




Speech By
Sandy Bolton

MEMBER FOR NOOSA

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ASSISTED REPRODUCTIVE TECHNOLOGY BILL

 **Ms BOLTON** (Noosa—Ind) (12.13 pm): This bill introduces a new regulatory scheme for what is known as assisted reproductive technology—the most well known being IVF—where previously there has been no regulation of the sector. It also implements recommendations of the 2022 Legal Affairs and Safety Committee report into donor conception information for a register of donor-conceived persons. This requires the Registrar of Births, Deaths and Marriages to maintain a register of persons who are donor conceived, along with relevant information such as family and medical history. ART providers are required to lodge information on the register, yet parties to a private donor conception procedure have no legal obligation to lodge information.

As I said in my speech on the LASC report at the time, there is already a legal obligation to register all births in Queensland, including parentage information, and it would be a minor change to also include private donor conception information. With the lodgement of information from gametes obtained other than registered IVF clinics being voluntary, it is likely that some donor-conceived people will not be able to access information about their own genetic heritage. This goes against the objectives of the act, which states that the welfare and interests of Queenslanders who are born as a result of assisted reproductive technology are of paramount importance, and we heard that from witnesses at the public hearings. This highlights the additional regulatory burden placed on ART providers, for whom it is compulsory.

While each of the new laws applied to ART providers make sense in isolation, the totality of the laws may limit the number of people willing to become donors. With Australia importing 50 per cent of gametes due to an already existing shortage, this will need to be monitored as these laws take effect. Other issues raised included donor privacy, the age of access for donor-conceived people to donor information, the number of donor-conceived children a donor can have, the provision of counselling as well as the ban on sex selection, although an exemption is provided for genetic disease reasons. Overall, there was broad support for regulating ART, from Donor Conceived Australia to the Queensland Nurses and Midwives' Union.

There were some differences regarding the age at which it was appropriate to access information as well as the number of recipients of gametes from the same donor—whether 10 families or 10 individual children—and this was raised by Rainbow Families Australia and several Queenslanders who have been through the donor process. Understandably, there were concerns raised regarding the expectation of donor privacy prior to the introduction of required consent to the release of identifying information to persons born as a result of the donation in 2014. At a public hearing, the issues for donors and their families were raised by Dr Stokes, medical director of Coastal IVF, who shared the difficulties experienced by themselves and their families. The fact that free counselling would be provided to both donor recipient people as well as the donors and their families was reassuring, as this is essential.

Finally, I would like to thank my fellow committee members, our hardworking secretariat and all who submitted or took the time to contact my office regarding this.