



Speech By
Hon. Shannon Fentiman

MEMBER FOR WATERFORD

Record of Proceedings, 7 March 2024

HEALTH AND OTHER LEGISLATION AMENDMENT BILL (NO. 2)

 **Hon. SM FENTIMAN** (Waterford—ALP) (Minister for Health, Mental Health and Ambulance Services and Minister for Women) (4.56 pm), in reply: I thank all members for their contribution to debate on the Health and Other Legislation Amendment Bill (No. 2) 2023. As I said at the outset of this debate, this bill progresses important health initiatives for women and girls. I am so proud of the landmark reforms to count babies for calculating midwife-to-patient ratios. I am proud that we are enhancing access to medical termination of pregnancy, especially for people who live in rural and regional Queensland. I would like to echo the sentiments from across the House about the amazing work done by our frontline health workers and acknowledge the advocacy of the many nurses and midwives who have pressed for these reforms, many of whom were with us today at parliament when we talked about these landmark reforms.

Making sure we have more midwives on our maternity wards will mean they are able to provide higher quality care for pregnant women and newborn babies. More midwives also means more support on the front line for our hardworking staff. I am pleased that the LNP have indicated they will support these ratios. I must say that I am surprised, because it is in stark contrast to their position in 2016 when they voted against nurse-to-patient ratios. As the member for Mudgeeraba said at that time, 'There is no universal agreement that nurse-to-patient and midwife-to-patient ratios will deliver better health outcomes.'

The members for Mudgeeraba and Maroochydore in their contributions said that the LNP's priority for health care is getting the fundamentals right. I am not too sure what fundamentals the members are talking about. Maybe it is the nation-leading reforms such as nurse-to-patient ratios that they voted against in 2016—ratios, might I add, that were independently evaluated by the University of Pennsylvania, whose rigorous evaluation showed that the policy was not only justified but was saving lives and saving money. Maybe they were talking about the fundamentals of cultivating a strong workforce, which they clearly demonstrated their commitment to when they cut 1,800 nurses and midwives.

I will now address some of the matters raised by honourable members during the course of this debate. Several members expressed concerns about the bill using gender-neutral language in relation to termination of pregnancy. Currently the Termination of Pregnancy Act only authorises a termination of pregnancy to be performed on a woman. Updating the act to use gender-neutral language ensures equal access to termination-of-pregnancy care by removing a legal barrier for transgender, gender-diverse and non-binary people. This is consistent with the approach taken to other important legislation recognising transgender people, including the Births, Deaths and Marriages Registration Act 2003. Currently, it is a crime to perform an unauthorised termination of pregnancy in Queensland. Updating the legislation protects Queensland health practitioners who provide termination-of-pregnancy services to transgender and gender-diverse individuals. The change in terminology provides legal clarity, access and equity for all Queenslanders needing this important health care.

In recognition that the overwhelming majority of people receiving reproductive health care are women, Queensland Health intends to continue using inclusive terminology such as 'women and pregnant people' whenever possible and appropriate. This will be done across clinical facilities and documents such as patient information pamphlets, websites and guidelines.

Access to safe termination-of-pregnancy care is a human right and is essential for sexual and reproductive autonomy. During the Queensland parliamentary committee process, stakeholders working in reproductive and women's health made it clear that the proposed changes to allow additional health practitioners to perform medical terminations of pregnancy would make a difference on the ground by allowing improved access closer to home. It is of little surprise that those opposite will be voting against these amendments.

Several members expressed their concerns about this legislation being rushed through or that these amendments are not consistent with the Senate committee report on reproductive health care. The Senate committee report showed that women across Australia, and throughout Queensland, have been calling on and waiting for this change. As the member for Mudgeeraba acknowledged in her contribution, this was an extensive inquiry of nearly eight months.

In its report, the Senate committee recommended that the Therapeutic Goods Administration review barriers to improve access to MS-2 Step. The Senate committee's recommendation specifically named nurse practitioners, midwives and Aboriginal health workers as cohorts that could potentially prescribe MS-2 Step. As is the usual practice for these types of reports, the recommendation was considered by the experts and advice provided about an appropriate regulatory response. The TGA's decision went further than the Senate committee's recommendation. In the process of reviewing the risk, the TGA considered that state and territory health departments should determine who is best placed to prescribe and use this medication in their state or territory.

During the development of the legislation, my department undertook extensive consultation and examined the clinical evidence and risk. It was determined that registered nurses and midwives who work under an extended practice authority and with the additional training that will be rolled out will be able to undertake this role safely. This is consistent with the TGA's decision.

I make no apology for moving quickly to implement the TGA's decision to allow additional health practitioners to use termination-of-pregnancy drugs for medical terminations. This legislation is needed to improve equitable access, particularly for those who live in rural or remote areas, and we know that this change will make a difference to those living in our regions. It is supported by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australian College of Nursing, which welcomed the change. At the hearing, Ms Grace stated that they—

... support the removal of existing legislative and policy barriers to enable nurses and midwives to work to their full scope of practice. This, in turn, due to the fact that nurses are the largest and most geographically dispersed health workforce in Australia, improves equity of access to health care in rural and remote Australia.

The LNP would not have us listen to the Australian College of Nursing or even the TGA. Why should they when they have the expertise of Ahpra restricted registered nurse the member of Mudgeeraba?

Members also expressed concerns about complications that may arise from a medical termination of pregnancy and whether nurses and midwives are able to respond appropriately, including with management of pain. Terminations of pregnancy using MS-2 Step are already occurring in Queensland when the drug is prescribed by doctors and these terminations are overwhelmingly occurring safely. We know from the current use of this drug that it is very safe and complications are very rare. Our registered nurses and midwives always maintain close working relationships with other healthcare professionals if a referral or escalation process is required. The clinicians working in Queensland's most isolated areas are very experienced in responding to unplanned and emergent health events. In the extremely rare cases where an emergency arises, there are principles and pathways in place for stabilising patients and arranging retrieval services for transport to a larger hospital or health service.

MS-2 Step has been approved for use by the TGA since 2012, and the views of many contemporary practitioners—those who have been practising since 2012—is that the medical and scientific evidence supports that accessing early medical termination reduces patient risks and decreases the need for post-procedure clinical management. During a public hearing, Dr Belinda Maier from the QNMU told the committee that delayed pathways or barriers for women accessing early termination means that they are 'getting the later termination of pregnancy, which holds a lot more complications than the early medical termination'. Julia Brownlie, a nurse practitioner from the office of the chief midwife, reiterated this position today when she said—

If you miss the window to be able to access early termination of pregnancy, you then have to have the surgical option, where the risks are higher, and you have to travel away from your home, family ...

If those opposite are so concerned about the safety and wellbeing of women accessing medical terminations, they should not vote against allowing additional health practitioners to perform medical terminations of pregnancy. Registered nurses and midwives with additional education, training and authority have been working under the relevant extended practice authority for many years. The extended practice authority for registered nurses authorises registered nurses working under the EPA to administer or give a dose of specific listed medicines without a prescription.

The members for Maiwar and Mudgeeraba asked the government to identify the appropriate implementation activities and training to support this bill. Queensland Health is developing an education package and clinical pathway that will support nurses and midwives to safely and effectively perform medical terminations of pregnancy and are working through how best to make the training available. If the bill is passed, there will be an implementation period before the changes take effect and nurses and midwives are permitted to perform medical terminations of pregnancy. It is important that this bill be considered and passed by parliament first; otherwise, the implementation work would be pre-empting the important decision to enact these reforms.

I put on record my commitment that additional practitioners will not be permitted to perform medical terminations of pregnancy until all appropriate implementation, training, education and safety protocols are developed and implemented. Just this week we released the Termination of Pregnancy Action Plan, which includes \$41 million for crucial funding to support termination services and psychological support for consumers considering their options. Before performing this new role, registered nurses and midwives will undertake additional training tailored to the relevant clinical considerations for performing medical terminations of pregnancy.

Those opposite used their contributions to raise their concerns for women and girls throughout Queensland. They opine that they are listening to women and girls and nurses and doctors and that is what is motivating them to vote against these amendments. However, that is clearly not what the LNP are actually concerned about because they have demonstrated, time and time again, that they are not listening to and do not value the voices of women and girls. By voting against these provisions they are making it harder for women in regional and remote Queensland to access medical terminations at home or close to home. The LNP are, and always will be, a threat to women's reproductive rights. Recently we saw this play out in the US, where for many years conservatives, under the guise of safety, have whittled down access to safe termination services. Here in Queensland, in the year 2024, we are seeing similar arguments from those opposite to block safe access for women to those services.

Queensland's health system is recognised for its high standards. The commitment, professionalism, dedication and resilience of our frontline workforce is clear for all to see. In this Queensland Women's Week, the government is delivering improved health care for women and girls through the important reforms in this bill. This bill will pave the way for the introduction of minimum midwife-to-patient ratios in our healthcare facilities, ensuring more midwives can provide more care for more parents. It will also enable better access to early medical termination-of-pregnancy care, particularly in those communities where existing services are limited.

I am so proud to be making these reforms a reality for Queensland women and girls. I commend the bill to the House.