



Speech By Peter Russo

MEMBER FOR TOOHEY

Record of Proceedings, 10 September 2024

ASSISTED REPRODUCTIVE TECHNOLOGY BILL

Mr RUSSO (Toohey—ALP) (11.51 am): I rise to speak to the Assisted Reproductive Technology Bill 2024. The Community Safety and Legal Affairs Committee, in its report No. 14 of the 57th Parliament, tabled in the Assembly on 2 August 2024, recommended that the bill be passed. The primary objectives of the bill are to establish a state-based framework to regulate assisted reproductive technology services and a donor conception information register.

During its inquiry into the bill, the committee received and considered a variety of evidence. This included 34 written submissions from stakeholders, written and oral briefings provided by Queensland Health and the Department of Justice and Attorney-General, and evidence provided by witnesses at our public hearing in Brisbane. The evidence received by the committee indicates that stakeholders are broadly supportive of the bill's objectives and how it seeks to achieve them. However, some expressed concern about specific provisions, most commonly related to proposed donor family limits, the donor conception register and the birth certificates of donor-conceived people.

The bill responds to two previous inquiries: the Legal Affairs and Safety Committee's inquiry into matters relating to donor conception and the Office of the Health Ombudsman's recent investigation of assisted reproductive technology providers in Queensland, set out in an interim and final report. The bill implements most of the recommendations made by the Legal Affairs and Safety Committee, including its central recommendation that all donor-conceived people be legislatively provided with the right to know the identity of their donor. Those recommendations not implemented by the bill primarily relate to funding or the practicalities of implementation, being matters not typically included in primary legislation. The bill also implements several of the preliminary recommendations made by the Office of the Health Ombudsman in its assisted reproductive technology report, including that legislation be introduced to provide robust oversight of providers operating in Queensland.

The committee was satisfied that the regulatory scheme set out in the bill would improve the oversight of services in Queensland, protecting the health and wellbeing of those who use these services. As previously stated, the committee recommended that the bill be passed. On 22 May, the Hon. Shannon Fentiman introduced this bill into the House and stated—

Today I am proud, as the Minister for Health, Mental Health and Ambulance Services and Minister for Women, to introduce the Assisted Reproductive Technology Bill 2024 into this House. The bill will establish a robust framework to regulate assisted reproductive technology providers and services and will establish a donor conception information register in Queensland. This legislation will ensure that the wellbeing and interests of people receiving fertility treatments are central to the delivery of assisted reproductive technology services and that the welfare and interests of people born as a result of these services are of paramount importance.

The minister went on to state-

By regulating providers and establishing a donor conception register, the Queensland government is demonstrating a commitment to protecting the welfare and interests of people who use assisted reproductive technology and those born as a result of such treatments. This bill demonstrates that the Queensland government's commitment to improving health care for families and for women forms part of our landmark Queensland Women and Girls' Health Strategy 2032.

At the public briefing on 12 July 2024, around the issue of a donor conception information register, Ms Tricia Matthias, Acting Deputy Director-General, Strategy, Policy and Reform, Queensland Health, stated—

In terms of the Donor Conception Information Register and key issues raised by stakeholders, one key issue was the age of donor-conceived persons to access information. As the committee is aware, the stakeholders had a range of views regarding the age of donor-conceived people accessing the register. While many stakeholders supported access to the register from the age of 16 years, some stakeholders recommended that donor-conceived people under 16 years should be able to access the register. Others recommended the age of access should be from 18 years of age to be consistent with the recommendations of the former committee.

Mrs Kerry Favarato, representing Donor Conceived Australia, stated in her contribution-

In conclusion, the proposed legislation to regulate ART services and establish a donor conception register in Queensland is a commendable step forward, reflecting a growing recognition of the complex social, ethical and personal dimensions of donor conception. The urgency of passing this legislation in Queensland cannot be overstated. While we endorse most provisions, critical amendments are needed to safeguard the rights and lifelong interests of those conceived through ART. This is not just a legislative issue but a matter of fundamental human rights.

The committee carefully considered the retrospective impact of the new donor conception register, including the adverse impact it would have on the privacy of donors, some of whom had previously expected to remain anonymous. The committee recognises that establishing this register is necessary to ensure that all donor-conceived people have the ability to know the identity of their donor; however, this means placing the rights and wellbeing of donor-conceived people above those of donors who may have preferred to remain anonymous. The committee concluded that this is appropriate, given donors made their decisions to donate as competent adults while the donor-conceived offspring had no choice in the matter of their conception. Jigsaw Queensland, in their written submission, stated—

Jigsaw Qld supports the right of donor conceived people over the age of sixteen to information about their personal origins and a similar right for donors to have information about their children.

It went on to state-

When it comes to examining these issues, there is much to learn from the past experiences of people affected by adoption and the impacts of legislative changes since 1990. Just as it was when adoption legislation was being debated in the 90s, some now misguidedly believe that there exists a vast army of donor offspring and donors waiting to pounce on unsuspecting biological relatives ... In fact, the adoption experience and statistics would suggest otherwise.

Ms Alexandra Eccles, a donor-conceived person, in her written submission stated-

I am a donor conceived person, born in the early 90's. I was lucky enough to be born to two people who, even thirty years ago, had a deeper understanding of the importance of honesty and transparency than the medical professionals that they entrusted at the fertility clinic. They told me the truth of my conception when I was very young, and my Mum repeatedly spoke with and wrote to the clinic, expressing her deep concerns over donor anonymity and asking for more information about the donor to give me. They told her that it was in everyone's best interests to not disclose that I was conceived using donor sperm. I'm grateful that in spite of this, she was ethical enough to know better.

She went on to say-

The main thing that I want to ensure is heard is that when the clinics refer to 'historical' practices, they imply that everything is fine because they are no longer doing this or that. However, the repercussions of those practices are still very much the present for many of us, who without legislation have no hope of making them historical for ourselves.

Based on the above, I commend the bill to the House.