




Speech By
Andrew Powell

MEMBER FOR GLASS HOUSE

Record of Proceedings, 7 March 2024

HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

 **Mr POWELL** (Glass House—LNP) (4.24 pm): I, too, rise to address the Health and Other Legislation Amendment Bill (No. 2) 2023. I do so as a member of the former Health and Environment Committee and as someone who was part of that committee while we did the public hearings with both the department and the broader community. I came back towards the end to assist in the finalisation of the report. At this point, I want to acknowledge my good friend the member for Southport and wish him all the best in his recovery. I thank you for the well wishes that have been directed his way by all the members in this chamber. We know that he will be back here as soon as he possibly can because he loves this job.

There is much in this bill that we in the LNP support and that we certainly commend. There are changes to the Hospital and Health Boards Act which—as we have heard—enshrine nurse- and midwife-to-patient ratios to include a newborn baby. I take offence at some of the language used by those opposite towards members of the opposition, including in that last contribution from the member for Greenslopes, that suggests somehow we do not support our nurses. How ridiculous. My sister is both a nurse and a midwife. My sister-in-law is a nurse. My good friend the member for Mudgeeraba is a nurse. They work tirelessly to ensure frontline services continue to be provided in a system that has been broken by those opposite. I assure the member for Greenslopes that not all nurses back the ALP—that is for sure.

There are changes around the hospital and health boards when it comes to the quality assurance committees, the clinical review and health service investigations, as well as root cause analyses. There are changes in the Mental Health Act around the operation of the Mental Health Court and there are changes to the Public Health Act 2005 around the Notifiable Dust Lung Disease Register. All of the amendments to those pieces of legislation—as the shadow minister outlined—the LNP support, but we have serious reservations around two primary aspects which we will oppose.

The first is around the Termination of Pregnancy Act 2018 in the Criminal Code and the Powers of Attorney Act 1998.

Clause 22 of the Bill will assert a new section ...

... to allow health practitioners registered in the professions of nursing, midwifery or another prescribed profession to perform a medical termination of pregnancy.

I have my own personal views on this, but it was certainly the aspect most engaging for those who submitted on this bill. Rather than use my words, I will point out the fact that submitters chose to oppose the legal termination of pregnancy, the capability and willingness of registered nursing and midwifery professionals to provide safe end-to-end medical termination-of-pregnancy care, consistency of regulation across Australian jurisdictions and removing the legal requirement for conscientiously objecting health practitioners to refer on.

I think the AMAQ said it best. The committee report states—

AMAQ objects to the proposal to permit registered nurses to provide medical termination of pregnancy.

It went on—

AMAQ stated that the proposal goes far further than Recommendation 20 in the report of the Australian Senate Community Affairs Reference Committee released in May 2023, which sought to improve access to MS-2 Step by 'allowing registered midwives, nurse practitioners and Aboriginal Health Workers to prescribe this medication—including pain relief where indicated.

Note in that recommendation that there is no mention of registered nurses. It continues—

While AMAQ supports expansion of provider authorisation to nurse practitioners and registered midwives, it opposes prescribing by registered nurses, on the basis that the potential for medical complications, the ability to accurately date pregnancies, exclude ectopic pregnancy via scan, and ensure availability of escalation pathways ...

All of those particularly apply in rural and remote settings. Dr Nick Yim said at one of the public hearings—

It is also not safe for registered nurses to administer these medicines outside of a collaborative setting with appropriate clinical oversight. This is likely the reason the Senate committee did not include RNs in its recommendation for extension of authorised MS-2 Step prescribers. For those reasons, AMA Queensland urges the current committee to recommend the Queensland government only make those amendments in the bill that would enact the Australian Senate committee's recommendations.

They also went on to talk about extended practice authorities and say that is pre-empting a number of Commonwealth reviews that are targeted at non-medical practitioner prescribing and said this is 'potentially hasty' and it risks poor implementation as a result.

The other aspect I want to focus on is around changing language in a number of these bills to gender neutral language. I find this incredible in what those opposite have labelled Queensland Women's Week and in the shadow of International Women's Day, but do not take my words for it. The Queensland Aboriginal and Islander Health Council, QAIHC, stated—

While QAIHC accepts proposed amendments for inclusive language to acknowledge trans and gender diverse people are well-intentioned, it does not support achieving inclusivity by simply replacing 'woman' with 'person' in legislation.

... However, for many Aboriginal and Torres Strait Islander peoples including trans and non-binary people, part of their cultural identity is linked to sex, gender and stages of life. Babies grow into girls, culturally learn Women's Business, and grow into women, as boys grow into men with Men's Business. This identification as woman or man is fundamental and has strong cultural significance for many Aboriginal and Torres Strait Islander people.

The Australian College of Midwives stated—

Removing the word 'woman' from abortion legislation may inadvertently overlook the specific needs and vulnerabilities that women face in seeking reproductive healthcare. This may also impact policies, funding, and initiatives aimed at improving access to abortion services for women specifically. Furthermore, gender neutral language dilutes women's needs in health and medical research. This research being the driving proponent informing abortion policy, funding, and initiatives.

Karleen Gribble, the adjunct Associate Professor from the School of Nursing and Midwifery at Western Sydney University, said—

I would like to provide comment on the proposal that the Termination of Pregnancy Act 2018 and Criminal Code Act 1899 and related provisions ... be desexed with 'woman' replaced with 'person.'

... I advocate against this change because:

1. It inappropriately genders the term 'woman' in relation to pregnancy.
2. It makes invisible the fact that all of those who may become pregnant are female.
3. It may contribute to moves to desex the language of women's health more generally, harming the most vulnerable.
4. It is not of benefit to trans and gender diverse people to obscure their sex in health care settings.

One that says it best is Women's Forum Australia. They stated—

Less than two hundred years ago, women and girls were deemed inferior under the law. Suffragettes fought long and hard to secure equality, and now, in Queensland, under the Miles Labor Government, those hard-earned rights continue to be under threat. This Bill sets a dangerous precedent and threatens to further destroy the rights and protections of women and girls in Queensland. Removing the recognition of females from legislation under the guise of 'inclusivity' essentially erases our existence in law. Once women and girls are erased from some pieces of legislation, they will be removed from others.

As well as setting a dangerous precedent, this legislation is deeply disrespectful to women. Only females can bear children, and only women can undergo abortions. Pregnancy and abortion impact women in a way that is unique to female biology. This legislation denies this reality and dehumanises women.

I want to now address the fact that because of the guillotine in the business program that was passed earlier in the week, I am dreadfully concerned that we are not going to be able to spend the time in consideration in detail that we in the opposition—and I know some on the crossbench—would like to spend. With that in mind, and also bearing in mind that there are many people in this chamber who have expressed a concern around particular clauses within this legislation, I take the unusual step of moving the following reasoned amendment—

That the words 'now read a second time' be deleted and the following words inserted:

'withdrawn and redrafted to remove all provisions in Parts 2, 6, 7 and Schedule 1 which should be presented in a separate bill.'

Mrs MULLEN: Mr Deputy Speaker, I rise to a point of order. Does the member need to seek leave to move the reasoned amendment?

Mr DEPUTY SPEAKER (Mr Martin): I will seek some advice. Carry on, member.

Mr POWELL: In effect, the motion I have just moved asks that those aspects of the bill—parts 2, 6 and 7 and schedule 1—that pertain to termination of pregnancy and the changes around gender-neutral language be taken out of this bill and presented back to the chamber as a separate bill. In that way, members in this House can vote on the two separate pieces of legislation according to the contributions they have made. That means that those in this House who have concerns with termination of pregnancy can vote against that bill while still supporting things like the nurse-to-patient ratios, the changes to the Mental Health Act and so on.

It is my understanding that a reasoned amendment such as this now becomes the form of debate until it is put. I would encourage others to consider this amendment and vote with the opposition to ensure we can consider both aspects of this bill in a reasoned way.

Mr DEPUTY SPEAKER (Mr Martin): Member, have you circulated copies of that amendment?

Mr Powell: No.

Mr DEPUTY SPEAKER: I will take some advice. I think members might need time to get copies of the amendment. Before proceeding, I advise members that there is an amendment to the motion before the House which is currently being circulated. Any member who now speaks will be speaking to the amendment.