ABORTION LEGISLATION REFORM BILL 2023

Second Reading

Resumed from 8 August.

DR K. STRATTON (Nedlands) [1.00 pm]: I may ask for an extension of time at the outset today, should I require it.

[Member's time extended.]

Dr K. STRATTON: Thank you. It will make sense; I do not want to interrupt a story. I rise to speak today in support of the Abortion Legislation Reform Bill 2023. I would like to acknowledge the leadership of the Minister for Health, Hon Amber-Jade Sanderson, in bringing this legislation to this house—legislation that will change people's lives and bring dignity, privacy and safety for pregnant people when accessing abortion care, which is, of course, health care.

I want to reflect on the experience of abortion across various generations, to highlight that we stand here with and for all those who have come before us—the activists, legislators, and health care providers, but also all the ordinary women who have accessed abortion when it was variously illegal and decriminalised, and at times, dangerous and unsafe. A friend of mine in her late fifties never met her grandmother. She died as the result of a backyard abortion; really the only accessible form of abortion available at that time. She left behind six children—three boys who went to an orphanage and three girls who went to the care of their grandmother. As a 23-year-old, I had an abortion that was illegal, albeit safe. Our contraception failed and I was on medication that made a pregnancy unviable. I was in the privileged position of being able to afford that termination in the same week I found out I was pregnant. We made that decision as a very young couple and as a mother and father to that baby. Not continuing that unplanned pregnancy was the right decision for us to make. These are the very ordinary events that lead people to abortion care.

As a 25-year-old two years later, I stood on the steps of Parliament House in support of Hon Cheryl Davenport's private member's bill, the Criminal Code Amendment (Abortion) Bill 1998. The bill saw abortion decriminalised and I thank her and others who at that time overcame many moral and legislative obstacles to make abortion more accessible for the women of WA. In the 25 years since the 1998 reforms, other Australian jurisdictions have caught up with Western Australia and, in many cases, provided for more compassionate access to abortion that better reflects contemporary clinical practice. In the 25 years since, I have worked as a social worker, including at King Edward Memorial Hospital for Women, walking alongside pregnant people as they made choices about their reproductive health—choices, however, which did not belong solely to them, choices that others, in some cases, got to veto and make judgement on. There is no equivalent men's health decision that has the same kind of scrutiny or barriers than women's health decisions over their own reproductive rights—our reproductive rights.

I have spent my entire career working to right the wrongs of gender injustice, and so now, in my fiftieth decade, I stand here proudly in support of the entirety of the reforms contained in this bill. I stand here to say that abortion care is health care—that people should always be at the centre of decisions about their health and bodies, including their reproductive health, that those decisions belong between a person and their health practitioner, and that the health care we need should always be available in our own state. I also stand here as the mother of a fourteen-year-old girl, and the changes in this bill will mean that should she ever need an abortion, she will be able to access it with greater ease, less judgement, more dignity and greater privacy, reflecting her existing capacity to make decisions about her own body, future and reproductive health.

In my contribution, I want to briefly cover some of the changes to abortion care in these reforms through the story of Pippa, a much loved daughter, to highlight the travesty and trauma that the current restrictions on late-term abortions create for women and their families. An important change for all people seeking an abortion at any gestation up to 23 weeks is the removal of mandated counselling to obtain informed consent. As it is, good professional clinical practice requires informed consent to be sought and made for all health interventions. Now of course as a social worker, I know the benefits of counselling when it is in the right place and at the request and need of the people concerned. Counselling around the decision to have an abortion under these reforms will become an individual's choice, based on their own needs and circumstances, which they know and understand for themselves. The requirement for counselling can also create delays in people accessing an abortion. Not only does this delay disrespect a woman's decision, delays may also change the type of medical intervention required for a safe and effective abortion, particularly if those delays take a woman past the point of a medical termination, instead requiring a surgical abortion. This change respects that women, that we, have the right, the ability and capacity to make decisions about our own health care.

The bill will also remove the requirement for an abortion to be considered by two medical practitioners, the medical practitioner performing the abortion and another. Abortion is the only routine medical intervention when this is required for adults, and again, there is no equivalent in men's health, including their reproductive health. Doctors already have professional standards of care and practice commitments to an ethical framework and ongoing

professional development in place. One doctor is perfectly sufficient to provide appropriate care. This also makes abortion more accessible and removes an additional expense for people seeking a termination and means the intervention can be carried out in a timelier manner. This is particularly important for women in regional areas in which accessing one, let alone two doctors, can be a difficult and long process.

The bill clarifies that both medical practitioners and students may refuse to participate in an abortion. However, they will be required to immediately disclose their objection and provide clear, unambiguous and timely directions to refer the patient to another health practitioner. Although this action is, of course, itself important, I do think it is not a professional's place to pass moral judgement on others. It is the woman and her family that will bear any impact of an abortion, not the doctor or healthcare providers. Doctors have a responsibility to act professionally and nonjudgmentally at all times, and it is the hope that any required referrals will happen in such a manner. Currently, a patient whose general practitioner refuses to participate in their abortion care may find themselves required to see several medical practitioners before they find one that is willing and able to participate. Not only does this place the burden of the search on the patient, potentially including an additional financial burden, if the objection has been delivered in such a way that creates fear or judgement, it may create a sense of unwillingness to make another approach to a doctor.

As I said earlier, I am the mother of a 14-year-old girl. I hope she is as clear as I am that if she ever needs an abortion, she can come to me and we will navigate that together if that is what she wishes. However, she already has her own general practitioner who she sees independent of me—as is developmentally appropriate. I respect her ability to make decisions about not just her body, but her future as well. Again, doctors are well-equipped to make these assessments about whether someone is a mature minor. They make these decisions already in a variety of settings and circumstances, not just in abortion care. Under common law the mature minor is deemed to be sufficiently mature and intelligent to make healthcare decisions on their own behalf, including consenting to medical treatment. Doctors are also invested professionally in ensuring those assessments are appropriate for the young person in front of them.

Finally, I would like to speak to the changes that this legislation will see to the provision of late-term abortions for Western Australians. Late-term abortions are very rare, accounting for less of one per cent of all procedures, and are only performed in a hospital setting by appropriately trained medical practitioners. They occur most often due to the discovery of a serious fetal anomaly or because of a serious risk to the parent's own health. It is almost always a very difficult decision to make, as most women who have reached 20 weeks' gestation expect to and anticipate bringing home a live baby. Compounding the difficult decision, is the complexity and trauma that our current regime can create.

The bill will remove the constraint that exists under the Health (Miscellaneous Provisions) Act on patients seeking late-term abortions—that is, abortions after 20 weeks. As it stands, a patient must seek approval from both their original medical practitioner, and then obtain joint authorisation from another two medical practitioners who are members of a statutory panel appointed by the Minister for Health.

To demonstrate what our current regime inflicts upon families I would like to share with the chamber the story of Pippa, a much-loved and wanted fourth child, a daughter, a granddaughter, a sister and a niece. In October 2020, Pippa's family discovered that their much-wanted fourth child was on their way. From the beginning it was evident that this was going to be a difficult pregnancy. There were multiple scans, two significant bleeds, and review of those scans and tests by four obstetricians in the private health system. However, no fetal anomalies were identified until the 20-week ultrasound. Twenty weeks is the gestational recommendation for a fully comprehensive anatomy ultrasound to be performed. Until this gestation, many anomalies cannot be identified—in fact, some cannot be identified until a later gestation again.

At 20 weeks and one day, a scan with a maternal fetal specialist was done. The next day a meeting with a maternal fetal specialist and a discussion with the ministerial panel was held with Pippa's parents. Despite the multiple tests and detection of anomalies, no firm diagnosis was able to be made for Pippa. Instead her diagnosis was described as "grey", and despite seeking advice from maternal health specialists, no-one could provide Pippa's parents any clarity on the health of the pregnancy. However, even at this time, the couple's right to make a decision within Western Australia had already ceased.

Three days later, the ministerial panel refused the couple's request for time to analyse the complexities of their baby's condition and a possible abortion. At 20 weeks and six days, an amniocentesis was completed. However, those results would take three to four weeks to arrive. The couple were not afforded the time to determine what was wrong with their baby and what disabilities they may or may not have. The next week became a frantic and endless search for options—making appointments, putting decisions about their baby's future into other's hands, and ultimately, arranging to travel interstate to have their pregnancy terminated. At 21 weeks pregnant, the couple got on a plane. Pippa was delivered at 21 weeks plus five days.

The panel made a decision on their behalf—on Pippa's behalf. They left this family with no choices. There were no rights of appeal. There is no other health decision that is taken out of the hands of individuals and others who care

about them, and is instead made by an anonymous group of people, with no ability to have your point of view heard, your wishes respected, no right of appeal and no recourse.

I quote from Pippa's mother, according to my notes —

> At this point I feel I 'fell out of the system', I was no longer being provided care by my private obstetrician, but I was also not in the WA public system. No-one counselled me. No one let me know what could happen, where, and when. There were frantic calls to Darwin to see whether I could deliver my baby there— thankfully although they could not help me, they had the compassion to assist where they could and sympathy to follow-up with conversations. I was forced to exit the state, to attend a clinic, alone without support, to deliver my desperately wanted baby in a setting that was completely inappropriate.

The requirement to travel interstate cost the couple over $10 000. The family live in close proximity to King Edward Memorial Hospital for Women, yet due to the ministerial panel and WA legislation, Pippa's mother was required instead to travel 4 313 kilometres to another clinic. The policy of the service performing the abortion over east was that men were not permitted on the premises, so Pippa's mother delivered her alone, while her father waited outside. Pippa's father never got to see her or hold her. He did not get to comfort his wife, nor she him. Pippa's mother says, according to my notes —

> The nurses and doctors were the most kind, compassionate and understanding individuals.

She is truly grateful for their compassionate care. She said —

> Unfortunately it was still a deeply traumatic experience. My much wanted baby died that day, I walked home, sore and bleeding, to a foreign hotel bed. I didn't sleep.

Knowing her own birth history, Pippa's mother asked the clinic what to do in the event of a bleed and was told to google the nearest emergency department, as the clinic did not have the capacity to provide aftercare.

To add another layer of complexity, this happened during the early days of COVID-19. Unfortunately, it was the height of COVID and Victoria and New South Wales were in lockdown. Only South Australian residents could have an abortion in SA. That left Queensland and Darwin. Darwin has a 24-week cut-off for abortions, but would only accept the couple if she had no other options available to her as they were also struggling to cope with COVID hospitalisations. Queensland would allow a Western Australian in a clinic for a surgical termination, but only up to 21 weeks and six days. This left the couple very little time. To access the service during COVID, the couple required permission to travel and had to quarantine upon their return home without their family around them.

Under the reforms we are discussing now, Pippa would have been delivered at King Edward Memorial Hospital for Women. Her parents would have had another one to two weeks to make a decision of their own, to involve their family and children and to be free to begin their grieving process. Pippa's parents could have been together as she was delivered, as they were for their three other children.

I will leave Pippa's mother with the final words to Pippa's story. According to my notes, she said —

> My husband never met our daughter. He never held her. He never saw how she looked like our second. A sweet, beautiful wee thing. We didn't collect her ashes. We didn't know we could. I should have been at King Edward Memorial Hospital, with my husband, and then home to my own bed. Instead after two days of blur, we flew home to our children to explain that our baby had died. And my life will never be the same.

For all the Pippas, for all the mothers and fathers who have come before us, for all the women who have accessed abortion that is illegal, unsafe, and even dangerous and traumatic, I commend this bill to the house.

MS C.M. COLLINS (Hillarys) [1.17 pm]: It is a privilege to have this opportunity to speak on the Abortion Legislation Reform Bill 2023. I thank the member for Nedlands for her powerful and personal contribution and the story that she shared, which really highlights just how important these reforms are.

In my first year as a parliamentarian, I was really proud to stand up in this place and speak on the Public Health Amendment (Safe Access Zones) Bill, a bill which enshrined in law that women would be protected from protesters' intimidation and harassment when simply trying to exert their rights to access abortion services. This was a huge win in Western Australia for reproductive autonomy. WA was the first state in Australia to decriminalise abortion back in 1998 due to a bill that was brought to the house by Hon Cheryl Davenport, but she made the point that many, many changes would still need to occur. Our legislation has really become outdated since 1998, as we have heard from members. We are lagging behind other states and it is not only an embarrassment, but detrimental to the health of women.

In WA, there are so many unnecessary barriers to fully accessing this critical healthcare service, and this is not just an opinion of some. Extensive consultation has been undertaken across a broad spectrum of the community. There has been wide and overwhelming consensus amongst both health professionals and the public confirming that too many barriers exist in Western Australia.

I, too, would like to share a story that highlights the very real and traumatising impact that these current barriers impose on Western Australian families. Nicola Todd is a local northern suburbs woman who recently shared her experience with me. She wanted to be here in the gallery today but, unfortunately, could not make it. Nicola has asked me to share this story and use all their names. Nicola and Nathan Todd's story began in 2019. They were offered to be part of the Mackenzie's Mission research study that provides reproductive genetic carrier screening for up to 10 000 couples across Australia. From the screening, it was brought to the Todd family's attention that Nicola was a carrier of fragile X syndrome. As a result, the Todds were then offered further testing for any future pregnancies when the time came. Their first daughter, Sofia, was a happy surprise and after Nicola was in a car crash in her first trimester—her car was written off—Sofia was a little miracle. At the chorionic villus sampling—CVS—at 13 weeks, Sofia was also found to be a carrier of fragile X syndrome but does not have the syndrome. Sofia is now a thriving three-year-old toddler.

The Todds always knew they wanted to start a family. They wanted it to be big and their children to be close in age, so when Sofia was seven months old, they began trying for their second child. To their surprise, this took only two months, and they were elated to be able to give Sofia a sibling close in age, something that Nicola and her partner never had. They then got back in touch with Genetic Services of Western Australia to arrange the CVS for their second pregnancy, which showed again that their baby was a carrier of fragile X syndrome but did not have the syndrome. However, the initial screening process did not pick up the other genetic conditions she had and, unfortunately, these were detected only at the 20-week ultrasound, causing very understandable anguish for those young parents. Devastatingly, when Nicola was given the ultrasound report, five separate serious concerns were listed. Nicola was 20 weeks and one day pregnant when she had the ultrasound, as back then that was recognised as the optimal time to detect fetal abnormalities. When the legislation was made, the optimal time was thought to be 18 weeks. Nicola vividly remembers the details of that moment, which indicated an abnormality in the development of her baby's brain that should have been clearly visible at this stage of pregnancy, but one that Professor Dickinson, the head of the maternal fetal medicine service at King Edward Memorial Hospital for Women could not detect at that time. Nicola and her partner cried many tears and spent sleepless days and nights discussing the facts, how they felt and whether they could live with what this would mean for the quality of life for their child and also their family. Together, after much heart searching, they made the extremely personal and difficult decision that they would not continue with the much-wanted pregnancy, with all the now obvious concerns and uncertainties. The Todd family then endured nearly two weeks of complete debilitating sadness and, it has to be said, with little psychological support while waiting for updates in their case. Despite the report showing five concerns, the professor knew that the panel that would make the decision about whether Nicola could terminate the pregnancy would have to find more evidence or involve more diagnoses. It was possible that under the panel's strict guidelines, her case could be classed as only possible findings with no evidence, and this obviously and unnecessarily added to the traumatic ordeal of the Todds.

Their case never actually made it to a panel. To put it in perspective, they found out 10 days later, on a Monday morning, how WA's existing laws worked if the panel rejected their application, and they knew that they were running out of time to travel interstate. By the Wednesday morning, they had to make the decision to either attend their 11.00 am meeting with Genetic Services to begin the panel process or get on a flight to Darwin, to a territory that was supportive and willing to provide the required health care through its public hospital system after reviewing their case and ultrasound report. The Todds, with the complete support of Professor Dickinson and their clinical geneticist, were forced into making the difficult personal decision to travel to Darwin for an abortion at just shy of 23 weeks. Nicola believes that a core reason for their family's trauma was due to Western Australia's outdated and very strict termination law past 20 weeks, which meant they had the distressing situation of having to leave their young daughter Sofia, who was only 13 months old at the time, and fly interstate. Having now gone through a termination for medical reasons Nicola finds it difficult to put into words the added trauma, stress, grief, heartache and unnecessary guilt and shame that WA's law put on her and her family, although I have to say that many of these words are hers, and she has done so very well. The urgency of running out of time deprived the Todd family of the time to mentally prepare for their time with Ella, and no time for any mental health impact assessments or support.

I want to thank Nicola for her amazing strength in sharing her distressing story. Nicola joined her local branch. She wrote letters to the minister and her local MPs. She advocated to change the termination for medical reasons from 20 weeks to something closer to what other states have and to remove the silence and humiliation around this. Nicola was let down by the legal system that added further trauma and obstacles to an already devastating experience. Her story exemplifies why these reforms are such a critical step towards progress and compassion. The legislation that we are debating here today will see the gestational limit increased to 23 weeks instead of 20 weeks. This change will allow for time to make an informed decision after a 20-week scan. It must be noted, as members have already pointed out, that these late-term abortions are actually extremely rare, with abortions after 20 weeks accounting for less than one per cent of all procedures. In this late phase, it will still be a requirement for two medical practitioners to agree to the procedure, but it will not involve a ministerial panel. A panel is incredibly unnecessary, highly inappropriate and, frankly, offensive.

Earlier this week, all parliamentarians got the opportunity to hear from Western Australian health clinicians—the people who are providing the abortion care—and they walked us through what some of these changes would mean for women. One shared an example of a pregnant 14-year-old. The GP who that 14-year-old had originally seen had estimated that she was six to seven weeks pregnant, based on a blood test, but after an ultrasound it was found that she was in fact 20-plus weeks pregnant. That is another situation, this time of a very young woman, of someone having to travel interstate for this service. At the moment, there are no clear guidelines for conscientiously objecting and doctors can refuse to participate in a patient's care and not refer individuals. Now they will have to declare that they object and give advice to the women in these vulnerable circumstances about whom they can go and see. This will allow a framework for health practitioners to conscientiously object but, importantly, they will be required to transfer the patient's care or provide information on where they can access it.

One of the main changes is to remove the provision from the Criminal Code regarding criminalising abortion. Abortion will finally come under the Public Health Act, as it is clearly a public health issue. The proposed reforms therefore aim to make women have easier access to reproductive health services, empowering them to make informed decisions about their own bodies and their own futures. We know that the laws regarding abortion are diverse worldwide. We heard the member for Kalgoorlie yesterday discuss the situation in the US. Just over a year ago, I, like many other women, watched in horror as the US Supreme Court officially reversed Roe v Wade, declaring that the constitutional right to abortion no longer exists. Twelve months on from this decision, Moira Donegan from *The Guardian* penned —

> The supreme court's decision has created a two-tiered class of US citizenship: one for men and one for women. It is a generational tragedy.
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> …
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> In a span of just 12 months, thousands of lives have been permanently changed — dreams dashed … childhoods abruptly ended, talents and potential suppressed, health risked, and the self-determination of pregnant women snatched from them by a body of unelected jurists who believe that their own sentiments are more important than those women's dignity.

Here in Australia, we may seem far removed from that nightmare, but it is clear from the experiences of the Todd family, and Pippa, whose story was shared by the member for Nedlands, that there are countless stories of women in Western Australia who are forced to travel interstate, away from their family and from where they are safe in order to access a service.

This legislation is about giving women choice over their bodies. Many of us do not know what we would do until we are faced with that situation and have to make a decision. I have not yet started my motherhood journey. I have frozen embryos stored away. When or if I decide to go forward and have children, if I am presented with challenges at my 20-week scan, I do not know what I will do. All I know is that I would like the choice to make that decision in my own state of Western Australia.

These health decisions should be made by the individual, with the advice of their health practitioners. For too long, abortion care has been politicised. However, current legislation across Australia is starting to reflect the assertion that abortion care is simply a part of health care. By supporting these reforms, we can create a more compassionate and progressive society, one that understands the complexity of these decisions and respects individual choice.

I would like to acknowledge Minister Sanderson, who has worked tirelessly on these reforms for years, for bringing this bill to the house, and the many hours of consultation that the department has conducted with stakeholders across the state. I also acknowledge the midwives and doctors, who provide the most amazing care, and all the fantastic specialists for their expertise. Last but not least, thank you to the activists who have pushed for these changes as well.

The Cook Labor government is committed to protecting reproductive rights for women in WA, including equitable access to abortion services.

I commend this bill to the house.

MR D.A.E. SCAIFE (Cockburn) [1.32 pm]: I rise to speak on the Abortion Legislation Reform Bill 2023. I will be supporting the bill in its entirety at all stages of debate. Members will know that I am a staunchly pro-choice member of Parliament. I believe that women should be able to exercise choices about pregnancy, their bodies and their lives safely, freely and with dignity.

In my view, the government has only three roles to play on abortion. The first is to create a regulatory environment that facilitates access to abortion and related services on the terms that I have outlined. The second is to disseminate accurate information to the community and medical professionals in support of those services. The third is to otherwise get out of the way, and certainly avoid criminalisation to the maximum extent possible.

This bill is consistent with my view on the role of government in relation to abortion in several respects. It simplifies access to medical abortion by allowing other medical practitioners, such as nurse practitioners and endorsed midwives, to prescribe an abortion drug. It improves and, in doing so, better ensures the safety of women when accessing an abortion prior to 23 weeks, particularly for women in regional, rural and remote WA, by reducing the number of medical practitioners who must be involved in performing an abortion from two to one. It also streamlines the process and better protects the dignity of women who are making the extraordinarily difficult decision to terminate a pregnancy after 23 weeks by requiring the involvement of only two medical practitioners, who must agree that performing the abortion is appropriate in all circumstances.

As most members will know, my wife, Ellie, gave birth to our first child just over three weeks ago. It has been a joyous, though sleep-deprived, time in my life. I had wondered whether supporting Ellie during pregnancy and birth and becoming a father would change my views on abortion, moving me closer towards the anti-choice side of the debate. But those experiences have not done so. If anything, my pro-choice convictions are even stronger by reason of the journey that Ellie and I have just been through. My convictions are stronger because, having had the deeply personal conversations with Ellie about becoming parents and the effects that would have on our lives, having seen Ellie go through the changes to her body and life that pregnancy and birth invariably bring, and having gone to the appointments and the scans wondering if we would learn troubling news and have to wrestle with whether to terminate the pregnancy, I am fortified in my view that pregnancy is a deeply personal decision that ought only be exercised solely by a woman with appropriate medical support.

In my first speech, I promised to be a voice for others. When I decided my position on this bill, I asked pro-choice women in my electorate whether there was anything they would like me to say on their behalf. In response, I received permission from a local resident to share the following story —

> No woman chooses termination lightly. When I made the choice, never in my mind did I think the process would be so difficult, emotional, and drawn out as it was.
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> When I first found out I was pregnant, I went to my GP promptly, to find out that they don't offer the MS-2 Step medication prescriptions. The GP wrote a referral to a clinic for a surgical option and said if I wanted the medical option I would need to go to a women's clinic for a prescription.
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> I opted to go to a local women's clinic. What I thought would be a fairly simple process of getting a prescription wasn't at all that straight forward. I had to undertake an ultrasound, then go back to the doctor for follow up to finally be given a prescription.
>
> I further found out that I couldn't go to just any pharmacy to get the prescription filled, I had to go to a specific one 25km away. It was $40 to fill the prescription.
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> After taking the MS-2 Step medication, I returned to the women's clinic for a follow up 1 week later, only to find out I needed a further ultrasound to ensure the medication had worked. I returned to the clinic to get the results, which confirmed I had retained the product. This resulted in me then being referred to 1 of only 2 clinics in WA for a surgical termination. I couldn't get an appointment for a week. The process had taken 6 weeks since I first found out I was pregnant.
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> I walked into this dark, depressing building, feeling sick to my stomach, like I was a criminal and that I should be ashamed of my choice. I had to pay $650 up front … I then saw a nurse before being moved from room to room so that two different doctors could sign off on the termination.
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> Finally, this long-drawn-out process resulted in a surgical abortion. I woke up in a room thankful that the nightmare was over.
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> The staff who run these facilities are champions at what they do and should be commended.
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> All up, this traumatic, drawn out, 6-week long process cost me $690, but the emotional cost was far greater. It is a lot of money for most people. I felt sorry for the young people navigating through this process.
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> Seeking an abortion shouldn't feel like a crime. It shouldn't be a difficult process to access and navigate. There should be more information readily available about options and the risks involved with each and it should be more affordable.
>
> I can only hope this legislation changes the process to make abortion easier to access in WA so everyone has the right to choice.

I thank that resident for her courage in sharing her story with me and this Parliament. I, too, hope that this legislation will make it easier for women in WA to access abortion, and I am confident that it will do so.

In closing, I would also like to thank several other people for their advocacy on this issue. I give thanks to Cheryl Davenport, Diana Warnock, other MPs, advocates and activists for their extraordinary efforts to decriminalise abortion in 1998. We all stand on their shoulders today.

I give thanks to my friend Dr Daniel Vujcich, who approached me in 2021 about the urgent need to reform our laws in relation to termination referrals and conscientious objections. Daniel provided me with a dissertation completed by Meagan Roberts, which outlined the negative experiences many women have when their GP denies them a referral for termination due to conscientious objection. I provided that dissertation to the then-health minister's office. I am pleased that these reforms will require practitioners who refuse to participate in abortion care to transfer the patient's care to a practitioner or facility that the refusing practitioner reasonably believes can provide that care or to provide information that will enable the patient to access treatment elsewhere. I give thanks to Meagan for her dissertation and her advocacy. I congratulate her on contributing to important law reform in our state. Publishing a dissertation and seeing the law change two years later is lightning quick in this place.

Finally, I give thanks to the Minister for Health for developing this bill and bringing it to the Parliament. As always—I have known the minister for a number of years—she has been thorough, consultative and pragmatic in driving change. The minister's name should rightly go down in history alongside those pro-choice giants of the 1990s.

On that note, I commend the bill to the house.

MS J.J. SHAW (Swan Hills — Parliamentary Secretary) [1.39 pm]: A part of me is deeply disappointed to be debating this legislation today—disappointed that as a society it has taken so long to get to this point and that we still need to debate whether a fundamentally private medical issue should be treated as a social, political or moral question, and we are still considering whether it is appropriate for women to be told what they can and cannot do with their bodies, whether we should maintain institutional barriers, preventing women from receiving medical care, and whether politicians have the right to intrude or pass judgement upon decisions that are intensely personal and often deeply traumatic.

In 1997, as a first-year student in my first subject in my law degree, I was required to debate the restrictions that had been placed on access to RU-486, the abortion pill. Those were restrictions that the Liberals chose to place on women's rights to control their own bodies, so that the government could pursue its privatisation agenda. The government traded off our autonomy for ideology.

Many people do not realise that the abortion pill was available in Australia from March 1994. Following approval from the Therapeutic Goods Administration, the World Health Organization selected Monash University and Family Planning Victoria to participate in an international multi-centre, double-blind randomised controlled trial of mifepristone and misoprostol for termination of early pregnancy. The trials demonstrated that mifepristone was a safe and effective method of pregnancy termination. Mifepristone had been legal and easily accessible in many countries since the 1980s. There was much anticipation that the drug would be made available in Australia.

However, when Tasmanian Senator Brian Harradine gained the balance of power in the federal Senate in 1996, the Liberals traded away women's autonomy, their right to access health care, so the government could sell Telstra. The effects were felt around the world. Harradine campaigned for 30 years to prevent women having rights to bodily autonomy. He agreed to support the Howard government's bill for the partial privatisation of Telstra in return for the government's agreement to amend legislation governing the TGA, to prohibit the import, manufacture or use of RU-486 in Australia without the special permission of the federal Minister for Health. The Harradine amendment effectively made RU-486 for medical termination of pregnancy unavailable to Australian women.

Beyond denying Australian women the right to access medical abortion, the coalition government agreed to stop directing Australian aid to family planning efforts of any kind in developing countries. The family planning guidelines, as they came to be known, agreed between Harradine and the Howard Liberal government in 1996, banned AusAID from funding organisations working in developing countries that provided any training, education or information about abortion. The International Women's Development Agency estimates AusAID's funding for family planning fell by 84 per cent during the period in which the family planning guidelines operated. I joined the many protests against those decisions, joining thousands of other women united in opposition to this incursion on our fundamental rights. We should never forget that under the Howard government, under a Liberal federal government, women's rights were a commodity to be traded away in return for the sale of Telstra: in the pursuit of a privatisation agenda.

While I was writing the notes for this speech, I began to wonder, "What was the price? What were our rights worth?" I did the sums. How much did bodily autonomy cost? How much did our right to access health care actually cost? Telstra was sold in three tranches. The first T1 privatisation tranche raised $14 billion. The T2 tranche delivered $16 billion. The T3 tranche delivered $15.5 billion. The fact is that the Howard Liberal government traded away women's reproductive freedoms, affecting women at home and around the world, for the sum of $45.5 billion. For perspective, the 2023–24 WA state budget listed recurrent service estimates of $30 billion to run the whole state—one year's budget, $30 billion—and our rights were traded away for $45.5 billion.

In the mid-2000s, Tony Abbott, as Minister for Health and Ageing, opposed the use of RU-486 and attempted block its use, using the power instituted under the Harradine amendment to block its importation into Australia. He argued that the decision to allow the drug should rest with himself as the minister, rather than being determined

by the TGA. Again, this was a Liberal government seeking to exercise control over women's bodies, inserting itself into the most private, difficult and intensely personal decisions a person can make.

I am so grateful that in February 2006, the Australian Parliament voted to restore the authority of the TGA to assess and regulate the importation and use of RU-486, effectively rejecting Abbott's attempt to block the drug's availability. This decision was a victory for women's reproductive rights and evidence-based healthcare policy and I thank all those members of the commonwealth Parliament, from all sides of the chamber, who supported it.

I will quickly run through our own state's history with abortion reform. When I was first preselected to run for Labor at the 2017 election, at our 2016 state conference, the Labor Women's Organisation ran a session on abortion reform. Diana Warnock and Cheryl Davenport took us through, in quite some detail, the challenges they encountered while steering the Acts Amendment (Abortion) Bill 1998 through the Legislative Assembly and Legislative Council respectively. The bill was introduced in response to a decision in 1998 to prosecute two doctors who had performed abortions and sought to repeal sections of the Criminal Code that made it a criminal offence to procure an abortion. It introduced amendments to the Health Act 1911 on the performance of abortions. It was a riveting session. Again, I would like to thank the women and men who voted in favour of that reform.

The final part of the session focused on what we as a Labor movement could do next to champion abortion reform given that, despite blazing a trail back in the late 1990s, we were now limping behind the rest of the nation. It was heartening to see some amazing young Labor women in that room who were clearly committed to reform, but I commented at the time that I was disappointed to see women around the same age I had been back in the 1990s still having to prosecute those arguments.

It has taken a Labor government to move us forward. Under the leadership of now Premier Roger Cook, the Labor government introduced safe access zones around abortion clinics in 2021. We did this to protect women who were seeking medical care. We did it to protect women's healthcare practitioners from the behaviours of anti-abortion protesters. This was a material issue for people in Swan Hills. When the previous Liberal government decided to develop our new local public hospital, women's health care was excluded from the range of services available. At the time, Liberal Premier Colin Barnett said that the government had "overlooked problems with developing a stand-alone abortion clinic" at the new Midland Health Campus.

The state government was then forced to plan for a separate clinic after awarding a $5 billion contract to St John of God Health Care to build and run the hospital. The Liberals simply forgot about women's access to health care and that fundamentally affected the women of my electorate. To this day, neither abortions nor contraception services are offered at Midland Health Campus, our only local, state-funded, public hospital. Because of the decision the Liberal government took, women in my electorate are forced to seek reproductive health care at alternative facilities, with abortion being offered at the Midland Marie Stopes clinic.

The safe access zone changes were prompted when the Liberal Party's candidate for the seat of Midland and current Shire of Mundaring Councillor Jo Cicchini picketed the Marie Stopes clinic with the group 40 Days for Life—she was the organiser of that picket. The *Hills Avon Valley Gazette* reported that two of the men present at the protests wore grey cassocks with rosary beads tied around their waists. *The West Australian* reported —

> Doctors have attacked plans by Christian groups for "prayer vigils" outside a Perth clinic that performs abortions, warning it could cause women unnecessary psychological stress.

Australian Medical Association WA president Michael Gannon said at the time that a woman should not be "further punished" for exercising her right to abortion. Dr Gannon agreed abortion was a "highly charged" issue, but it was a legal issue and women should not have to face protesters. He said —

> I think it adds significantly to the psychological distress for women. It's a decision that women never find easy; it's a position for most of them that they hope they would never be in … to have that exacerbated by protesters would add significantly to that distress.

SBS reported that protesters spent upwards of 2 300 hours a year outside the Midland clinic and that staff had been targeted.

The provisions, led through the Parliament by the then Minister for Health, Roger Cook, and passed in 2021, provided for a safe access zone of 150 metres around premises at which abortions are provided and prohibited besetting, harassing, intimidating, interfering with, threatening, hindering and obstructing or impeding a person accessing the premises. They prohibited communicating by any means in relation to abortion in a manner that can be seen or heard by a person accessing the premises and is reasonably likely to cause distress or anxiety. They also prohibited people from impeding a footpath, road or vehicle in relation to abortion, without reasonable excuse, or recording by any means another person accessing premises at which abortions are provided, without reasonable excuse or without that other person's consent. It is tragic that in a modern society we have to outlaw these types of behaviour.

In the 25 years since the 1998 abortion reforms, other Australian jurisdictions have caught up with Western Australia and, in many cases, provide for more compassionate access to abortion that better reflects contemporary clinical

practice. Over a quarter of a century has passed, 26 years, since I protested as a student against the Liberals' decisions to trade off women's rights against political ideology, to pursue its privatisation agenda, since our bodily autonomy, our reproductive rights were effectively sold off by a Liberal government for $45.5 billion. I am disappointed that long since I have been able to have children, we are still here debating whether women can have control over their bodies and make choices regarding their medical care. As we sit here today, we are the last Australian state yet to fully decriminalise abortion. But that can change with the passage of this legislation.

The Abortion Legislation Reform Bill 2023 brings abortion into the realm of health care where it has always belonged. It will fully decriminalise abortion, moving the legal framework and regulating it into the Public Health Act to better reflect the fact that abortion care is part of everyday health care for women. The bill will address inequity of access in line with other Australian jurisdictions and remove clinically unnecessary barriers for women accessing an abortion. It will also reduce the number of health practitioners required to be involved in care from two to one, abolish the ministerial panel requirement for late-term abortions, allow health practitioners to conscientiously object but require them to transfer the patient's care or provide information on where to access that care, remove mandatory counselling provisions, and remove the requirement for ministerial approval for a health service to perform late abortions.

This reform is long overdue and it is deeply concerning that we are doing this in the wake of sustained attacks on women's rights so long fought for and protected in the United States Supreme Court's Roe v Wade decision. It is worth noting that the leader of "The Clan", the chief puppeteer of the Liberal Party, heading up the all-powerful, extreme religious controlling faction, still holds annual anti-abortion protests on the steps of this Parliament. We must remember that in an interview produced by the National Civic Council and the Australian Family Association for the Coalition for the Defence of Human Life in May 2020, Goiran said he was very pleased with the Roe v Wade momentum in the US and that hopefully we can do the same here.

We must remember how our rights were traded away so cheaply under a Liberal government and how little they have counted to Liberal governments in the past, and we must be ever vigilant.

MS E.J. KELSBIE (Warren–Blackwood) [1.53 pm]: I rise today to support the Abortion Legislation Reform Bill 2023. I start by thanking the Minister for Health and her team for their strong advocacy for women's reproductive health and for championing this reform. Abortion is a critical component of women's health care and I am proud to be part of a government working to remove unnecessary restrictions on accessing abortion care in Western Australia. This is important reform. It has been 25 years since 1998 when two doctors were charged under the Criminal Code for conducting an abortion. For context, I was 31 years of age. My firstborn had just turned one. It seems unbelievable to me today at 56 years of age that only 25 years ago getting an abortion was a criminal offence. This changed in 1998 thanks to Hon Cheryl Davenport, the then Labor member for South Metropolitan Region, who stood up for women's reproductive health and set WA on a reform pathway by introducing the Criminal Code Amendment (Abortion) Bill 1998, a private member's bill that later became the Acts Amendment (Abortion) Act 1998, to remove most criminal penalties for women seeking an abortion and for doctors providing them. We look back to 1998 and celebrate the important reform that enabled women to access abortion without fear of recrimination.

Today in 2023, I stand proud to be part of the Cook Labor government that is introducing legislation that will fully decriminalise abortion, address inequality of access in line with other Australian jurisdictions and remove clinically unnecessary and antiquated barriers for women accessing an abortion. I fully support the legislation to decriminalise abortion and modernise our abortion law. I feel very strongly, as a woman, that the right to choose, the right to make decisions about my body, is mine. It is quite obvious that my child-bearing days are behind me. It is true.

Ms J.J. Shaw: You'd never know it.

Ms E.J. KELSBIE: No, I know. But I feel strongly that it is my body and it is my choice. It is not an easy decision but it is my decision to make about my body. I do not want to be judged, I do not want to be lectured and I do not want to be vilified for making a call about my body. What I want is support. Abortion is an emotive subject, but it is not a dirty word. I have had people from all corners of my community raise concerns about late-term abortion, about abortions for people aged under 16 years, about barriers to abortion, about being judged for seeking an abortion and about inequitable access. Late-term abortions—those performed after 20 weeks—are rare. They account for less than one per cent of all procedures in WA. Most often they are sought due to fetal anomaly or because of a serious risk to the woman's health.

Deciding to get an abortion is not an easy decision, let alone the need for late-term abortion care. Under the current legislation, it is a heavy pathway. A woman must not only seek approval from her medical practitioner, but also obtain joint authorisation from two other medical practitioners who are members of a statutory panel appointed by the Minister for Health. It is a difficult decision made even more difficult by additional bureaucracy. Under the current legislation, abortions performed under 20-weeks gestational age are only authorised when two medical practitioners who are members of this statutory board of at least six medical practitioners, appointed by the Minister for Health, agree that either the pregnant person or the unborn baby has a severe medical condition that in their

clinical opinion warrants the procedure. This is also known as a termination for medical reasons. Imagine this harrowing scenario: a couple has held out hope for arrival of their baby with each passing week and with each scan and test, some of which can be extremely invasive, only to be delivered the news that their much longed-for baby is not compatible with life. Just hearing those words, let alone comprehending their meaning, would be devastating. They have gone from navigating pregnancy procedures to being faced with abortion laws and the final decision of a panel to determine their fate, a fate that has already been medically predetermined for them. During community consultation, over 67 per cent of respondents supported removing the ministerial panel approval process for late abortions. The new bill will enable women to access an abortion when their primary medical practitioner has consulted with another medical practitioner and they both agree that performing an abortion is appropriate in the circumstances. This includes reviewing the woman's relevant medical circumstances and the woman's current and future physical, psychological and social circumstances.

Debate interrupted, pursuant to standing orders.

[Continued on page 3556.]