for Mulgoa is trying to achieve but it is inappropriate. I have taken advice from the Ministry of Health on this question—that terminations should be included in the list of scheduled medical conditions that medical professionals are required to report to the Secretary of the Ministry of Health under the

Public Health Act. There was a degree of surprise that we would even be considering putting this information into that particular place. It was highlighted to me that the aggregated data sets in the area that the member for Mulgoa spoke about are more like a list of diseases that impact on public health or are generally just statistics on health that are kept for epidemiological purposes. Treatments that are provided to patients such as terminations, therefore, should not be included within the list of scheduled medical conditions that are contained under the Public Health Act.

I can say to the member for Mulgoa and to the House that there is an aggregation of data around terminations in a sort of subset of the broader collection of data. It is done anyway Australia-wide at a Federal level under Medicare, because those terminations are generally eligible for a Medicare rebate. The Federal Government has data that might inform us on the specific issues that the member for Mulgoa is trying to address and some of the issues that we are all concerned about, such as sex selection. It is possible to dig into that data, and I will talk a bit more about that when the member moves another of her amendments.

I also thought I should double-check this, so I brought it to the attention of the chief obstetrician, despite the fact that it is after nine o'clock at night. I do not think I got him out of bed. I asked him about the aggregated data to make sure not only that the Federal Government has it but also that we may be able to draw on it to address some of the issues that concern us. The chief obstetrician said that there is a bit of a challenge, and it is an interesting one considering what we are talking about tonight. He believes that terminations are underreported in the aggregated data because of the stigma that attaches to the word "termination". When I asked him what he meant by that, he said it was because when they are filling out forms a lot of doctors may not report a termination technically in the way that it occurred because that would leave them open to consequent criminal action under the Crimes Act.

After nine o'clock at night, on the first occasion that I have ever spoken to the chief obstetrician, it was amazing to hear the words from his mouth that the exact problem we have been talking about for 10 hours is very real—that terminations should not be in the Crimes Act for the very reason that the member for Mulgoa is arriving at. I share the viewpoint that we would like to have more data on terminations, but they may be underreported at the moment because doctors are worried about criminality. We do good work here today in taking terminations out of the Crimes Act because once we have done so it is hoped doctors will start to more accurately fill out the documents and give us a much clearer picture in regard to terminations.

Mrs TANYA DAVIES (Mulgoa) (21:13): In reply: I thank members for their contribution to the debate on this amendment. What the member for Ballina said about my somehow introducing religion or faith into this debate could not be further from the truth. I challenge her to find anywhere in any of my contributions to this debate where I have done such a thing. I want to correct the record and contradict what the member for Ballina has accused me of in this place. The purpose of this amendment is to ensure that we place termination into the Public Health Act and in the records of the Public Health Act.

I believe that the original and primary purpose of the legislation before us is to place the procedures, guidelines and protections of that process into that Act. Therefore, it stands to reason that we would ensure that the process of collecting data in relation to those things are built into the Act that we are discussing. It is nonsensical to suggest that somehow requiring further reporting of what is happening is somehow putting up a barrier or delaying or creating obstacles when, as the health Minister eloquently stated, that process is the doctor filling out the forms correctly.

The need for data goes to the very issue that many members representing rural and regional New South Wales have been arguing about in this debate regarding the challenges they face within their communities because the level of expertise we have in metropolitan cities simply does not exist in regional or rural parts of the State. Therefore, it makes sense to me that if there is a requirement to accurately record how many abortions and related procedures take place across New South Wales—according to what the health Minister may determine is appropriate, whoever it may be—we could create a clear, evidence-based case that would demonstrate to whoever is in government that there is a need for further services in the regions.

The member for Ballina referred to a friend of hers in Sweden. Swedish authorities record data on every abortion and they also record how many abortions a woman has already had. I believe this is a rational amendment, and its intent is to enable the government, the policymakers and the Treasurer of the day to accurately allocate funding to support the clearly evidenced needs of our community. It does nothing more and nothing less. I support the amendment.

The SPEAKER: The question is that amendment No. 14 on sheet c2019-042 of the member for Mulgoa be agreed to.

The House divided.

Ayes 26
Noes 62
Majority.....36

AYES

Atalla, Mr E	Bali, Mr S	Conolly, Mr K
Davies, Mrs T	Dib, Mr J	Dominello, Mr V
Elliott, Mr D	Johnsen, Mr M (teller)	Kamper, Mr S
Lalich, Mr N	Lee, Dr G	Lindsay, Ms W
McGirr, Dr J	Mihailuk, Ms T	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Roberts, Mr A (teller)
Sidgreaves, Mr P	Sidoti, Mr J	Smith, Mr N
Stokes, Mr R	Taylor, Mr M	Tuckerman, Mrs W
Williams, Mr R	Zangari, Mr G	

NOES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barilaro, Mr J	Barr, Mr C	Berejiklian, Ms G
Butler, Mr R	Car, Ms P	Catley, Ms Y
Chanthivong, Mr A	Constance, Mr A	Cooke, Ms S
Cotsis, Ms S	Crakanthorp, Mr T	Crouch, Mr A (teller)
Daley, Mr M	Dalton, Mrs H	Donato, Mr P
Doyle, Ms T	Evans, Mr L.J.	Finn, Ms J
Gibbons, Ms M	Greenwich, Mr A	Griffin, Mr J
Gulaptis, Mr C	Hancock, Mrs S	Harris, Mr D
Harrison, Ms J	Haylen, Ms J	Hazzard, Mr B
Henskens, Mr A	Hoenig, Mr R	Kean, Mr M
Leong, Ms J	Lynch, Mr P	Marshall, Mr A
McDermott, Dr H	McKay, Ms J	Mehan, Mr D
Minns, Mr C	O'Neill, Dr M	Park, Mr R
Parker, Mr J	Pavey, Mrs M	Piper, Mr G
Provest, Mr G	Saffin, Ms J	Saunders, Mr D
Scully, Mr P	Singh, Mr G	Smith, Ms T.F.
Speakman, Mr M	Tesch, Ms L	Toole, Mr P
Upton, Ms G	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

Amendment negatived.

The SPEAKER: Two separate sheets of amendments have been lodged since we started this process. I will address each of them briefly. The first amendment relates to terminations not being used for gender selection, which the member for Mulgoa has foreshadowed. I rule that amendment in order. We will address it shortly. The other set of amendments relates to a prohibition on the sale of tissue removed in the performance of a termination, which the member also foreshadowed. I rule the amendments relating to the sale of tissue not in order. In doing so I refer to Standing Order 210, which requires amendments to be within the long title of the bill or relevant to the subject matter of the bill. While I have ruled the amendments out of order, I note that the member for Mulgoa has other avenues available to her to pursue the matter.

Mrs TANYA DAVIES (Mulgoa) (21:29): I move amendment No. 1 on sheet c2019-046A:

No. 1 **Termination not to be used for gender selection**

Page 3. Insert before line 26—

7 Termination not to be used for gender selection

Despite anything else in this Act or any other law, a medical practitioner may not perform a termination on a person—

(a) for the purpose of gender selection, or

(b) if the medical practitioner reasonably believes the termination is being performed for the purpose of gender selection.

Throughout this debate I have not agreed with very much of what the member for Newtown has said in her contributions, but members will be surprised to learn that I will in part echo her heartfelt cry to destroy the patriarchy—the phrase she used in the debate. In April 2019 a massive study by Fengqing Chao and colleagues reported that as a direct consequence of sex-selective abortion driven by the coexistence of male "son preference", readily available technology of prenatal sex determination and fertility decline during 1970 to 2017 there is a total of 23.1 million missing female births globally. The majority of those missing female births are in China, with 11.9 million, and in India with 10.6 million.

Sadly, this archaic patriarchal and deadly son preference is carried with immigrants from India and East Asia into western countries. Detailed demographic studies have found evidence of missing female births among Indian and East Asian immigrant communities in the United States, Canada, England and Wales. Closer to home, in December 2018 research into male biased sex ratios in migrant populations in Victoria, carried out by researchers at Latrobe University, was published in the *International Journal of Epidemiology*. Disturbingly, it found evidence of distorted sex ratios in births in Victoria for the children of mothers born in China and India.

There were over 300 missing girls in Victoria due to sex selection before birth in the Indian, Chinese and South-East Asian migrant communities between 2011 and 2015. In that five-year period, which I note was after Victoria's abortion law reform was in place, there were an average 37 girls each year missing from Indian-born mothers and 24 girls each year missing from Chinese-born mothers: over 60 girls each year. The research points to abortion following the identification by ultrasound of the sex of the unborn child as female as the primary mechanism by which the cultural preference for a male child is given effect.

If one little toddler girl were to go missing today somewhere in New South Wales we would mobilise all our resources and try desperately to find her. What are we going to do to stop men with archaic patriarchal attitudes from using the provisions of the reproductive technology bill to force, bully or cajole their wives or partners into requesting an abortion if they are found to be carrying an unborn child that is revealed by ultrasound to be a girl? In the absence of any specific prohibition on gender-selection abortion in this bill, such abortion will occur in New South Wales, as it has in Victoria. If it is already occurring in New South Wales then this is the time to stop it.

Performing an abortion for the purpose of gender selection or when a medical practitioner reasonably believes the termination is being performed for the purpose of gender selection should simply not be permitted. As well as protecting and indeed saving the life of the girl child, such a prohibition would strengthen the ability of women and mothers whose husbands or male partners are seeking to impose their archaic patriarchal son preference on them to resist. It would help women and mothers to find their legal basis to stand up for their right to carry their child, regardless of its gender, through to full term if it is their desire to do so.

That prohibition would be consistent with Australia's foreign aid policy which prohibits the use of aid funds to support selective abortion in line with the program of action of the 1994 Cairo International Conference on Population and Development. It would also be in line with the prohibition on using prenatal genetic diagnosis in assisted reproductive technology for sex selection, which has been prohibited throughout Australia since 2004. It was recently reaffirmed by the Australian Health Ethics Committee as sound public policy. I now invite all members to join me in seeking to destroy the aspect of the patriarchy that prefers a male child to a female child in some of our communities.

It has a real and deadly impact on the lives of our future female citizens in this State. We have an opportunity to place into this historic legislation some provisions to protect the life of the unborn girl. I appreciate this has been a very long day, I appreciate the time of night, but this is a critical issue for women and for mothers of our State. This is a critical issue for potential future females of our State. It will ensure that women from cultural communities where there is a preference for a male child to be born are empowered to lean upon the legislation of New South Wales to garner support for their right to defend their pregnancy, if they wish to, regardless of the sex of the child they are carrying. I urge members to support this amendment.

Mrs LESLIE WILLIAMS (Port Macquarie) (21:39): I move:

That amendment No. 1 on sheet c2019-046A be amended by leaving out all words with a view to inserting instead:

"No. 1 **Gender selection**

Page 6. Insert before line 2—

11 Review in relation to gender selection

(1) The Secretary of the Ministry of Health must, within 12 months after the commencement of this section—

(a) conduct a review of the issue of whether or not terminations are being performed for the purposes of gender selection, and

(b) prepare, and give to the Minister, a report about the review.

(2) The Minister must provide the report to the Presiding Officer of each House of Parliament.

(3) A copy of a report provided to the Presiding Officer of a House of Parliament under subsection (2) must be laid before that House within five sitting days of that House after it is received by the Presiding Officer.

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(1) Notes that this House opposes termination being performed for the sole purpose of gender selection.

We need to be very clear that we do not support gender selection in New South Wales. I am confident that there is not one member in this Chamber who would support gender selection as a reason for termination. However, we hear the issue that those who support the member for Mulgoa's amendment have raised, whilst we do not believe that it is an issue in New South Wales, and that is why I have proposed the amendment that is currently being circulated. What we want in New South Wales is good clinical practice and a duty of care for medical professionals to always put the best interests of their patients first and foremost.

A woman seeking a termination often has a range of complex reasons for doing so. Gender selection could be included in cases where the woman or her partner is a carrier of one of the hundreds of sex-linked conditions that can present devastating diagnoses. Under the amendment, doctors presented with such a patient would be forced to refuse termination. The ban could discourage a woman who is a carrier of a sex-linked condition from having honest, confidential conversations about her concerns with her doctor out of fear that she could be forced to proceed with a pregnancy that would lead to the birth of baby who will suffer and then die. There is no evidence that there is a problem of sex-selection abortions in Australia.

The member for Mulgoa has implied that this is an issue specific to certain communities. By placing women's motivations for an abortion under suspicion and linking this motivation to certain communities, her amendment could have the very dangerous effect of opening the doors to discrimination and racial profiling of women of colour and immigrant women based purely on negative stereotypes about the communities. A first impact is that some women from these certain communities will feel that they will be suspected of seeking a gender-selective abortion and withhold information from their doctor.

These are women who need care the most. This issue will be absolutely integral to the inquiry. There is overwhelming evidence, including from the World Health Organization and United Nations agencies, that imposing restrictions or prohibitions on access to health services like abortion for sex-selective reasons is more likely to have harmful impacts on women and "may put their health and lives in jeopardy". I ask members to look carefully at the amendment that I have moved. I make it very clear again that we oppose terminations being performed in New South Wales for sole purpose of gender selection, but this issue will be the subject of the review that has been proposed in this amendment. I ask members to support this amendment.

The SPEAKER: I observe for the benefit of the House that the amendment moved by the member for Port Macquarie includes clause 11, which appears to have been drafted by Parliamentary Counsel and looks in order. Clause 12 is handwritten. I have questioned in my own mind whether it is in order. I believe it is of no legal effect as it is an expression of opinion and, in my opinion, inappropriate. However, I will leave it as a matter for the House to decide. I am not ruling it out of order.

Mr RAY WILLIAMS (Castle Hill) (21:45): This will be my final contribution to this debate, which will probably make a lot of people pretty happy. Once again I express my support for the member for Mulgoa, who has been in the Parliament since 9.30 this morning. She has been working hard to do nothing less than to get some protections within this bill, which as I said before has many shortcomings and many failings. This bill has been rushed into this House. The member for Mulgoa is working hard to protect the unborn. Surely someone has to stand up for the unborn. We accept that there must be abortions in extreme cases, but I do not think there is anything more unsavoury, more distasteful, more abhorrent than the suggestion that a baby's life be taken because of its gender. The member for Port Macquarie suggested that there is absolutely no evidence for this happening in this country. As the member for Mulgoa has pointed out, La Trobe University would beg to differ. There is strong evidence from a noted university that sex-selective abortion is happening at this time.

What would be the difference if we enshrine in this bill that members of this House will never condone gender-specific abortions? What would be wrong with that? Who could not accept that? It makes no difference to the bill, but it makes a difference to me as a human being. I stand with the member for Mulgoa to defend the rights of the unborn. It would make a hell of a lot of difference to me that we would enshrine this in legislation to send

a clear message that this Parliament will never support such an abhorrent practice. Perhaps much of the legislation that goes through this House does not get enacted. One example is the "coward's punch" or "one punch" legislation.

We had alcohol-related crime in Sydney when young people from my electorate were punched by an out-of-control person who was full of grog and took a life. We realised that we had to make a legislative change and we did. We enshrined a mandated sentence of eight years in jail. If you get drunk, shove grog down your throat, run around town, throw a punch and kill someone—bang, mate, you are in jail for eight years, no questions asked. That is just to start with—the minimum sentence. People called for this legislation and we put it in place. I do not know whether that legislation has been used since it was enacted in 2014.

I believe it has probably had a big influence on the number of young people who travel into the city—maybe it has had more influence than the lockout laws. Maybe that is a debate best left for another day. My point is that the legislation sends a very clear message that we will not tolerate unruly behaviour. What would be wrong with enshrining in legislation an amendment that specifically points out that the New South Wales Parliament will never, ever tolerate gender-specific abortion? I cannot see one thing that is wrong with that. I think it sends a very clear message to the community that we are once again standing up on behalf of the rights of the unborn and, more importantly, standing up for the rights of humanity.

[*Interruption from gallery*]

The SPEAKER: People in the gallery, I have been tolerant. Earlier Temporary Speaker Evans warned people and I am now issuing a final warning. Please do not engage in noise-making exercises. People in the gallery, you have been really well behaved and I thank you. I know a lot of you have been here for a lot of hours and have listened in a controlled and calm way, but please do not ruin your record.

Mr KEVIN CONOLLY (Riverstone) (21:49): I support the amendment moved by the member for Mulgoa which is direct, to the purpose and very well targeted. It is a shame that this amendment was lodged during the course of today and members have not had much opportunity to consider it until now. It has been a busy day and we have been thoroughly engaged in the debate. But it is just another reason why the bill should have been treated differently in the first place and gone through the proper process. This sort of issue should not be a last-minute afterthought. The response from the member for Port Macquarie is even more of an afterthought. It is not a legislative response to the issue at all. It starts off by saying the Secretary of Health should conduct a review on the issue within 12 months, which would require some data to be collected and we have just said that cannot be done. It indicates that more thought will have to go into this issue after tonight between this House and the Legislative Council, and probably returning to this House after that, to resolve some of these issues that should have been properly worked through in a public process in the first place. When you undertake something in a bad process you get a bad outcome.

One valuable point that the member for Port Macquarie made about gender selection is its relationship in some cases to genetically passed on diseases. I think that is a valid concern and it requires thought about how to construct such a clause like this so it appropriately weighs up those sorts of issues. It could be by definition of what "gender selection" means. Unfortunately, we do not have that in the bill at the moment. This has not been thought of until today. I suggest that approach can be used to define "gender selection" to exclude clinically indicated conditions or genetic diseases from its capture. I am of a mind to support the amendment moved by the member for Mulgoa because it properly names the issue. It states unequivocally the intent of this Chamber and we know that there is a process in the Legislative Council to do something about the issues that have not been thought of until tonight. I think we should go with the one that actually does it properly, even if it requires more work because, I am sorry, the other is an on-the-run response that does not do the legislative job.

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence) (21:52): With reluctance I have to speak against the amendment moved by the member for Mulgoa at this stage. She has raised an entirely legitimate and grave concern about sex selection which is something that would repulse every member of this House but I do not believe the amendment is in a state that should go in the bill. But I would like to see something some time in our legislation. The concern of the member for Mulgoa is legitimate because there is significant statistical evidence coming from Victoria from researchers at La Trobe University in the *Journal of Paediatrics and Child Health*, published in March last year, which looked at a population of over one million, that suggests that in some communities the male to female ratio in birth was about 1.25 to one. In other words for every 100 girls there were 125 boys. The inference is that sex selection is happening in those communities.

There is no evidence that I am aware of that across the general population sex selection is happening but it is a matter of grave concern that it appears to be happening in those communities. There are a number of reasons why the current amendment is not in an appropriate state. It is one thing to say that if a doctor knows that sex selection is proposed the doctor should not participate. It is unclear from this draft just what duty is to be imposed

on a doctor in relation to sex selection because the drafting suggests that if the parents are sex selecting it is against the law for the doctor to be involved. What obligation should that doctor have? I do not think that is something that we can determine on the run.

The second point is, as repugnant as sex selection is generally, there will be isolated cases where at least part of the community will think it is appropriate, particularly if there are very serious genetic conditions of which apparently there are some that are connected with sex selection. As I said on Sky News this morning I think sex selection as a general principle is immoral but I think more work needs to be done on this. The World Health Organization, for example, has said there are other ways to deal with this issue in terms of gender equity. It is appropriate to have a proper analysis of this. It is appropriate to do longitudinal studies to see whether what has occurred in Victoria is being replicated in New South Wales in terms of sex selection.

I do not take what might have been the view of the member for Port Macquarie that there is no evidence that this is happening—there clearly is evidence in Victoria. Reluctantly I do not think this amendment is in an appropriate state at the moment because it is unclear what obligations it puts on a doctor to make inquiries. It is unclear what liability there is for a doctor if the doctor does not know but has not made inquiries. It is unclear what happens in the case of rare genetic disorders where at least a section of the population will think that sex selection is appropriate. This is an incredibly important issue. I think the member for Mulgoa is on the right track. It is something that I would want to see addressed but I do not think the current amendment addresses that. Given the choices before the House I think the better way to go is to have this study by the Secretary of Health and get an idea of what is happening in New South Wales and then make an informed policy response.

Mr ANTHONY ROBERTS (Lane Cove—Minister for Counter Terrorism and Corrections) (21:56): I totally agree with the wise words of the Attorney General. I congratulate the member for Mulgoa for raising this issue this evening. My point is this could have been raised a lot earlier and we could have dealt with this matter. I think the general feeling of the House seems to be that this is an issue. Every academic study I have read says not just that it is an issue internationally but also that it is becoming an issue in our nation. Let us put aside the fact that we do not seem to be actually collecting any data at the moment and under this new legislation we will not be collecting any data to see what is occurring.

Putting that aside it goes to our original point—and I will do this to more or less wrap up this evening: If there had been reasonable consultation and if people had been given notice of this bill and the community could have been part of its formulation then we would not have issues like this being raised at the last moment. Other members can sigh, but as someone who came into this very late because I only got notice of this bill a couple of days ago, together with generally 99.99 recurring per cent of the New South Wales population, I have to say this is what happens when you breach parliamentary process and procedures that have been in existence—and they are there for a reason—for hundreds of years.

This is when you have failed legislation that is brought before this House and then we try to fix it during lengthy sessions that go well into the night. I congratulate members who have raised this important issue this evening. I will strongly support the amendment moved by the member for Mulgoa because we need to send a very clear message to the community, and those people who practice sex selection, that this is not acceptable and it will not be tolerated. The killing of an unborn baby because she is a female is disgraceful, it is reprehensible and it goes against everything we on this side stand for.

Mr BRAD HAZZARD (Wakehurst—Minister for Health and Medical Research) (21:58): Let's get it really clear: There is not one single solitary member of this House—Liberal, National, Labor, Greens, Independent—who would support gender selection. It just is not on. That is a clear message from this House. We will do all we can to make sure that does not happen in this State. Having said that, the amendment that has been moved by the member for Port Macquarie addresses the concerns and ensures we can go forward sensibly and get a review.

[*A member interjected.*]

I ask the member, who I normally get on quite well with, to let me finish. I spoke earlier about the fact that just after nine o'clock tonight the chief obstetrician and I became acquainted by phone. I asked him whether, to his knowledge, there was any evidence whatsoever in New South Wales that gender selection is occurring. His words were—I double-checked them with him—and I quote, "There is no evidence that I am aware of that indicates any practice of terminations on the basis of gender."

[*Members interjected.*]

Let me finish, please. I allowed you guys to speak uninterrupted. The genuine concern about gender selection is shared by every member in this place, but we know from the chief obstetrician that, in his view, there is no evidence of it happening in New South Wales. Having said that, as I said earlier, there have been challenges

in gathering data in this area. The chief obstetrician pointed out to me—and I again use his words because they are better than mine on this topic—that "all perinatal deaths are recorded and reviewed in New South Wales, and include all stillbirths, a proportion of which will be terminations", and this is where it gets a little tricky with regard to data, "plus neonatal deaths," which means babies that are born but then die within 28 days. Work needs to be done on gathering the data that all members of the House, to a man and to a woman, want to see. That will be done if this motion moved by the member for Port Macquarie is supported.

I am concerned that back in 2013 a Senate inquiry indicated that there was some evidence that gender-selective abortion was prevalent in other countries. However, it was argued that there is no evidence that it is being undertaken in Australia or that the use of Medicare funding for it was prevalent. As a team of parliamentarians who want to ensure that gender-selective abortion does not happen in this country and this State, we will proceed to gather that data through the auspices of the Ministry of Health and the Centre for Epidemiology. Not one member of Parliament should think that there is any opportunity in this State for gender-selective abortion to occur. It should not happen. But we must be careful in our commentary not to throw stones in any particular direction, especially towards any particular community groups, before we have that data.

I ask members to be careful with their words because words can be weapons: They can either bring people together or divide people. This House should be about bringing people together. The great crusade members are talking about in this House tonight is to make sure there will be no gender selection in New South Wales. Having said that, the chief obstetrician put the qualification that there are some technical issues in gathering the data because some of what might appear to be gender selection may have been done on the basis of genetic aberrations—genetic reasons, in other words. We also need to be able to get to that level of data.

I am assured by the Ministry of Health that it will do everything possible to ensure that a report can be delivered to the House within 12 months that will either make us feel a lot better or bring us together as one to propose legislation to ensure that the issue is addressed in the right way and not in a way that is unsupported by the data. Generally doctors have an obligation to behave professionally, and they do so. We know that doctors do not perform late-term terminations or even early-term terminations without looking at all of the reasons around it. We have heard about that today so I will not go back over it. We end the day by saying that we have faith in our medical practitioners, we have faith in the Ministry of Health, we have faith in our chief obstetrician and now, together, we will make sure that we can have faith in what is actually happening in ensuring that there is no gender selection in this State.

Ms JENNY LEONG (Newtown) (22:04): I speak against this amendment which I believe is both alarmist and unnecessary. It is important when we are debating such a crucial issue that we do not misrepresent the facts. The member for Mulgoa, the member for Castle Hill and the member for Lane Cove all referred to a study concerning male-biased sex ratios in Australian migrant populations published in 2018 by La Trobe University. The study noted that there can be no conclusions drawn as to whether sex-selective abortions occur. I wonder what the same study recommended. If we are talking about facts, we should talk about the facts, and if we are relying on a study, we should rely on the study.

The same study recommended that the most effective way to address any concern about male-biased ratios was—I could say many things about what it was but I will stick to the facts—to reinforce social policies that tackle gender discrimination in all its forms. That is what the report recommended. Did it recommend the idea of whipping up concern and raising alarmist and unnecessary amendments to legislation that is designed to reform the law in this State to allow the decriminalisation of abortion? No, it did not. It suggested that we should, and I quote, "reinforce social policies that tackle gender discrimination in all their forms". That is the study that members are relying on in moving this amendment. It is important for us to listen to the facts.

Members probably know that there were things said in contributions from those on the other side about which I have quite strong feelings, but that is not what we are here for today. I can share those feelings at some other time. Today we are here to speak on what is, I believe, the last amendment the House is dealing with in relation to this legislative reform. It is important to make it clear that bans on sex-selective abortions will have unintended consequences that hurt women and block timely access to healthcare. This is the advice we have received from the Pro-Choice Alliance.

The World Health Organization and United Nations agencies have found that imposing restrictions or prohibitions on access to health services like abortion for sex-selective reasons is more likely to have harmful impacts on women and "may put their health and lives in jeopardy". In the context of this debate it is important to remember that there are hundreds of sex-linked conditions that vary in severity and can present devastating diagnoses. The application of a ban on sex-selective abortions would place a burden on providers to scrutinise a patient's pregnancy choices and second-guess a patient's reasons for choosing what they choose. This amendment is not necessary and it is not required. I strongly urge members to realise that what is happening here is not what is purported to be happening.

I expect this is my last opportunity to speak in this debate. It has been a long debate and a long 119 years waiting for this reform. I will briefly acknowledge some incredible people who have been present in the public gallery during debate on the bill. I acknowledge Wendy McCarthy, the chair of the NSW Pro-Choice Alliance; Sinead Canning, NSW Pro-Choice Alliance campaign manager; Ann Brassil from Family Planning New South Wales; Denele Crozier from Women's Health New South Wales; Mary O'Sullivan from the Women's Electoral Lobby [WEL]; Jozefa Sobski from WEL; Karen Willis from the Rape and Domestic Violence Service Australia; Moo Baulch from Domestic Violence NSW; Adrianne Walter from the Human Rights Law Centre; Edwina MacDonald from the Human Rights Law Centre, who is watching at home; and Renee Carr from Fair Agenda.

I also acknowledge Georgia, Jaime, Judith, Yumi and all of those who helped us organise the actions outside. I take a moment to note that we are on the brink of something big here. I acknowledge the member for Balmain, Jamie Parker, and the member for Ballina, Tamara Smith, both of whom have been present in this Chamber and have backed up my voice during this debate. I acknowledge the amazing effort of staff behind the scenes to support members in responding to all of the amendments to the bill. We are nearly at the end of this process, and it got a bit dirty at the end. Let us get this done.

Mr GARETH WARD (Kiama—Minister for Families, Communities and Disability Services) (22:09): I am incredibly grateful to the member for Mulgoa for bringing forward this amendment. I am also very grateful to the member for Port Macquarie for bringing forward her amendment. The reason that I am grateful is not just because all members should be appalled with the thought of gender selection but because I am appalled at the thought of the slippery slope and what could happen to people like me, people with genetic dysfunctions and people with disabilities. The prospect of designer children should appal every member of this House. For that reason, I want the strongest possible response. If members ask me, as someone who feels incredibly emotional about this, which amendment potentially brings the greatest strengths and the greatest response, it is the amendment moved by the member for Port Macquarie because of the investigation and body of evidence that is required. This will send a strong and unequivocal message that this House does not support legislators playing God and at the same time make sure that we provide the strongest response to a slippery slope argument.

I would have supported either one of the amendments. As members would know, the reason I am supporting the bill is because I believe that the Levine decision of 1971 should be imported into medical regulation and legislation. I do not believe that abortion should be a matter for the criminal law. I have made that clear and have stated my reasons. I am grateful to the member for Mulgoa for bringing forward this concept and I am pleased that it has been strengthened by the member for Port Macquarie. I say to members of this House that if they do not support gender selection they can support either one of these amendments. But if they want the strongest possible support for opposing this suggestion and to end the slippery slope they should vote for the amendment moved by the member for Port Macquarie. It is the strongest possible and most appropriate response and will send a message that this is not on in this State, not now, not ever. Let us get the evidence to make it even stronger.

Mr STEPHEN BALI (Blacktown) (22:11): If we believe in making the strongest legislation, as has just been articulated by the member for Kiama, then the member for Port Macquarie's amendment should be amended so that clause 12 incorporates the member for Mulgoa's amendment. We do not need a grandiose study to find out how many such terminations are performed; one case of gender or genetic selection is one too many. The amendment proposed by the member for Mulgoa at least puts in principle that gender selection is wrong. The health Minister has already identified that a range of medical boards can assess a doctor who has done the wrong thing. Both amendments should be incorporated so that a clear signal is sent to the medical fraternity that gender selection is not acceptable and then there are a range of ways to address it.

In one case of gender selection, Dr Mark Hobart in Victoria is being disciplined by the medical fraternity because he reported a gender selection abortion. He reported that a patient came to him and wanted an abortion based on gender selection. He said no and the patient went to another doctor. A gender selection abortion took place. He reported it and he is now being reprimanded. The House voted against data collection and against counselling as a mandatory option, that there needs to be some kind of discussion or at least an offer of discussion. How can we obtain data if there is no need for doctors to provide consultation under 22 weeks? From what I have read gender can be identified at 18 weeks. If a woman says no to counselling and just wants to have an abortion then there is no requirement for the doctor to provide any type of counselling. That is what was voted down earlier but how will we get any type of data whatsoever?

The amendment of the member for Mulgoa is a statement of principle, putting into legislation that gender selection is prohibited and therefore goes back to the medical authority. At least this is a clear signal to the medical boards that a doctor who knows about and reports gender selection will not be reprimanded, as was Dr Hobart in Victoria. This is an opportunity to send a strong signal. Yes, we can make further amendments at a later time and conduct studies but this is a perfect way to blend the two motions and will retain the study. In the end, if one fetus is aborted based on gender selection that is wrong. The issues that have been raised about gender selection creating

complications are already covered in the bill. It states that if there are medical complications then an abortion can be performed. We should not be alarmists in this place and try to come up with excuses about why the member for Mulgoa's amendment cannot be accepted. If the fetus is causing harm to the mother, the bill allows for an exception.

Ms JENNY AITCHISON (Maitland) (22:16): I do not think that any member who has been here over the past four and a bit years would doubt that I have the strongest commitment to equity of women. Maybe there are a few members who are more committed than I am but I am up there. I also have a genetic disorder and have spent the past two or three years dealing with that. I have had breast cancer and 10 years ago I had a prophylactic bilateral salpingo-oophorectomy to try to avoid getting ovarian cancer. I have lived with that knowledge for about 11 years, since I found out that my sister had the same genetic disorder. I am the mother of two children who may or may not have that disorder and will not find out until after they turn 18, when they can decide to investigate. I am the daughter of a man who has lived with a genetic make-up of which he was unaware.

I did not know I had the genetic disorder; I can tell the House that I wish I had. I love my daughter and my son so much. But if I knew when I was pregnant that there was a chance that I would be putting them through the past 10 years of my life I would have had an abortion straightaway—because I love them and I know the pain that I have dealt with. I have woken up some days thinking, "What is the point of my life?" because I could be dead soon. That is the reality when you have a genetic condition that you know could kill you. That is the reality for people who have haemophilia or who carry that gene, who have fragile eggs, who have the breast cancer gene, who have any of the number of genes that our fantastic medical researchers can now find and say, "This pain in your body that you have lived with, you do not have to pass it on to the next generation." And it is not just about that. I feel very emotional saying this because I do not talk about my father's illness. He does not want to talk about that illness because it hurts him so much that he passed that gene on to me.

That is a medical decision, a psychological decision, a family decision, a decision of love and a decision of caring. But it is not a decision of the criminal law. I resent that I would be called a criminal for stopping my children from going through what I have been through over the past 10 or 11 years. We can have all the theoretical discussions we like about what we should do, but I am telling you that this is what it feels like. I hope it has made you feel, for some five minutes out of my past 10 or 11 years, what I will feel for the rest of my life knowing that my daughter could have to go through all of it too.

I ask everyone in this House to please support the amendment of the member for Port Macquarie. I ask you not to indulge in the things that have been going on from those who will always, always seek to stop women from having control of their bodies, of their genes that they pass on, of their lives, of their pain, of their agony and of their suffering. There are people in this Chamber and in the gallery today who have worked for more years than I have been alive, who have been part of a movement that has been here for more years than they have been alive and who have been waiting for 119 years to stop this from being a crime. Please support the member for Port Macquarie's amendment. Do not support the member for Mulgoa's amendment.

Mr ALEX GREENWICH (Sydney) (22:22): I thank the member for Mulgoa for raising this issue for debate in this House through her amendment. I feel we have found an appropriate way to ensure that the issue can be appropriately canvassed and, potentially, that policies or legislation can be drafted appropriately to address this concern. As I will be the last person to speak on this amendment, I thank all members of this Parliament for this process. It has been a long process. This is a new term of Parliament. During this process I feel we have gotten to know each other quite well and I hope we can still respect each other as a result. I know I certainly do, and no views of any member have changed. In fact, I think the strength of our Parliament has been on show. Even through this amendment process we have been able to come up with strengthened solutions and to ensure that we will have the best possible outcome.

There are still a number of steps that this legislation has to go through. There will be an upper House inquiry where issues that the member for Mulgoa raised in her contribution to the second reading debate and in her subsequent amendments can be addressed. And then we will have the debate in the other place where, no doubt, other issues will certainly be canvassed. As I said in my reply to the second reading debate, I truly feel that members have approached this debate with compassion in their hearts rather than judgement in their minds. I feel that tonight our Parliament truly has an opportunity to come together to make an historic decision to finally ensure the decriminalisation of abortion in New South Wales and that we can appropriately regulate this as a medical procedure with protection for both women and doctors. I thank the member for Mulgoa also for her stamina throughout this amendment process.

Mrs Tanya Davies: I can go all night if I have to.

Mr ALEX GREENWICH: I know. I thank everyone who has made contributions during this debate.

Mrs TANYA DAVIES (Mulgoa) (22:24): I will address specifically some statements that those on the other side of the table have made. Given that there are now less than five minutes to go until we all start voting, I will be very to the point. The member for Cronulla accurately reported that this process has been on the run and that more work is required—I could not agree more with him. As I said right from the start, ever since I first became aware of this legislation I have expressed my community's outrage at having this bill effectively dumped on them without any ability to participate as we have today, to talk about amendments or to work out stronger and better legislation.

The member for Cronulla talked about having a proper analysis and a longitudinal study. He was backed up when the member for Wakehurst stated that the chief obstetrician had no evidence. That is precisely the reason why my previous amendment was about collecting data. This is another reality as to how we need accurate data to understand exactly what is happening in our communities and to respond appropriately. The member for Wakehurst also said that we need to do all that we can, that this act of sex selection should not happen and that we all agree on that. To strengthen that position I approached the member for Port Macquarie and asked her whether she would consider merging our two amendments so that we could have the review, but also place in the legislation that the Government and State does not permit sex selection. Regrettably, she rejected that request.

The member for Newtown called this amendment alarmist. I find that incredible because the report from La Trobe University states that no conclusion can be drawn into sex selection. We need the data, the details and the information to garner exact findings about what is happening across our communities. Those opposite would have you believe that sex-selection abortions do not happen in Australia, and that there is no finding or evidence of it happening in Australia. While I have presented evidence of cases overseas, in Victoria a doctor was approached by a mother for a sex-selection abortion because she was carrying a girl and did not want to carry that girl. That doctor not only refused to conduct that sex-selection abortion, but he also refused to refer that woman on. That doctor was cautioned by the Victorian medical authorities not for refusing to conduct a sex-selection abortion, but for refusing to refer the woman.

It is incredibly important that we ensure that the provisions in this legislation are as strong as they possibly can be. If what I believe is true, that every member in this House is opposed to the concept of sex selection, I do not understand why members would be opposed to enforcing that in the legislation. In relation to the contribution of the member for Maitland, I think it is very important that we distinguish between what she stated about abortion involving genetic disorders and my amendment, which is purely and solely around sex selection and has no link or relationship to whether that child does or does not, may or may not have—

Ms Jenny Aitchison: It makes it grey.

Mrs TANYA DAVIES: I have not interrupted you. I would appreciate your consideration. It does not have any link to whether the child has a particular genetic disorder or not. I request support for my amendment.

The SPEAKER: I will put the amendment as moved by the member for Port Macquarie, which contains clause 11 and clause 12.

Mr Kevin Conolly: I seek clarification. That is the amendment to the motion moved by the member for Mulgoa?

The SPEAKER: That is correct. It amends the motion moved by the member for Mulgoa. If the amendment of the member for Port Macquarie is agreed to that will become the motion. If it is negatived, I will then put the motion moved by the member for Mulgoa. The member for Mulgoa moved amendment No. 1 on sheet c2019-046A to which the member for Port Macquarie moved amendment No. 1 on sheet c2019-048C. The question is that the amendment of the member for Port Macquarie be agreed to.

Amendment agreed to.

The SPEAKER: The question now is that the motion as amended be agreed to.

Motion as amended agreed to.

The SPEAKER: The question is that clauses 1 to 12 as amended and schedules 1 and 2 as amended be agreed to.

The House divided.

Ayes 59
Noes 31
Majority.....28

AYES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barilaro, Mr J	Barr, Mr C	Berejiklian, Ms G
Butler, Mr R	Car, Ms P	Catley, Ms Y
Chanthivong, Mr A	Clancy, Mr J	Constance, Mr A
Cooke, Ms S	Cotsis, Ms S	Crakanthorp, Mr T
Crouch, Mr A (teller)	Daley, Mr M	Dalton, Mrs H
Dominello, Mr V	Donato, Mr P	Doyle, Ms T
Evans, Mr L.J.	Greenwich, Mr A	Griffin, Mr J
Gulaptis, Mr C	Hancock, Mrs S	Harris, Mr D
Harrison, Ms J	Haylen, Ms J	Hazzard, Mr B
Henskens, Mr A	Hoenig, Mr R	Kean, Mr M
Leong, Ms J	Lynch, Mr P	Marshall, Mr A
McKay, Ms J	Mehan, Mr D	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Saunders, Mr D	Scully, Mr P
Singh, Mr G	Smith, Ms T.F.	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

NOES

Atalla, Mr E	Bali, Mr S	Bromhead, Mr S
Conolly, Mr K (teller)	Davies, Mrs T	Dib, Mr J
Elliott, Mr D	Finn, Ms J	Gibbons, Ms M
Johnsen, Mr M	Kamper, Mr S	Lalich, Mr N (teller)
Lee, Dr G	Lindsay, Ms W	McDermott, Dr H
McGirr, Dr J	Mihailuk, Ms T	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Roberts, Mr A
Sidgreaves, Mr P	Sidoti, Mr J	Smith, Mr N
Speakman, Mr M	Stokes, Mr R	Taylor, Mr M
Tuckerman, Mrs W	Upton, Ms G	Williams, Mr R
Zangari, Mr G		

Clauses 1 to 12 as amended agreed to.

Schedules 1 and 2 as amended agreed to.

Third Reading

Mr ALEX GREENWICH: I move:

That this bill be now read a third time.

Question put.

The House divided.

Ayes 59
Noes 31
Majority.....28

AYES

Aitchison, Ms J	Anderson, Mr K	Ayres, Mr S
Barilaro, Mr J	Barr, Mr C	Berejiklian, Ms G
Butler, Mr R	Car, Ms P	Catley, Ms Y
Chanthivong, Mr A	Clancy, Mr J	Constance, Mr A
Cooke, Ms S	Cotsis, Ms S	Crakanthorp, Mr T
Crouch, Mr A (teller)	Daley, Mr M	Dalton, Mrs H
Dominello, Mr V	Donato, Mr P	Doyle, Ms T

AYES

Evans, Mr L.J.	Greenwich, Mr A	Griffin, Mr J
Gulaptis, Mr C	Hancock, Mrs S	Harris, Mr D
Harrison, Ms J	Haylen, Ms J	Hazzard, Mr B
Henskens, Mr A	Hoenig, Mr R	Kean, Mr M
Leong, Ms J	Lynch, Mr P	Marshall, Mr A
McKay, Ms J	Mehan, Mr D	Minns, Mr C
O'Neill, Dr M	Park, Mr R	Parker, Mr J
Pavey, Mrs M	Piper, Mr G	Provest, Mr G
Saffin, Ms J	Saunders, Mr D	Scully, Mr P
Singh, Mr G	Smith, Ms T.F.	Tesch, Ms L
Toole, Mr P	Voltz, Ms L	Ward, Mr G
Warren, Mr G	Washington, Ms K	Watson, Ms A (teller)
Williams, Mrs L	Wilson, Ms F	

NOES

Atalla, Mr E	Bali, Mr S	Bromhead, Mr S
Conolly, Mr K (teller)	Davies, Mrs T	Dib, Mr J
Elliott, Mr D	Finn, Ms J	Gibbons, Ms M
Johnsen, Mr M	Kamper, Mr S	Lalich, Mr N (teller)
Lee, Dr G	Lindsay, Ms W	McDermott, Dr H
McGirr, Dr J	Mihailuk, Ms T	Perrottet, Mr D
Petinos, Ms E	Preston, Ms R	Roberts, Mr A
Sidgreaves, Mr P	Sidoti, Mr J	Smith, Mr N
Speakman, Mr M	Stokes, Mr R	Taylor, Mr M
Tuckerman, Mrs W	Upton, Ms G	Williams, Mr R
Zangari, Mr G		

Motion agreed to.

Visitors

VISITORS

The SPEAKER: I acknowledge in the gallery Judith Levine, granddaughter of Judge Levine. I also acknowledge all visitors in the gallery, many of whom have sat quietly, politely and respectfully for many hours. I thank parliamentary staff whose work through the day has assisted the smooth running of this process.

Community Recognition Statements

KYOGLE BUSINESS AWARDS

Ms JANELLE SAFFIN (Lismore)—I congratulate the Kyogle & District Chamber of Commerce for successfully hosting the Kyogle Business Awards on Saturday the 22nd June 2019. I attended the Awards at the Kyogle Bowling Club with a fun night being had by all who attended. I congratulate all Businesses who participated in the process as it takes time.

Excellence in Trade, Construction & Manufacturing: TURRABOM PTY LTD

Excellence in Agriculture & Primary Industries: GHINNI GHI FARM

Excellence in Business & Professional Services: CONNECT ACCOUNTANTS & ADVISORS

Excellence in Health, Care &Professional Services: KYOGLE PHYSIOTHERAPY

Excellence in Retail & Professional Services: HARLEY &C0 AGRICENTRE

Malcolm Wallis Tourism & Visitor Experience Award: KYOGLE FAIRYMOUNT FESTIVAL INC

Excellence in Micro Business; FEATHER & STONE

Excellence in Small Business: HARLEY & CO AGRICENTRE

Excellence in Business: CONNECT ACCOUNTANTS & ADVISORS

Startup Super Star: WILD HONEY CREATIVE

Employee of the Year: ASHLEIGH LITTLE

Overall Business of the Year: HARLEY &CO AGRICENTRE

Highly Commended

Excellence in Trade, Construction & Manufacturing: KYOGLE EARTHWORKS

Excellence in Retail & Personal Services: FEATHER & STONE

Excellence in Micro Business: SCARBOROUGH SHOES & FASHION

Excellence in Micro Business: GATEWAY FINE FOODS

Employee of the Year: KERRY OCHTMAN

Employee of the year: SARAH GOODING

OPERATION CONSEQUENCE

Mrs SHELLEY HANCOCK (South Coast—Minister for Local Government)—Mr Speaker: I commend officers of the South Coast Police District on Operation Consequence, conducted in the Bay and Basin region of the Shoalhaven. The visible and highly effective operation resulted in ten arrests, and charges including drink driving, drug possession, driving without a licence, driving while disqualified and a knife related offence. I am extremely proud of local officers for their continued work right across our communities and on behalf of local residents I thank them for keeping our towns and villages safe.

This of course is not the first highly visible operation police have conducted within the Bay and Basin and will certainly not be the last. I am pleased however that police were able to undertake Operation Consequence from the new multi-million dollar Bay and Basin Police Station which has been in operation since March and was officially opened on Monday 29 July. I know local community members appreciate the efforts of local police and on their behalf I thank all members of the South Coast Police District for their ongoing commitment.

RIVER STREET UPGRADE PROJECT

Ms TAMARA SMITH (Ballina)—I commend Ballina Shire Council for its work to renew the infrastructure of the Shire's town centres, to enhance public amenity and help deliver improved economic outcomes for our local business community. The Council will spend $2.7 million for the final stage of the River Street, Ballina upgrade between Moon St and Grant St. The beautification project will result in reconstructed road and stormwater infrastructure, wider paved footpaths, new trees and landscaping, updated street furniture, modern lighting and improved footpath accessibility for motorised scooters, wheelchairs and push chairs. The project will be divided into four zones which will be completed in stages to minimise impacts to motorists, pedestrians and businesses. Footpath works will be undertaken during day and night hours to minimise disruption to suit business operations as far as possible. I congratulate Ballina Shire Council on this upgrade which will significantly improve the attractiveness of Ballina's Town Centre.

HUNTER VALLEY GRAMMAR SCHOOL ROWERS' BRAVERY

Ms JENNY AITCHISON (Maitland)—I rise today to pay tribute to the great courage shown by five young men who threw themselves into a river during a mini-cyclone to help others to safety. Nikolai Crawford, Mackenzie Arnott, Isaac Shepherd, Finley Moffitt and Arthur Bowman, all of Hunter Valley Grammar School, were at the Central Districts Rowing Association Regatta when a severe storm struck. On the river, the under-19 women's single scull was under way in 15-kilogram boats. The rowers' shoes were bolted onto a foot plate. Visibility was reduced to two metres. Boats were blown dramatically off course, and one capsized.

At the height of the carnage, the roof was ripped off the Manning River Rowing club, boats were snapped and trees were uprooted. The Hunter Valley Grammar boys on the shore saw what was happening and ran to the competitors' aid. In the words of Newcastle Grammar School rowing program head coach Lucas McBeath, "without them it would have been a lot uglier". I commend the selfless bravery of these young men to the Parliament, and offer them my deepest thanks.

ST JOHN THE EVANGELIST HIGH SCHOOL

Mr GARETH WARD (Kiama—Minister for Families, Communities and Disability Services)—I would like to acknowledge the students from St John the Evangelist High School who performed in 'Spontaneous Human Combustion' by Daniel Evans at St John's School Hall in July 2019. To the following students – Johanna Renwick, Makenzie Veale, Bonnie Butler, Kayleigh Sleath, Piper Ryan, Olivia Hodgkins, Caleb Pearman, Finn

Nelson, Lulu Clarke, Madeleine Robinson, Amy Driver, Megan Coulson-Knight, Ralph Jonbes, Olivia Delahenty, Tarni Searle, Kasey Sherer, Ruby Clark, Seamus Healy, Ceradwen Cole, Ellen Hargreaves, Jonathon Staunton, Ryan Callaghan and Shayliegh Chambers. Teachers – Thomas Hodgkins, Isaac Sleath and Georgina Hooke. Director – Mark Burian, Assistant Director Morgan Dootson and Musical Director Olivia Ritchie. Congratulations to the Production Team and students at St John's involved in these outstanding performances. Well done!

CABRAMATTA YOUTH MP LACHLAN HYDE

Mr NICK LALICH (Cabramatta)—Mr Speaker –

I rise today to acknowledge Mr Lachlan Hyde, a Year 12 Student studying at Patrician Brother's Fairfield for his participation in the 2019 YMCA NSW Youth Parliament. Lachlan served this year as the Youth Member for Cabramatta and as the Youth Minister for Agriculture and Water. He proudly represented the community of Cabramatta in the oldest parliament in the southern hemisphere, debating topical issues that affect many young people and their families' right across New South Wales.

I congratulate Lachlan on his leadership, determination and drive in creating change for those less fortunate and wish Lachlan the very best of luck in the remainder of his studies as he inches towards the finish line in completing his Higher School Certificate. In saying so, I can say without a doubt that state of New South Wales is in great hands with young people like Lachlan by the helm, indeed our future is looking very bright.

VALE COMMANDO CURRAN

Mr JONATHAN O'DEA (Davidson)—I regretfully note the recent passing of an outstanding person in my electorate of Davidson. World War 2 veteran, Ken 'Blue' Curran, passed away in June at the age of 93. Ken signed up in 1943 and saw action across South East Asia, but his greatest contribution came after the war when he became an instructor in unarmed combat. Ken understood the importance of this skill and soon gained a reputation as being the best in the business. He went on to train the SAS, and the first members of the NSW Police Tactical Response Group. In 2006, Ken was awarded an OAM. Ken was known for having a heart of gold. In his spare time he drove buses for the disabled. He also often took the elderly needing to do shopping Ken has since been remembered by friends and family, and I acknowledge his huge contribution to our state and great nation. He was an inspiration to us all. Vale Commando Curran.

NASH WILKES

Mr STEPHEN BROMHEAD (Myall Lakes)—Mr Speaker, I rise to celebrate the success of one of my constituents, Nash Wilkes who recently competed at the School Sports Australia Swimming Championships in Melbourne. Nash competed in the 17 year boys' 50 metre breast stroke, blitzing the field, winning Gold and setting a new Australian record of28.94 seconds. He then went on to compete in the 100 metre breast stroke where he won his second Gold medal at the championships. Nash also picked up a Silver medal as a member of the NSW B 4 x 50 metre medley relay team. I know personally how hard Nash trains, in and out of the pool, with Coach Peter Sanders and these results are well deserved. Nash who is currently in year 12 studying his HSC, lives and breathes swimming and is now focussed on challenging himself against Australia's best at the Olympic trials next year. I look forward to following Nash's progress and congratulate him on his success thus far.

NEWTOWN PUBLIC SCHOOL "GO GOLD FOR SOLAR" INITIATIVE

Ms JENNY LEONG (Newtown)— Congratulation to Newtown Public School for their work towards becoming environmentally sustainable through their 'go gold for solar' fundraiser. The fundraiser encouraged students to do chores at home over the school holidays for gold coins towards the purchase of solar panels for the school. The initiative culminated in an event where the children made a giant sun on the basketball courts with the stickers they exchanged for their gold coins. The children have also been encouraged to do extra chores for coins to raise money for drought effected farmers in regional areas to teach the children about the effects of drought on rural towns. A special thank you to student learning support officer, parent of Rocko and Tino and P&C member Tanja Mijan for her enormous contribution in creating and implementing the initiative. Thanks also to Principal, Abbey Proud, the P&C, and the parents for their contributions. I also commend every student at the school for their enthusiastic participation in such a great and environmentally friendly initiative, and look forward to the day that solar panels are provided to all public schools in NSW.

ROBERT MARMONT

Mrs HELEN DALTON (Murray)—Mr Speaker,

I would like to recognise Mr Robert Marmont for his 50 years of service with the NSW Ambulance Service, 44 years of which were served in Hay. Robert moved his young family to Hay in 1975 to become the town's first full time ambulance officer, with the initial intention of only staying 12 months then moving up the

ranks of the department. But Hay was such a great place to live and raise a family that Robert ended up staying! Robert has saved countless lives, delivered babies in the back of the ambulance, at home and even on the road! He has faced many personal trials, missing numerous Christmas dinners and family celebrations, all in the line of serving the residents of Hay. It is dedicated people like Robert who keep our services alive in the small communities across the electorate of Murray. He has been a vital part of providing emergency healthcare in Hay and his contributions to the lives of people in Hay is commendable. Congratulations Robert on your 50 years of service with NSW Ambulance!

BANKSTOWN ART SOCIETY 61ST ANNUAL MEMBERS' EXHIBITION

Ms TANIA MIHAILUK (Bankstown)—I was honoured to attend and address the Bankstown Art Society's 61st Annual Members' Exhibition and Award Presentation at Bankstown Arts Centre on 13 July 2019. The exhibition is a great opportunity for local artists to showcase their work to the wider community. I was impressed by the talent and creativity on show this year and I congratulate all the 2019 entrants and prize winners. I acknowledge the generous sponsors, who make this event possible, including Bankstown Sports Club, Revesby Worker's Club, Bankstown Lions Club and the local Council. I thank all those who helped organise this event, including Art Society President Mr Jim Kelly, Secretary Ms Diane Yousouf, as well as Society Patron Ms Jill Barber OAM and Gallery Patron Mr Daryl Melham AM. I would particularly like to commend the efforts of exhibition manager Ms Noela Fisher, for coordinating an outstanding display.

NATIONAL MISSING PERSON'S WEEK

Ms JO HAYLEN (Summer Hill)—In Australia, there are 2600 continuously missing people. They are not just statistics; they are people. They include James Leo Howe, who has been missing from Ashfield since 1987; Helen Karipidis of Marrickville, missing since 1988; and Qing Chen, missing from Dulwich Hill since 2000. Every missing person is someone's mother, father, child or friend. They have left an absence in the lives of those who love them, some for only a short time while others have been missing for decades but are never forgotten. Today I want to remember their names, their stories. We remember that there are people who love them and want them home. This National Missing Person's Week, I draw the attention of the House to the fact that there are 80 continuously missing women in NSW, and also acknowledge that dementia is a factor is many cases of missing persons. I especially acknowledge the NSW Police Missing Person's Unit, the Families and Friends of Missing Persons Unit of NSW Justice, the Missing Person's Advocacy Network and all those in my electorate and across NSW working to support families and bring missing persons home.

TRIBUTE TO JOSEPH DURRANT

Mr PAUL LYNCH (Liverpool)—I rise to recognise Joseph Durrant who passed away aged 88 years on 23 July. Joe, as he was known, served as Alderman and Councillor on Liverpool Council from 1966 to 1976 and from 1980 to 1987. He served as Deputy Mayor in 1969 and from 1972 to 1973. He was elected Mayor in 1973. He was a long-term resident of the suburb of Warwick Farm and was known by some as the Mayor of Warwick Farm. He ended his days as a member of the Australian Labor Party which is how he commenced his political career, although his relationship with the Party was at times complex. I was happy to support his rejoining the Party. Joe was passionate about the role of sport and its importance for young people. He was also supportive during his time on Council of protecting Collingwood House and establishing the Liverpool Regional Museum. I express my deepest condolences to Joe's wife Jackie and sons Shane and Mark and daughter Karen. I acknowledge their tragic loss of Joe Junior over a decade ago. Joe Durrant was a good man. He will be missed.

OLIVER CROFT

Mr GREG PIPER (Lake Macquarie)—I wish to acknowledge a wonderful young student from Blackalls Park Public School who has shown a great deal of initiative in improving his school and local community. Oliver Croft was in Year 3 when he first wrote to me about the flag poles at his school. He fondly remembered the daily flag-raising at his school when he was in kindergarten but the daily ceremony was stopped when the flag pole broke. Not content with campaigning for a new flag pole, Oliver asked me to help him get funds for a second flag pole so his school could also fly the Aboriginal flag in recognition of his school's indigenous students and local places of Aboriginal significance. I'm pleased to say the Department of Education was able to assist us with two new flag poles. At a school assembly last month, I joined Oliver to raise the Australian and Aboriginal flags on the two new poles. It was tremendous to see Oliver's spirit and initiative and I again congratulate him on that. He not only makes his school a better place, but his community and the entire world a better place.

ALESHA CLIFFORD

Ms SONIA HORNERY (Wallsend)—Wallsend claimed victory in TAFE NSW Women's State Cup, beating out Warners Bay in an epic 1-0 showdown at the Lake Macquarie Regional Football Facility. Alesha

Clifford scored the deciding goal in the 41st minute of the match, and a spirited defence led by Danielle Redding kept that lead in place for the rest of the game. Alesha blocked a shot in the 48th minute, ensuring the win and proving that she more than deserved to be named TAFE NSW Player of the Series. Congratulations to Alesha, Danielle and their teammates and coaches on an extraordinary victory. Up the Red Devils!

TRIBUTE TO JOHN CORBETT

Mr NATHANIEL SMITH (Wollondilly)—I would like to pay tribute to Mr John Corbett a local businessman from Picton who tragically lost his life in a plane crash at Braidwood on Tuesday 6 August. Mr Corbett was a well-known property owner and member of the Picton community, having established and managed the Picton Mall and a number of other development sites in the area. He was also a driving force behind the Chamber of Commerce. Mr Corbett was a passionate advocate for the economic development of the Shire. Over many years he worked hard towards the achievement of his vision, working alongside other business owners to turn Picton into a thriving business centre. The impact of John Corbett in the business community and the town of Picton cannot be overstated - his presence will be greatly missed and his legacy will live on for many years to come. John is survived by his wife and 2 children.

WESTERN SYDNEY YOUTH ORCHESTRA

Mrs TANYA DAVIES (Mulgoa)—Congratulations to twelve-year old violinist Arabella Logan who has been accepted into the prestigious Western Sydney Youth Orchestra based in Parramatta. Arabella, from Kurrajong, began playing the violin at 5 years of age after receiving her first violin as a gift from her grandmother. Arabella was recently quoted in the local paper as saying "My grandfather also played violin; he passed away before I was born, so playing violin I think gives me a wonderful connection to him." Last year, she performed with the Sydney Youth Orchestra Corelli Orchestra as violin 1 and concertmaster, as well as with St Pauls Grammar School at various orchestras and in the school band. Arabella also performs for the residents at Richmond Nursing home. Residents of Western Sydney have had the opportunity to see Arabella and the orchestra perform at various public concerts around Western Sydney and at the Sydney Conservatorium of Music. Congratulations Arabella and all the best for your future ambitions!

THE DAILY EXAMINER

Mr CHRISTOPHER GULAPTIS (Clarence)—I offer my congratulations to The Daily Examiner, commonly known as the DEX, a regional newspaper that covers Grafton and the Clarence Valley. The DEX recently celebrated its 160th birthday. Clark Irving, a businessman and politician founded the Clarence and Richmond Examiner on 21 June 1859 with the first edition being printed in Sydney. The following week's edition however was printed on the veranda of a home in Grafton. The paper started as a weekly publication, then in 1875 it became a bi-weekly paper, then a tri-weekly and in 1915 it became a daily newspaper and was renamed The Daily Examiner. To all the former and current staff of the DEX, thank you for your dedication to keeping the people of the Clarence Valley informed on what is occurring, not just locally, but elsewhere in Australia and around the world. Congratulations on your longevity and may you continue on for a long time to come.

TRIBUTE TO IVAN DE VULDER

Ms JODI McKAY (Strathfield)—I rise with a heavy heart to inform the house of the passing of Ivan de Vulder, a dear friend of mine, an activist and a true believer of the Labor movement. Ivan joined the Labor Party in 2014 and was an active member of the Ku-ring-gai Branch of the NSW Labor Party. He was a selfless supporter of the Party and volunteered for countless Labor members and candidates. His passion for social justice led him to being actively involved in the Labor Environment Action Network, Labor for Animal Rights and Rainbow Labor. I first met Ivan in 2015 when he volunteered on my campaign. Everyone who attended phone banking always loved how he would passionately talk to voters on his famous banana phone. Those who knew Ivan will remember how he impacted every person around him with his kindness, compassion and warmth. He was renowned for giving the best hugs but also for lifting everyone's spirits during difficult times. The world is a little less bright without Ivan and he will be greatly missed. I extend my deepest condolences to his family and friends.

CAPTURE FAIRFIELD VISUAL ARTS & PHOTOGRAPHY COMPETITION

Mr GUY ZANGARI (Fairfield)—I rise today to congratulate the winners of the local 2019 Capture Fairfield Visual Arts & Photography Competition. This years' competition saw a plethora of tremendous submissions showcasing the places, diversity and community spirit which makes up our great city. On behalf of the Fairfield community, I would like to commend and congratulate Melvy Connell and Ann-Maree Ager who were the two First-Prize recipients to all the Winners across various categories:

- Kayla Bitetto;

- Dean Pipatvong;
- Lauren Alzamora;
- Dominic McGregor;
- Stephanie Garcia;
- Viraphong Phomphithak;
- Merryanne Tedjo;
- Mia Caballero;
- And Giovanni Gorgis

It's great to see so many budding young artists getting involved and showcasing their talents throughout our community. We all look forward to seeing your skills grow and hope to see your future works on display in the various art exhibitions throughout our community.

INTERNATIONAL THIRUKKURAL CONFERENCE

Dr HUGH McDERMOTT (Prospect)—Thiruvalluvar was a Tamil scholar known for his work as a poet and philosopher. Thiruvalluvar composed the Thirukkural, which is a classic Tamil text consisting of 1,330 couplets, and was written some 2,000 years ago. It is one of two of the oldest works known to exist in Tamil literature. This year on the 31 June, the International Thirukkural Conference was hosted in the University of Sydney Law School. I had the privilege of being a guest of honour and key note speaker at the International Thirukkural Conference. Thiruvalluvar had a passion for studying and promoted rigorous academic research.

The conference was held in honour of Thiruvalluvar and his studies. The Thirukkural is used as a guide book to address various conflicts of the day, and also suggests ways of promoting peace, happiness, meaning of life, healthy relationships and communal harmony. It was a wonderful event and I acknowledge Dr. Chandrika Subramaniyan, Durga Owen, and the Tamil Valarchi Manram Inc. for organising this successful event. I also acknowledge all the international guests that were present, in particular, Former Minister of Education, Art, Culture and Science of the Republic of Mauritius, The Hon Professor Armoogum Parsuramen GOSK.

HUNTER VOLUNTEER CENTRE

Mr TIM CRAKANTHORP (Newcastle)—Today I acknowledge the work of the Hunter Volunteer Centre in connecting individuals with their community by facilitating volunteering opportunities. Volunteering is an essential and wonderful thread in our social fabric. It can encourage people to pursue hobbies, become more active and engage with their community. Hunter Volunteer Centre was founded almost 40 years ago by Margo Thomson and operated out of an unfurnished cottage. It grew so quickly that just two years after its Inaugural General Meeting the centre was granted five full-time staff positions, before becoming an incorporated association in 1987.

The work of the Hunter Volunteer Centre not only marries up volunteers with organisations in need, but supports disadvantaged families to enhance life skills and chances of employment. By acting as a central point of contact, the centre has made an enormous contribution to the City of Newcastle. We are a much stronger and brighter city for having the Hunter Volunteer Centre, and I express my sincerest thanks for their work.

SUTHERLAND SHIRE LOCAL BUSINESS AWARDS

Mr MARK SPEAKMAN (Cronulla—Attorney General, and Minister for the Prevention of Domestic Violence)—I congratulate the Notaras Fish Markets on winning the Fast Food/Takeaway category in the 2019 Sutherland Shire Local Business Awards last week. With over 40 years of family experience in the industry, family owned Notaras Fish Markets caters for all seafood needs seven days a week. I congratulate The Leap Therapy Group on winning the Health Improvement Services category in the 2019 Sutherland Shire Local Business Awards.

This multidisciplinary private practice offers speech pathology and occupational therapy to children and their families. The group provides services for clients who are self-managed or plan managed under the NDIS. I congratulate 1908 Cronulla for winning the Restaurant – Fine Dining category in the 2019 Sutherland Shire Local Business Awards. An iconic Sutherland Shire venue, situated in a converted Methodist church, 1908 Cronulla prides itself on coastal cuisines embracing flavours of the ocean worldwide. Influenced by ingredients and spices from the Caribbean, Brazil, Mexico, Spain, Italy, India, Thailand, Polynesia and Australia, Head Chef David Magill has composed a cuisine with a focus on fresh local produce.

RHONDA FRANCIS

Ms ELENI PETINOS (Miranda)—I congratulate Rhonda Francis for winning the 2019 People's Choice Award at the Tamworth Country Music Festival for Most Popular Country Music DJ. This is the fourth time Rhonda has been nominated for the People's Choice Award and the first time she has won. Rhonda was up against 35 community radio stations across Australia with 10,000 people voting. Rhonda presents 'My Kinda Country' at Sutherland Shire's community radio 2SSR 99.7 FM every Thursday morning.

Rhonda's passion for country music was inspired by her father, who introduced her to the genre when she was young. She says that what she loves most about country music is that the songs tell a story. I am glad we have people like Rhonda in our community who continues to celebrate and share the genre of country music. Music is a fantastic platform for bringing people together, and it is woven into the fabric of our society. I would like to thank Rhonda for putting on a fantastic program every week, and look forward to hearing her on our airwaves for many years to come.

MEMORIAL SERVICE FOR THE BATTLE OF LONG TAN

Dr MARJORIE O'NEILL (Coogee)—On the 2nd of June, the Matraville RSL held its Annual Memorial Service for the Battle of Long Tan. The Battle of Long Tan was the most publicised Australian battle of the Vietnam War, and it was also the day during the Vietnam War with the highest number of Australian casualties. Australia's casualties numbered 18 fatalities, and 24 soldiers wounded, the eldest of which was 22 years old. While the sacrifices made by our veterans in the Vietnam War was not properly recognised until 1987, the Battle of Long Tan is reminder of the bravery, endurance, and mateship that Australian soldiers are known for all of the world, and that defines our national identity. I would like to pay my respects to all of the veterans of the Battle of Long Tan, of the Vietnam War, and the veterans of all other conflicts in which our diggers have served with honour and valour. Their sacrifice should never be forgotten.

PAM BOWMAKER, OAM

Ms ANNA WATSON (Shellharbour)—I bring to the attention of the House, Ms Pam Bowmaker OAM. Ms Bowmaker is one of the finest volunteers and a shining example of charitable giving in my community. She has been working behind the scenes, volunteering for the Vietnam Veterans Association for over 37 years. Ms Bowmaker is passionate about helping veterans' families in any way she can, due to her own experiences as a military widow. When being interviewed by the Illawarra Mercury about her medal recently, Ms Bowmaker used the opportunity to highlight the work of her fellow volunteers and bring attention to the services available to local veterans. I would like to take this opportunity to thank Ms Bowmaker for her work and for her selflessness. She is an inspirational example of people giving back to their community without expecting anything in return. Both I and my community are incredibly grateful for her time, efforts and civic mindedness. Thank you and congratulations, Ms Bowmaker.

BRUCE COVEY

Mr MATT KEAN (Hornsby—Minister for Energy and Environment)—Today I wish to acknowledge former station commander of Berowra Fire and Rescue, Bruce Covey, for his service to the Berowra community for over 20 years. Bruce first became involved in the safety and protection of our community in 1991 where he served as a firefighter, before going on to serve as Berowra's station commander. A position he has held for the past 15 years. Within this time, Bruce and the team at Station 75 have been working hard with the RFS and the SES to ensure the safety of our community during major bushfires, house and factory fires, motor vehicle accidents on the M1 motorway and even "snake calls" which is actually quite a unique call out for the members of station 75. As one of the great members of my community, I wish to thank Bruce for all of his efforts and his outstanding dedication and service for the area. Bruce now wishes to become an inspector with Fire and Rescue NSW and we wish him well in his future endeavours.

DUBBO REGIONAL COUNCIL

Mr DUGALD SAUNDERS (Dubbo)—Mr Speaker

I congratulate Dubbo Regional Council on their acknowledgement at the NSW Local Government Awards evening, recently held in Sydney during Local Government Week. Dubbo Regional Council were nominated for the Local Government NSW RH Dougherty Award for 'Innovation in Special Events' for the 'Dubbo Regional – Picnic in the Park, Welcoming the Duke and Duchess of Sussex'. As Members would be aware, Dubbo Regional Council worked tirelessly to ensure the event was a success, and highly beneficial for our region, with pictures of the Royals' visit broadcast across the world, showcasing our wonderful town. The Duke and Duchess even brought with them a substantial downpour of rain, which unfortunately we haven't seen much of since.

I congratulate the staff of Dubbo Regional Council and join with Local Government NSW in acknowledging the significant achievements of our local council in the successful hosting of such an important event. Thank you.

RALPH HENESS, OAM

Ms LYNDA VOLTZ (Auburn)—I would like to congratulate Mr Ralph Heness who was awarded the Medal of the Order of Australia for his services to the community of Auburn. A fireman for 40 years, Mr Heness has volunteered in our community for over 60 years and joined the Auburn-Lidcombe Lions Club in 1975. He has organised the club's golf day for 46 years, leading to the club naming the day The Ralph Heness Charity Golf Day this year. Ralph was named Citizen of the Year in 2006 and has long been involved in a number of community groups and initiatives, including the Community Pride Group and Cash-A-Can recycling program. Congratulations to Ralph on this deserving honour and thank you for your work in Auburn.

AUTISM FRIENDLY COMMUNITY

Mr RYAN PARK (Keira)—On World Autism Day, I was pleased to join with local community members and business owners in Corrimal as we launched the pilot website which will help making Corrimal, Australia's first Autism Friendly community. Corrimal business owners are being encouraged to make their environments more accessible for people with an autism spectrum disorder. The project team for the project were from the University of Wollongong, Corrimal Chamber of Commerce and ASPECT South Coast School. They have been working on the project in partnership with individuals living with autism along with their families and carers. I would like to in particular mention Dr Andrea Garner for her efforts in making this a reality and Tyler Price who spoke at the launch about how small changes in businesses can be the difference between a successful and a distressing outing. Businesses are encouraged to sign up via the autism friendly communities website where they can see how low or no cost modifications can be carried out to help them earn their Autism Friendly Badge. I am pleased to advise that my office has successfully become Autism Friendly and I encourage all Members to do the same.

CUMBERLAND GANG SHOW

Dr GEOFF LEE (Parramatta—Minister for Skills and Tertiary Education)—Parramatta Riverside Theatre was home for the Cumberland Gang Show last month which I attended. This year marked the 50th anniversary of the Show which performs annually at the Parramatta Riverside Theatre. Cumberland Gang Show is a fun and rewarding training ground for active members of Scouts Australia or Girl Guides Australia in Western Sydney in the performing arts space. Cast members gain confidence, pride, teamwork and performance skills over the four months of rehearsals and through performing to 5,000 people across 8 shows in the July school holidays. The almost 200 cast range from 7 year to their late twenties with an average age of about 14, but this year the cast were joined by a group of 18 people they called the Legends, who were older members of the cast who had come back for the 50th Anniversary.

Over the 50 years they have trained over six thousand cast members and fourteen thousand support teams in theatre arts and in the process have entertained over 250 thousand people who have enjoyed their two hours of comedy, singing and dancing. Well done to all the participants for their wonderful stage performances and also congratulations to those behind the scenes who make the whole production possible. Congratulations to Neville Henderson the Administration Director for all your hard work and best wishes for next year's show.

HEART OF ANNANDALE

Mr JAMIE PARKER (Balmain)—Today I recognise a fabulous community event, the Heart of Annandale Art Exhibition and Prize held by the Village Church Annandale in my electorate of Balmain. The Heart of Annandale is a community centred art exhibition which aims to build a greater appreciation for the diverse characters, backgrounds, and stories within our community. I had the privilege of attending the opening of this event last Friday to see first-hand the brilliant range of talent represented. I want to acknowledge the work of the Village Church Annandale community in putting this exhibition together, including Liam and Jennifer Denny, Chakib Lawand and Wendy Porter, Frances Schwarz and Melinda Hunt, Silas Thiem, and Ian and Jodi Foster. I want to especially acknowledge the work of Jessica Brouwer. Congratulations to all the artists who participated and special congratulations to this year's exhibition winners including Lawrence McDowell, Sally Mowbray, Callie Roe, Theo Burrow and the yet to be announced People's Choice recipient. Thank you to the Heart of Annandale for celebrating the creativity and community of the Inner West. The exhibition is open until 18 August, I encourage all the Members of this house to go along!

WENDY HAGNEY AND LAURIETON LIBRARY

Mrs LESLIE WILLIAMS (Port Macquarie)—I rise to recognise Wendy Hagney's integral contribution to the Laurieton Library, celebrated on Friday 19th July 2019 since she first commenced employment

during the 1970's. Commended for her hard work and dedication by her peers, Wendy talents were mastered in the administration room of the library, interacting with members of the community and supporting the literacy, learning and the zealous booklovers of the Camden Haven region. One of the tasks Wendy will miss most at the Library is her reading to young children. She recalls the happiness and smiles reading brought to each child's face, notwithstanding the enormous educational benefit it provides to their learning development.

Although Wendy will not be working at the Library as an official employee, she plans to continue her passion for reading in a voluntary role, offering any support she can provide to assist our children's education. I would like to take this opportunity to applaud our devoted and conscientious librarians, administration staff and volunteers who take on the mammoth task to manage our library systems across the state. These people often go unrecognised for their significant contribution to education. I wish Wendy all the best for her future endeavours.

The House adjourned, pursuant to resolution, at 22:56 until Tuesday 20 August 2019 at 12:00