




Speech By
Hon. Shannon Fentiman

MEMBER FOR WATERFORD

Record of Proceedings, 6 March 2024

HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

Second Reading

 **Hon. SM FENTIMAN** (Waterford—ALP) (Minister for Health, Mental Health and Ambulance Services and Minister for Women) (12.52 pm): I move—

That the bill be now read a second time.

On 30 November 2023 I introduced the Health and Other Legislation Amendment Bill (No. 2) 2023. The bill was referred to the Health, Environment and Agriculture Committee for its consideration. The committee's report was tabled on 4 March 2024. The report makes one recommendation: that the bill be passed. I appreciate the committee's support for the bill. I also want to thank the organisations and individuals who made submissions to the committee and participated in the public hearing.

The Miles government is committed to the ongoing improvement of Queensland's healthcare system to ensure it continues to deliver the best possible health outcomes for the community. Queenslanders are fortunate to have access to world-class health care. However, we cannot stand still and we must continually strive to improve safety, quality, equity and access to our health system. I am proud to be part of a government that is making every effort to ensure our health system embraces opportunities for change, especially for women and girls.

This week we mark Queensland Women's Week and, as the Minister for Women, I am particularly proud to be progressing important health reforms for women in this bill such as paving the way for minimum midwife-to-patient ratios in public postnatal maternity wards and enhancing termination-of-pregnancy care, especially improving access for women in rural and regional communities, because access to sexual, reproductive and maternal health care is a fundamental human right which contributes to positive health, social and economic outcomes across the whole community.

In an Australian first, this bill amends the Hospital and Health Boards Act 2011 to clarify that for the purpose of midwife-to-patient ratios a newborn baby should be counted as a patient when they are staying in a room on a maternity ward with their birthing parent. Currently there are no laws governing how many patients can be safely allocated to a single midwife, and babies on postnatal wards are often not counted in the allocation of midwives' workloads. We acknowledge that the absence of such laws can result in midwives experiencing high workloads and burnout, and the inclusion of babies in ratios will have a broad impact on workforce clinical outcomes and the provision of quality maternity care.

The Queensland government has listened to the concerns raised by nurses and midwives. That is why we appointed Queensland's first Chief Midwife Officer, Liz Wilkes, and it is why we have established midwifery group practice across the state. It is also why we are now legislating minimum midwife-to-patient ratios. Once again, I want to thank all of the amazing staff who have pushed for these changes to become a reality. More midwives in our maternity wards will mean better care for pregnant women and newborn bubs.

This week I had the pleasure of launching the Queensland Women and Girls' Health Strategy, which highlights our commitment to improving health outcomes for women and girls. As part of the government's \$250 million in new investment to support the strategy, \$41.8 million will be dedicated to enhancing access to termination-of-pregnancy services and supports in Queensland. Queensland women and girls told us during consultation that they wanted equitable and consistent access to termination-of-pregnancy care. This was especially important for women and girls living in rural and remote areas of Queensland and women from First Nations communities, and we have listened to them.

The bill amends the Termination of Pregnancy Act 2018 and the Criminal Code to allow additional health practitioners to perform medical terminations of pregnancy. Our government has always recognised that Queenslanders deserve to have access to reproductive services, and the termination of pregnancy ought to be regulated as a health service rather than under the criminal law. However, we acknowledge that access to termination services can be limited and inequitable, with many facing significant and intersecting financial, social, geographic and health provider barriers.

In 2023 the Australian Senate's community affairs references committee published its report into barriers to sexual, maternity and reproductive health care. The report described access to termination-of-pregnancy care as 'a huge lottery' and found that there was inequitable access to reproductive health care, especially in regional, rural and remote Australia. The negative impacts that this lack of access can have on a person's medical and physical wellbeing were highlighted by one Queensland woman, who told the Senate committee—

I was stressed and I hadn't kept food down in about five days. I was really sick with nausea. I was exhausted and completely terrified that I wasn't going to be able to access abortion services.

The amendments in this bill will allow nurse practitioners, endorsed midwives and those registered nurses and midwives who have the necessary qualifications and training to perform medical terminations of pregnancy. These amendments are in line with changes made by the Therapeutic Goods Administration, which in August last year lifted limitations on prescribing early medical abortion medications. This decision was based on independent clinical expertise in the scientific and medical fields which demonstrates that restrictions which create unnecessary obstacles for people seeking access to vital health care are not warranted.

The amendments in this bill are also supported by many doctors, nurses and midwives. During the committee process submissions were made by the Australian College of Nursing, who said that they wholeheartedly support this amendment, and the Australian College of Midwives Queensland and the QNMU commended the amendment. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists also expressed their support for these amendments. I want to thank those organisations for their continued advocacy.

I would also like to foreshadow that I will be moving a minor and technical amendment to the Termination of Pregnancy Act during consideration in detail which will clarify that for the interaction with the Medicines and Poisons Act 2019 a medical termination can be performed by a registered nurse or midwife administering a termination drug if they are working under an extended practice authority where no prescription is issued. Currently the bill only refers to a termination of pregnancy being performed by issuing a prescription or giving a treatment dose of a termination drug. The Medicines and Poisons Act makes a technical distinction between giving a treatment dose, which is taken at home, and administering a drug, which is done immediately during a consultation.

The bill also makes amendments to the Hospital and Health Boards Act to require a quality assurance committee to disclose information about a health professional to the chief executive if the committee believes the health professional poses a serious risk of harm due to the practitioner's health, conduct or performance. This will help to improve patient safety and ensure that issues can be dealt with at a local level more quickly before they escalate.

The bill also ensures that the chief executive of Queensland may, after considering a report of a clinical review or health service investigation, take the action the chief executive considers appropriate, and the appropriate action will depend on the circumstances. The bill also amends the Mental Health Act to clarify how expert reports and Mental Health Court transcripts may be released and used. Stakeholders were generally supportive of these reports being used in a broader range of circumstances with safeguards.

The amendments in the bill will improve health care in our state and also ensure that women and girls across Queensland have access to higher quality maternity, sexual and reproductive health care. I commend the bill to the House.