




Speech By
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MEMBER FOR MOGGILL

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ASSISTED REPRODUCTIVE TECHNOLOGY BILL

 **Dr ROWAN** (Moggill—LNP) (12.44 pm): I rise to address the debate on the Assisted Reproductive Technology Bill 2024. Introduced into the Queensland parliament by the Minister for Health, Mental Health and Ambulance Services and the Minister for Women on 22 May 2024, this legislation primarily seeks to establish, firstly, a state-based framework to regulate assisted reproductive technology services and, secondly, a donor conception information register. As part of this legislation, amendments will also be made to both the Anti-Discrimination Act 1991 and the Births, Deaths and Marriages Registration Act 2023.

Assisted reproductive technology can refer to various medical interventions that are designed to assist individuals and couples in achieving pregnancy, especially when difficulties are encountered attempting to conceive naturally. As we know, assisted reproductive technology encompasses a wide range of techniques and treatments to address fertility with the most common and perhaps well known of these treatments being in vitro fertilisation, or IVF. Other treatments also exist including intracytoplasmic sperm injection and embryo cryopreservation. Such techniques and treatments often involve the manipulation of eggs, sperms and embryos to facilitate fertilisation and implantation.

For many Queensland women and couples facing infertility, assisted reproductive technology offers a chance to conceive where natural methods fail. Such technologies are an incredible advancement and indeed can be essential given infertility affects approximately one in six Australian couples of reproductive age. This can be caused by various factors such as age, medical conditions or genetic disorders. Importantly, assisted reproductive technology also empowers individuals and couples, particularly women, by giving them reproductive autonomy and a higher likelihood of becoming parents, even when faced with biological barriers.

The appropriate oversight and regulation of assisted reproductive technology is equally important. Research has shown that approximately one in every 18 Australian births is now conceived via IVF. Given the complex ethical, medical and legal implications surrounding assisted reproductive technology, the provision of appropriate regulation can provide greater safeguards and assurances that these technologies will be applied safely, ethically and legally. Similarly, appropriate regulation and oversight can assist in maintaining high standards of medical and ethical care whilst preventing potential exploitation, malpractice or unsafe practices.

Turning specifically to this legislation, and as outlined by the minister during her introductory speech, it is important to note that this legislation has come as a direct result of two past inquiries—the 2022 Queensland parliament's Legal Affairs and Safety Committee's inquiry into matters relating to donor conception; and this year's investigation conducted by the Queensland Health Ombudsman into assisted reproductive technology providers in Queensland after receiving a direction from the Minister for Health. In relation to the investigation by the Queensland Health Ombudsman, Queenslanders will recall that this action was taken following a number of high-profile cases reported through the media including allegations of incorrect sperm being used in IVF treatments, a donor being responsible for potentially the birth of 1,000 children and other shocking revelations. As it was also reported and

acknowledged, whilst Queensland had more clinics than any other jurisdiction, our state lagged behind the rest of the country with no formal legislation or regulation governing assisted reproductive technology services, which have operated under a self-regulating model.

I note that at the time this specific legislation was introduced by the Minister for Health, the Queensland Health Ombudsman had only delivered interim findings of its investigation. The final report of the Queensland Health Ombudsman, released on 1 July 2024, identified a number of systemic issues relating to the provision of assisted reproductive technology services and identified various risks of the self-regulatory regime under this sector. I want to take this opportunity to thank and acknowledge the Office of the Health Ombudsman for its body of work including the 38 recommendations spanning over 11 key themes, including its finding that there was a compelling case for the proposed legislation to strengthen the safeguards for consumers, donors and Queenslanders who are donor conceived.

Briefly, I note that of the proposed initiatives within this legislation pertaining to the regulatory framework, such measures include the introduction of a licensing scheme, requirements for licensed providers to provide prescribed information and consultation services, detailed requirements for obtaining consent, various requirements for information collection and record-keeping practices, restrictions on how gametes and embryos can be used, as well as specific health information disclosure requirements.

With respect to the proposed establishment of the donor conception information register, I note that providers will be required to provide historical information to the registrar within six months of the commencement of the relevant provisions, which will be retrospective. I note that this legislation will also provide for a mechanism to note a person's status as donor conceived via their birth certificate and, accordingly, the Registrar-General of the Registry of Births, Deaths and Marriages will establish and maintain the new register. Regarding all of these provisions as they relate to the new licensing scheme, the donor conception information register and birth certificates for donor-conceived persons, no clear timeframe has been provided as to when these provisions are likely to commence other than on a date to be fixed by proclamation.

As articulated by the Liberal National Party's shadow minister for health, the Liberal National Party will not be opposing this important legislation. The time has passed for the assisted reproductive technology sector to go from being self-regulated to being appropriately oversights and legislatively regulated as per other states and jurisdictions within Australia. That being said, whilst the industry has provided its broad support and cooperation to move away from self-regulation, it must be noted that concerns have been raised related to potentially unintended consequences which may arise from this legislation. This includes the retrospective nature of some of these measures, including those pertaining to donor disclosure as well as addendums to birth certificates. It is therefore highly important that the Queensland government maintain a comprehensive examination of the implementation of this legislation.

In concluding my contribution, I wish to thank all stakeholders and submitters who contributed to the consideration of this legislation by the Queensland parliament's Community Safety and Legal Affairs Committee, particularly those Queenslanders who shared their own personal stories and experiences with assisted reproductive technology. I also want to acknowledge my medical colleagues who work in this sector at both the Wesley Hospital and St Andrew's War Memorial Hospital, particularly the obstetricians and gynaecologists who provide these invaluable services. I also thank all members of the Community Safety and Legal Affairs Committee, including the deputy chair, the LNP member for Scenic Rim, and the LNP member for Theodore, for their thorough examination of this legislation. I know that all members of that committee, on both sides of the House, did an incredible amount of work in looking into the issues pertaining to this sector. I hope that this legislation provides significant benefit to Queenslanders.