LEGISLATIVE COUNCIL

Thursday, 12 November 2020

The PRESIDENT (Hon. J.S.L. Dawkins) took the chair at 11:00 and read prayers.

The PRESIDENT: We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country throughout Australia, and their connection to the land and community. We pay our respects to them and their cultures, and to the elders both past and present.

Parliamentary Procedure

SITTINGS AND BUSINESS

The Hon. R.I. LUCAS (Treasurer) (11:01): I move:

That standing orders be so far suspended as to enable petitions, the tabling of papers and question time to be taken into consideration at 2.15pm.

Motion carried.

Bills

TERMINATION OF PREGNANCY BILL

Second Reading

Adjourned debate on second reading.

(Continued from 14 October 2020.)

The Hon. I.K. HUNTER (11:02): I rise this morning to support the second reading of the Termination of Pregnancy Bill. I note that this is a conscience issue for Labor members. At the outset, I advise that I am in strong support of decriminalising abortion, ensuring that it is treated as an issue of health care and of a women's bodily autonomy. I note that this bill does not substantially change current practice in relation to abortion in this state.

For more than 50 years now, many South Australian women have had safe and legal access to abortion. Like this bill, the abortion law reform of the 1960s was driven by women members of parliament and has resulted in long-lasting change for the benefit of South Australians. But this bill does make some key changes:

- it finally removes abortion from the criminal code;
- it simplifies access to abortion health care earlier in a pregnancy, which is particularly important for women in regional South Australia;
- it recognises advances in medical abortion and telehealth, and ensures that South Australian women have access to those health services;
- it allows medical practitioners to conscientiously object to providing abortion health care, so long as they provide a referral, as we would expect in any other healthcare situation; and
- it strengthens safeguards against abortion coercion by ensuring that such coercion is considered abuse under the Intervention Orders (Prevention of Abuse) Act 2009.

So these, I believe, are sensible reforms, which bring our laws into modern practice. Importantly, these reforms are based on a strong body of evidence. The respected South Australian Law Reform Institute conducted an in-depth analysis of abortion law reform, receiving submissions from stakeholders on all sides of the issues. SALRI's recommendations are considered, they are detailed and they form a strong basis for the legislation we have before us.

Like all honourable members, I expect, I have received correspondence, again on both sides of the debate, on this legislation. I do acknowledge the deeply held views of many in the community

and indeed in this chamber on the issue, but I am concerned about what I believe is some misinformation that has been circulating—I guess that is the best way to put it—about this bill, in my view at least.

I would like to place on the record my views on some of the issues raised in the correspondence that I have received. I guess chief amongst them is this concept or notion of abortion to birth which has been a strong theme—disingenuous, although probably honestly held by many people, but I think ill informed and incorrectly based on the evidence we have before us from SALRI and the legislation itself.

I suspect that some in the community have been promoting this idea that the bill will lead to a flood of women seeking abortions late in pregnancy on a whim. We hear that from time to time but it does not really stack up with the facts. It is inaccurate and it is offensive, I think, to the experiences of many women, because the decision to terminate a pregnancy at any stage is enormously difficult and a very personal one, but to terminate a pregnancy late in the term is even harder.

When I was reflecting on this issue, I came across a question and answer session from the US between a TV commentator who was taking to task a former Democratic presidential candidate, Mayor Pete Buttigieg of South Bend, Indiana. He was asked this very question about late-term abortions and his response was to express empathy for the person who might have to be facing such a decision. He asked people to put themselves in the place of women who are having to contemplate such a decision. He said:

> Let's put ourselves in the shoes of a woman in that situation…

So we can better understand this issue. He continued:

> If it's that late in your pregnancy, then almost by definition, you've been expecting to carry it to term. We're talking about women who have perhaps chosen a name, women who have purchased a crib, families that then get the most devastating medical news of their lifetime, something about the health or the life of the mother or viability of the pregnancy that forces them to make an impossible, unthinkable choice.
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> And the bottom line is as horrible as that choice is, that woman, that family may seek spiritual guidance, they may seek medical guidance, but that decision is not going to be made any better, medically or morally, because the government is dictating how that decision should be made.

If you look at the statistics in our state—as I said, briefing materials were provided to members by the Attorney-General's office, and I thank her for this information—in South Australia approximately 91 per cent of terminations are conducted within 14 weeks, and fewer than 3 per cent are conducted post 20 weeks. That very small number of terminations are overwhelmingly in circumstances of foetal abnormality or the unviability of the pregnancy or of some severe risk to the life of the mother.

As a member of parliament, a parliamentarian, particularly a male parliamentarian, I do not believe it is my place to tell these women in that extreme position, where they have been expecting to carry a child to term, making plans for the family, and are placed in such an impossible situation, that they cannot have access to the health care that they may decide for themselves they need. That decision should be made by the individual and her medical professionals that she consults.

In closing, I reiterate my strong support for the bill and, again for the record, I will be opposing amendments that have been filed to date. These amendments seek to undermine, in my view, the core objectives of the bill and I cannot support them.

I would like to commend the Attorney-General for leading this reform process and the Minister for Human Services for introducing the bill in our chamber. The advocacy of the Hon. Tammy Franks on this issue and that of the Hon. Connie Bonaros has been important and constant—and I emphasise constant. I would like to thank the many Labor women who have led this fight for so long, particularly the member for Reynell, the member for Hurtle Vale and the Hon. Irene Pnevmatikos.

I would also particularly like to thank the champions who are no longer with us in this parliament, who have been fighting on these issues and on these grounds for a long time: the Hon. Steph Key, the Hon. Anne Levy, the Hon. Carolyn Pickles, Gay Thompson, the Hon. Lea Stevens and the Hon. Gail Gago. Lastly, I would like to thank the South Australian Abortion

Action Coalition and its predecessor organisations for hanging in there and for their forbearance and their persistence on this issue for so many years. I will be supporting the second reading.

The Hon. M.C. PARNELL (11:10): This bill is an important and long overdue reform, and I fully support it. I know that some of my colleagues in other parties are grappling with how they should exercise the rare opportunity to have a conscience vote, but this is not an issue for the Greens. Technically, we have a conscience vote on every issue. However, we also have a longstanding policy that providing access to affordable sexual and reproductive health care, including abortion and contraception, is part of every woman's right to control her own body.

I will be voting for the bill, not just because it is consistent with Greens policy, but because, according to my conscience, it is also the right thing to do. The Greens went to the last federal election with a policy to support decriminalisation of abortion under state law in New South Wales and Queensland and the removal of criminal provisions in South Australia and Western Australia, where they still exist. We know they still exist, and this bill removes them.

According to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, one-quarter to one-third of all Australian women will have an abortion at some point in their life. You only have to do the sums: all of us know more than three or four women. There is a large number of women in my life, women whom I know, who have had terminations, and not one of them has fulfilled the stereotype that we hear in some of the items of correspondence, that they would wake up in the morning and just think, 'What will I do today? I know, I will go and have an abortion.'

In every one of the cases that I am familiar with, women who are friends and acquaintances of mine, all of them have gone into this with a great deal of soul-searching and often a great deal of pain, and the last thing they want to hear is that it is somehow a flippant, ill-conceived and ill-considered choice that they have made. The Greens agree, also, with the Public Health Association of Australia, which states in its abortion policy:

> Abortion should be regulated in the same way as other health procedures, without additional barriers or conditions. Regulation of abortion should be removed from Australian criminal law.

It is a pretty simple position, that abortion is part of health care. Health care should be regulated in a health framework, and abortion has no right to be in the criminal law.

I also have received a large number of items of correspondence from all sides of this debate. It often surprises and disappoints me, when I read some of this correspondence, that people are not necessarily consistent in their views of life. We only have to look at, say, the American election we have just had, and there are many parallels in Australian politics as well. I struggle with the idea that someone can consistently and simultaneously be completely opposed to abortion in all circumstances but think that executing people in gaols—often young people, youth—is a reasonable response to whatever indiscretions they might have committed. I think it is a bizarre way to view the world.

I do not doubt for one minute the sincerity of those who are occupied in trying to prevent the rights of others. I understand that it is a strong religious view that many people hold, but at the end of the day my view, and certainly the view of my party, is that this is a matter for a woman and her healthcare providers to deal with. It is a matter that should be regulated in the healthcare system, it is not something that needs to be in the criminal law.

Along with the Hon. Ian Hunter, I would like to put on the record my thanks and congratulations to the people who have gone before in this debate, those who have actively advocated for the removal of abortion from the criminal code, not the least of whom my colleague the Hon. Tammy Franks, but also many of the other, sadly, mostly women, in state parliament on whose shoulders this task has fallen.

I am very pleased that we have now come to the pointy end of this and I am looking forward to the passage of the bill today. As I have said, my personal view and the view of the Greens is that legislation like this should be supported.

The Hon. T.A. FRANKS (11:15): I rise with great pleasure today to support the Termination of Pregnancy Bill 2020 and associate myself with the remarks of my honourable colleague Mark

Parnell and the Hon. Ian Hunter in congratulating the Marshall government for allowing this debate to happen.

The mover, the Minister for Human Services, the Hon. Michelle Lensink, has brought this to us in private business time, but with the resources that have been afforded to this bill and the substantial body of work and research that have been afforded to this bill by ministers who did not stand in its way. Also, I particularly congratulate the leadership here of the Attorney-General.

The bill comes before us as a result of the SALRI recommendation, that SALRI report of October last year, which is an extensive tome and that we have all had at our disposal, couched—

The PRESIDENT: Order! There are a couple of conversations that are interrupting the honourable member and I ask that she be heard in silence.

The Hon. T.A. FRANKS: That SALRI report will be a great resource for us as members of parliament on what is a difficult conscience issue and what, for many members, will be the first time they have had to consider a bill in great detail that is actually quite a substantial piece of legislation and that will have an impact on many lives in South Australia. I thank the leadership of the Marshall government for getting us to this place.

It will come as no surprise to members of this council that, given I brought a decriminalisation bill for abortion to this place in 2018 following the state election with the hope that it be referred to SALRI for that extensive work and research to take place, I am very supportive of the intention to decriminalise abortion in this state. The bill before us does that: it removes abortion from the criminal law. It also removes the gestational limits for surgical termination, which is in line with the SALRI recommendations. It removes the requirements for unnecessary and obstructive barriers to access abortion in this state.

Should you not be a resident of this state, you have to wait two months before you qualify for that medical care. That is an extraordinary imposition on people's lives when they are making a very difficult decision. For those who say they do not want abortion to happen later, the removal of the two-month barrier, that waiting time, should be warmly welcomed by those people, but I have yet to hear them warmly welcome that great initiative and move forward.

Very simply put, the bill ensures that we treat abortion as health care and regulate it in health legislation where we have lawful access to abortion, rather than keep it in the criminal code. Quite proudly, we have public funding and excellent health services in this state. The doctors, the medical professionals and the people who are pregnant have to tread lightly around a series of lines drawn by parliament 50 years ago, which put barriers in their way such as that two-month waiting period for non-residents and such as having to be in a prescribed hospital to receive early abortion medication of two pills over a series of two or three days, forcing rural and regional women in particular to travel hundreds, if not thousands, of kilometres simply to access something that, should they live just the other side of the border, they could potentially access via telehealth or at their local clinics.

In South Australia, we make those people travel inordinate amounts of distances unnecessarily, putting them at risk as they miscarry on their return home, requiring them to find care for other children, requiring them to take time off work, potentially booking hotel accommodation, indeed putting those financial barriers in their way as well. It is not good enough that we have allowed this 50-year-old law to exist, preventing the access to termination that we have deemed by this parliament to be lawful and to be worthy of public support. When it comes to bureaucracy, we are happy to make individuals' lives as difficult as possible.

This bill draws a line. Often in debates about abortion there is much debate about where the line is to be drawn, and this bill does draw a line at 22 weeks and six days. The line I would like to talk about today is not that line where at that point it would be on medical grounds and require that two doctors sign off. I would like to talk about the line that we have drawn as members of parliament that it is us who know best, that it is us in this parliament, rather than that woman and her medical team, who should make that decision.

The line that I would like to draw today is that this parliament cannot anticipate every single experience that medical team and that pregnant person might find themselves in. Somebody carries a, most likely, much-wanted child to the third trimester. She has chosen a name, painted the nursery

and picked out baby clothes and is then faced with a medical decision, due to the advanced technology that we have—the scans and medical reports she may have received—that is probably the worst decision of her life. The idea that this parliament can understand and anticipate every single situation somebody in that terrible situation might find themselves in is quite offensive.

The line I want to draw today is that we finally start to trust the medical profession and we start to trust women. They are the experts in their own lives. They are the experts in that particular experience. They are the only ones able to make that decision. The decision we make with this bill is to empower the doctors and the pregnant person to make that decision given their set of circumstances.

Quite simply, this is a bill that updates our 50-year-old laws that were once progressive, when South Australia had a reputation for respecting women's reproductive rights and trusting doctors. I hope that today is the first step in bringing us into the 21st century and for us becoming the last place in Australia to decriminalise abortion and drawing that line that we do trust women and their medical teams.

The Hon. D.G.E. HOOD (11:23): I rise to address the Termination of Pregnancy Bill. Before I get to the speech I have prepared, I would like to address two matters that have been raised this morning, which I think are significant and need to be said.

The first is that, if this bill was simply a matter of removing abortion from the criminal code and placing it as a freestanding bill and that was all it did, it would have my support. In fact, I have not yet come across anybody who has argued against that; that is, that it should remain in the criminal code. I want to make that absolutely crystal clear because it has been suggested, potentially, that even that level of change would not get support. Well, it certainly would get mine.

As I said, my understanding is that it would pass, possibly unanimously, so we need to be clear about that. The reason that I will oppose this bill is because it does many more things than that, which I will go into in some detail in a moment.

The other thing is that I am not of the view, as has been suggested this morning, that passing this bill will necessarily result in a rush or an increase in the number of abortions. I do not know what the impact will be. I am not arguing that. I have not had anyone argue that to me. I just want to be clear about that. That is not one of the central reasons that I will be opposing the bill either. I think there needs to be some clarity around that.

I guess the meat of it for me is that members know where I stand in terms of so-called life issues. I am in the pro-life camp and always will be. I realise other members, as we have heard this morning, are what we might traditionally call the pro-choice camp, and I acknowledge that abortions are a genuinely difficult subject to discuss for many people. I have personally known people who have gone through abortions.

I acknowledge that abortion is genuinely difficult. In my experience, few people will ever change their mind on their view on that matter. However, I believe that common ground is possible and that most people can agree that it is good public policy to both reduce abortion numbers where possible and to reduce the numbers of so-called unwanted pregnancies. I say 'unwanted pregnancies' because a particular woman may not want to be pregnant or may not want to have her child or the child she is carrying, but of course there are literally thousands of South Australians couples who would move heaven and earth to adopt that child if it were to reach this stage of birth, potential mums and dads who desperately want a child.

Indeed, I reflect on my own experience, when my wife and I tried—and I do not think I have ever mentioned these issues in this place before—for many years, I think it was about eight years or thereabouts, to achieve pregnancy but we were unable to. Fortunately, after a long period of IVF and other sorts of interventions, we were able to conceive and my wife gave birth to a beautiful baby girl, our daughter. We are very proud of her, I assure you.

During the pregnancy at the 20-week scan, though, despite the very long length of time we took to finally get my wife pregnant, we were told that there was an increased risk of abnormality and that we should consider an abortion. We did not consider it, and I am pleased to say that she was born perfectly healthy. Indeed, sir, call me a biased father, but in my view she is absolutely perfect.

During our journey of seeking a pregnancy, which I can assure you was probably the most difficult time of our lives, we would have gladly adopted at any time if it was a realistic option; in fact, we explored it. As members are probably aware, in addition to that both my wife and my father are actually adopted themselves. It is a fact to say that if they had been born post the passage of the abortion legislation that currently exists, there is a fair chance, at least it is possible anyway, that they would have been aborted and they would not exist today.

Of course, that also means that I would not have existed, nor my daughter or any of her potential descendants. Perhaps that paragraph alone sums up my strong view that adoption should be a realistic and a viable option in use today, but the truth is it is very, very difficult to adopt a child under the current legislative regime, whether it be local, because they are basically none available, or from overseas.

In 2009, former US President Barack Obama, in a seminal speech on abortion at the University of Notre Dame, spoke of the common ground between the pro-life and pro-choice movements. He was absolutely clear in his position that he is in the so-called pro-choice camp. With his usual eloquence, he said, and I quote directly:

> Maybe we won't agree on abortion, but we can still agree that this [is a] heart-wrenching decision for any woman [to make, with] both moral and spiritual dimensions.
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> So let's work together to reduce the number of women seeking abortions [by reducing] unintended pregnancies [and making] adoption more available [and providing] care and support for women who do carry their child to term.

I wholeheartedly agree with that sentiment. In forming part of that common ground that President Barack Obama mentioned, I hope that we as legislators can work to reduce the number of abortions carried out in South Australia and provide the necessary information and resources to promote and facilitate adoptions, foster care or other options.

I say to members, whether you sit in either of the so-called pro-choice or pro-life camps, that I hope we can agree that it is good public policy to reduce the number of abortions being carried out in South Australia. Each year, we have approximately 4,300 to 4,400—around that—abortions in this state, which works out to roughly 17 per working day or around about 85 each week. How many more will be performed if these measures are passed?

As I said in my opening, I just simply do not know. I do not know, but one could hardly expect that these measures will result in a reduction in abortion numbers, and that will not help adoption numbers either. I ask members to consider if this bill is genuinely the right way forward, given that circumstance. Should other options, like a genuine attempt to encourage adoption, be considered?

I submit that adoption and foster care are sometimes viable alternatives to abortion, and it is important that women seeking abortion have a clear understanding of these alternatives. Of course, individual circumstances need to be considered, but surely women should at least have the opportunity to consider the possibility of adoption and foster care and how it may work in their circumstances.

When former Attorney-General Robin Millhouse introduced and implemented abortion law reforms in South Australia about 50 years ago, his intent was for a qualified doctor to be able to perform an abortion to preserve a woman's life or her mental or physical health, actual or reasonably foreseeable, or in cases of possible foetal abnormality. He would go on to lament the broad interpretation of the law by the medical and legal professions. Millhouse was quoted in *SA Weekend*, published on 15 August 2014:

> I deeply regret that the medical profession—and the lawyers—interpreted the law too widely…We've got abortion on demand. I have taken the rap for it. It is something I regret.

Looking at the broader picture, I think it is important that we consider the context in which we find ourselves in modern Australia. Fertility rates are on the decline in our nation and have been for many years. Australia has a fertility rate of 10.2 per 1,000 teenage women and girls aged 15 to 19, and that rate continues to fall. Further, Australia still has a marginally higher rate of unintended pregnancy than is found in some similar countries within the OECD.

As we are all aware, unintended pregnancy has been dealt with in recent decades in large measure, though not exclusively, through abortion, and to some degree that number largely accounts for the approximately 17 or so abortions carried out in South Australia every working day.

While we have declining fertility rates, perhaps counterintuitively, we also have currently plummeting adoption figures. In fact, today one in six couples is considered infertile for one reason or another. Very many of them would wish to parent a child. The sad fact is that, despite the large number of couples who are unable to conceive a child—about one in six—and the fact that many of them would love a child to adopt, the number of local adoptions in South Australia has fallen dramatically in recent decades. I say it is a sad fact because adoptive families provide children with the permanence and security they need to develop and thrive. There are many parents who are desperate to adopt and have a family.

As I have already stated, in my own family both my father and my wife were successfully adopted and have gone on to lead successful, productive lives. Just as a point of interest, neither has ever sought to meet with their biological parents, incidentally. As far as they are concerned, their adoptive parents are their parents, full stop. As people with lived experience of being adopted, they are advocates for it and reject the argument sometimes used that adoption is overly difficult for the child. As my father has sometimes said to me jokingly, it is much better than the alternative.

That said, adoption is a very difficult process in South Australia. This is reflected in the steady decline in adoption numbers. In 1970-71, there were some 879 children legally adopted in South Australia. In 1987-88, there were 416 adoptions in South Australia. In 2008-09, there were only 35 finalised adoptions in South Australia and only one—just one—local child was placed for adoption in South Australia in that year. In 2011-12, there were just 24 adoptions in total. Of those 24 adoptions, 23 were from overseas and the other one—again, just one—was adopted by a relative locally in South Australia.

In both of these years, there was just one single adoption. There are several others; I am not cherrypicking the data. Members who are across this data would know that the numbers of adoptions in South Australia are very low every year, almost always for local babies below 10 and often below five. In both of these years that I have quoted there was just a single adoption, but of course in all of those years there would have been thousands of abortions in South Australia.

Despite the very low numbers of adoptions in total, the overwhelming majority of these low numbers of adoptions now occurring are from overseas and, in many cases, are prohibitively expensive for many of the prospective parents involved or those who simply want to adopt. I am told that parents who want to adopt a child from overseas often find the application process too costly. In addition, the process does not always lead to a successful adoption anyway, despite a significant financial commitment regardless of the outcome.

Simply, the barriers are seen as too difficult to proceed by many prospective parents, and thus the low number of adoptions of overseas children that we see as well. I can testify to that from personal experience. During that time, my wife and I looked into a local adoption, which was our first consideration, but we were told that there were no children available. Then, when we looked at overseas adoption, the costs easily ran into many tens of thousands of dollars, but our calculation was that it was going to be closer to $60,000, $70,000, $80,000. I am told that that may be slightly reduced today.

It is important to recognise that, as well as the social benefits of having a family and the social benefits that adoption would provide to our community, there are also significant economic benefits to the state and nation in promoting childbirth. It is significant to note that in the early seventies, 31 per cent of the population was 15 years or younger. Now it is approximately 19 per cent—so it was 31 per cent and now it is 19 per cent.

Over the same period, the percentage of those aged 65 or over has climbed from 8 per cent to 16 per cent and is projected to reach 25 per cent of the population before 2040, so one in four people at or beyond retirement age in just 20 years' time from now. The economic implications of this are obvious. Without question this has profound economic implications. Indeed, I understand that our health budget is nationally increasing by around 7 per cent per annum now and in no small

part due to the much higher costs of our ageing population. This can only be exacerbated as the population continues to age.

The fact is that Australia's population will age markedly over the next decades without a substantial increase in the birth rate. This is due to both the increased longevity of life—that is, people are living longer—and lower birth and fertility rates. Consequently, there is relatively little that can now be done to avoid the population dynamics currently unfolding unless we have fundamental change. More babies born and fewer abortions, in my view, form part of that solution. It would decrease the average age of South Australians and increase our population numbers.

The Australian Bureau of Statistics estimates that the resident population of South Australia as at 31 March this year—and they are very precise with their estimates—is 1,767,247. That is an increase of 17,882 since the exact same day the previous year, at an annual growth rate of just over 1 per cent—1.02 per cent. Australia's growth rate over the same period was 1.41 per cent, so South Australia continues to be a declining percentage of the nation's population.

Population growth is driven by natural increase; that is, births and net migration, both overseas and interstate. Net migration contributed 72 per cent of South Australia's population growth in the 12 months to March 2020, and strong positive overseas migration has helped to counter South Australia's interstate population losses. With declining fertility rates and an ageing population, as I mentioned before, we are heading for economic consequences that will have implications. Former federal Minister for Immigration Arthur Calwell's catchcry, 'Populate or perish', I believe still rings true today.

Against this backdrop, since 1970 there have been approximately 220,000 abortions in South Australia. Based on the 2015 ABS data, had these 220,000 babies been born this would have equated to around 2,530 additional births in just that year—that is, 2015—alone. Clearly, thousands more births every year over nearly 50 years results in literally hundreds of thousands of extra and, importantly, younger South Australians.

Our population would, in those circumstances, well exceed two million people. Rough statistics indicate that in the order of 2.1 million to 2.4 million people would be the population figure for South Australia today, depending on how many children those children had. The average age of South Australians would also be substantially reduced, thus reducing the impact on the health system.

The resulting demographic shift would be compelling, heavily reducing the percentage of our ageing population and resulting in a substantially younger average age of South Australians, with a resulting increase in younger, productive, taxpaying South Australians, as well as a substantial decline in associated health costs. There are many positives.

This would also contribute significantly towards the government's policy objective of population growth. South Australia has consistently had the lowest level of population growth of all mainland states for many years now. Although this has shown improvement in recent times, the long-term solution, or at least part of it, is more adoptions and less abortions. I have laboured that point so I will turn to the bill itself and some of the details of the bill, and the difficulties I have with it.

If the intention of the bill, as I stated at the outset, was simply to move all provisions regarding abortion away from the Criminal Law Consolidation Act, as has been stated and argued, then as I said I would likely support it. I would need to see the detail but in principle I would support it. But the bill in its present form goes much further than that and way too far, in my view.

What concerns me greatly is there is no specific upper limit for gestation. The current act, as it stands, does have an upper limit of 28 weeks, and regarding that 28 weeks there are certain circumstances where abortions can be performed beyond it, but in practice they rarely happen. But there is what you might call a soft limit—perhaps is the best way of putting it—at 28 weeks, but in this bill there is no upper limit for gestation.

I will get to some of the details in a moment, but I am also deeply concerned that this bill does not rule out private providers operating abortion clinics in South Australia. If abortion is to become a profit-making industry in South Australia via the entry of private, non-government operators, it surely realises Robin Millhouse's greatest concern. I believe it must remain under the

jurisdiction of government, and this bill does not ensure that it does, and that, for me is a significant issue.

There are amendments, which I have noticed have been filed, to deal with a number of issues, and I believe that they give the bill a better balance, and I intend to support them. I will touch on two in particular. The first one deals with prescribed hospitals and outlines the meaning of what a prescribed hospital should be. As I understand it, this amendment will provide that all abortions performed on a woman who is more than 22 weeks and six days pregnant are performed in a hospital.

This is a measure that will go part of the way to ensuring that abortions do not become a business where profits are derived with an abortion industry formed in South Australia. I would respectfully suggest that even those members who are inclined to support this bill consider supporting this amendment in order to prevent the access of private abortion providers to South Australia and the creation of an active market where private operators have a financial incentive to increase abortion numbers.

I will read the other amendment. It is amendment No. 3 and states:

(a) the medical practitioner considers that, in all the circumstances—

(i) the termination is necessary to save the life of the pregnant person or save another foetus; or

(ii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy that are incompatible with survival after birth; and

(b) a second medical practitioner is consulted and that practitioner considers that, in all the circumstances—

(i) the termination is necessary to save the life of the pregnant person or save another foetus; or

(ii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy that are incompatible with survival after birth; and

(c) the termination is performed at a prescribed hospital.

I believe this is a critical amendment, as it will ensure abortion will only take place in clearly defined circumstances. It ensures abortions can only be carried out on a woman who is more than 22 weeks and six days pregnant to save the life of the pregnant woman or to save another foetus or if there is a case or significant risk of serious foetal anomalies associated with the pregnancy that are incompatible with survival after birth. I also support that amendment.

Turning to other issues, the potential and indeed in some cases actual impact on the mental health of women experiencing abortion has been outlined in 2018, when Cambridge University published online the findings of quantitative synthesis and analysis by peer-reviewed medical journal *The British Journal of Psychiatry*. This looked at extensive research into abortion and the mental health implications from 1995 to 2009.

This review cannot be easily dismissed, as it is published in what is widely regarded as one of the world's leading psychiatric journals, and it is the largest ever quantitative estimate of mental health risks associated with abortion in worldwide literature, full stop. The review found that 10 per cent of the incidence of mental health problems were shown to be attributable to abortion, and women who had undergone an abortion experienced an 81 per cent increased risk of mental health problems. I quote directly from their paper:

> This review offers the largest quantitative estimate of mental health risks associated with abortion available in the world literature. Calling into question the conclusions from traditional reviews, the results revealed a moderate to highly increased risk of mental health problems after abortion. Consistent with the tenets of evidence-based medicine, this information should inform the delivery of abortion services.

As I said, this is a highly reputable publication and one that no doubt has gained significant attention worldwide. Those are not my words, of course, but those of a highly credible medical publication outlining the biggest work ever of its type. At the very least I would argue that this requires reflection.

I appreciate that this is not a pleasant subject for me to be outlining, and I do not do it to sensationalise the issue in any way, but I believe it is legitimate to argue that a woman seeking abortion must be provided with this information. After all, it is their body, and they should fully understand what is being done and the possible implications.

What I am saying is that a greater emphasis should be placed on information, and details about adoption and foster care options should also be provided, information that could be provided by the Department for Health in an impartial manner. Surely with more information in general better decisions will be made.

My submission is that the very act of providing information such as I have just outlined, and about alternatives, can open a valuable dialogue between the doctor and the pregnant woman during the process. Any coercion or any other unfair influence on the woman can be discovered, addressed and dealt with appropriately.

Indeed, one very troubling statistic I have come across from research in preparing for this speech today was in the United Kingdom, carried out in May 2008. That study stated that over 50 per cent of British women felt that they had, in their words, 'no choice' in deciding to have an abortion. I believe this should almost never be the case, and an open dialogue about options would surely help those women who feel in their own words that they have no choice. They should be given a choice.

These are some salient facts about the unborn child, revealed by recent scientific developments, which I also believe cause pause for thought for all of us. According to the well-known and I would say well-regarded Cleveland Clinic in the US, in the stages of pregnancy—and they are looking specifically at weeks nine to 12—quoting directly from their website, they say:

> Your baby's arms, hands, fingers, feet and toes are fully formed. At this stage your baby is starting to explore a bit by doing things like opening and closing its fists and mouth. Fingernails and toenails are beginning to develop, and the external ears are formed. The beginnings of teeth are forming under the gums. Your baby's reproductive organs also develop by the end of the third month, your baby is fully formed [by the end of the third month]. All the organs and limbs (extremities) are present and will continue to develop in order to become functional. The baby's circulatory and urinary systems are also working and the liver produces bile.

That is just at 12 weeks. As I mentioned previously, abortion is an issue that brings out substantial levels of passion in people, not surprisingly. You do not meet many people who are genuinely on the fence on this issue, if I can put it that way. Generally, people tend to have strong feelings either way. Nevertheless, I believe that, rather than encouraging the option of abortion and passing laws to make it more accessible, an emphasis on the benefits of avoiding abortion, where possible, is appropriate. These benefits are far-reaching and can facilitate the possibility of adoption, resulting in strong population growth and an increase in family numbers, while reducing the pressure on our health system by reducing the average age of South Australians.

In an environment of declining fertility rates, ageing populations and it being almost impossible to adopt a locally born baby, this not only has personal costs for those involved but it can be argued that the economic costs alone of high abortion numbers are substantial, in addition to the personal and human costs, which can also be very significant. For the reasons I have outlined, I will not be supporting the bill.

The Hon. C. BONAROS (11:47): I rise to speak in support of the second reading of the Termination of Pregnancy Bill 2020. I quote:

> The moral and physical wellbeing of people should be the fundamental basis of all law making. Party considerations, class interests and self seeking should have no place in the creed of the true politician.
>
> With the best interests of the nation at heart he should legislate with justice to all, though that justice might not be unanimously demanded or might be in some cases received with indifference.
>
> It frequently happened that those suffering from injustice were the last to assert their rights. A long period of oppression blunted even the keenest sense of justice.
>
> If they believed the artist, lawyer, and physician were each the best judges of their own craft, were we not obliged to admit that the woman was the best judge of the legislation which related particularly to herself?

These words were spoken in this place on 8 November 1894, during the landmark debate on legislation enabling women to vote and stand as members of parliament, a first in Australia. They are

still as pertinent today as they were 125 years ago because, as we have said in this place time and again, so often the more things change the more they remain the same.

I want today to speak about the role we play in this debate, that professionals play in this debate, because by their very nature professions like the legal profession, that of MPs and the medical profession generally are held to a higher standard than many other workplaces. We take oaths, we promise to adhere to high standards and enforceable codes of ethics that require behaviour and practice beyond the personal moral obligations of an individual, and we demand high standards of behaviour in respect to the services provided to the public and in dealing with our own professional colleagues.

We hold ourselves out and are accepted by the public as possessing special skills and knowledge based on years of education and training, and we use those skills in the interests of others. Those standards that apply to our medical profession, our doctors and our clinicians armed with the task of providing health care, with preventing illness and saving lives, and with watching lives lost each and every day, are amongst the highest of all. Any suggestion, any implication or any inference that somehow this bill will seek the very same doctors and clinicians who dedicate their lives to their patients to suddenly move away from those standards and ethics and treat the termination of a pregnancy with any less importance is frankly offensive.

As a legally trained professional, I too have undertaken to adhere to similar standards, and I take those undertakings seriously. As I have said in this place previously, I do not consider my role in this place as one that requires or expects me to vote according to any personal beliefs, whatever those personal beliefs might be. It saddens me that this is even contemplated and discussed in the community, because by its very nature my legal training expects differently of me, just as it requires differently of my colleagues who practise in the law.

You do not refuse to represent a client because they have committed a crime; you do what the law requires of you to do, you do what you signed up to do. You represent your client to the best of your abilities without judgement, without bias and without the imposition of any personal, religious or moral beliefs. My personal views, whether supportive or otherwise, are irrelevant.

I accept and I appreciate the very strong views of all members of this place. I appreciate and can relate to stories like the one that was just told to us by the Hon. Dennis Hood regarding the difficult position men and women are often put in when it comes to much-wanted pregnancies. I have no doubt that many of us have experienced those very similar sorts of situations, but it is precisely for these reasons that I, like other members of this place, supported the referral of the bill to SALRI.

As a legally trained legislator, I will be guided by that body of work in terms of the vote that we have on the bill. There is no question, absolutely no question, that the termination of a pregnancy is a public health issue. That has been well established by the experts. It does not matter what we think. Our decision-making should and must be guided by the professional views of those experts who are in the know. We are not the experts here but we do have a responsibility to listen to those experts.

This bill is consistent with SALRI's recommendations, namely that the termination of a pregnancy should be largely removed from the criminal law jurisdiction and be placed in public health law and practice. That does not mean that an abortion or a termination of pregnancy that is undertaken in a way that is not fitting with the law will not be treated or dealt with under our criminal law provisions.

If an abortion is illegal, if it is conducted in a means that does not adhere to those laws, then of course our criminal law will have a role to play. As I said yesterday, the decision of whether or not to bear a child is central to a woman's life, to her wellbeing and to her dignity, and nothing in this bill, absolutely nothing in this bill, will prevent a woman to carry through with a safe and wanted pregnancy—nothing.

By the same token, choosing to terminate a pregnancy is never an easy decision. It can be heartbreaking. As I said yesterday, it can mean the end of a much-wanted pregnancy. It can mean the difference between life and death for a woman. It can mean a life of emotional turmoil. It can mean having no choice at all. And of course it can mean mental health implications. In fact, it is

inevitable that in many cases—maybe even most cases—it will result in such implications. It is hard to fathom that it would not have these implications when there is a much-wanted pregnancy in question.

We know when a foetus is fully formed; we do not need to be advised. Any person in this place who has given birth to a child or who has experienced pregnancy up to any stage knows what it feels like from day one to day dot. We know what it feels like at one month and two months and three months and four months and five months and six months and seven months and eight months and nine months, if that is the choice that we make.

It can mean so many different things for so many different women. The bottom line is, and will always be, that these are not easy decisions and they are not easy choices, and sometimes you will feel like you have absolutely no choice at all. However, they are choices that are afforded to us, and they should be done so as fairly and equitably as possible. In this instance, treating the termination of a pregnancy and abortion as a public health issue aims to achieve just that.

The Hon. N.J. CENTOFANTI (11:56): I rise today to speak on this bill and to indicate that I will not be supporting it in its current form. As a woman and a mother, there are several elements of the bill that I find very concerning, first and foremost the removal of gestational upper term limits on the termination of a pregnancy.

Before outlining my opposition to this bill in its current form, I would like to state for the record that I am not against the move of the abortion legislation away from the Criminal Law Consolidation Act and into its own standalone health act. It is my understanding that in the last 50 years no woman has ever been prosecuted for accessing an abortion. What I am against are the changes to allow lawful abortion up to birth. I also have concern with some of the early medical abortion legislation changes, particularly around rural and regional women and duty of care.

Current legislation allows for termination up until proof of foetus or viability of a foetus, which is defined in the act as 28 weeks. This can be done on grounds of physical or mental health of the mother or if the baby has such abnormalities that it is deemed to be severely handicapped. At over 28 weeks of gestation, abortion is illegal, except in circumstances where it is done in good faith to preserve the life of the mother. This is because society recognises that the baby is viable, feels pain and is capable of living externally, independent of its mother.

Over a number of decades we have reached the point where, due to advances in medical technology, the threshold of viability has shifted from 28 weeks to 22 weeks and six days. In fact, according to the Department for Health, the chance of survival in a baby born between 23 and 24 weeks of age who receives intensive care is 50 per cent. The new legislation correctly identifies the fact that the viability of a foetus occurs not at 28 weeks but at 22 weeks and six days. I commend the Attorney-General in the other place for acknowledging and recognising this important factor.

The bill also removes subsection 7, which states that it is illegal to abort a child after proof of foetus or viability, except to save the life of the mother. It will no longer be an offence to have an abortion at any stage up until birth for reasons that a medical practitioner deems as medically appropriate. This broad term poses significant risks that medical practitioners may be pressured to perform late-term abortions due to psychosocial reasons. The reality is that, although the percentage of terminations in South Australia post 20 weeks is small, in 2017 a total of 49.5 per cent of these were for psychosocial or mental health reasons.

When speaking on the radio about the bill, the Attorney-General spoke about possible situations when late termination is required. I would like to bring this to the attention of the chamber, as I feel there needs to be some clarification on the definition of pregnancy termination and I feel the bill does not address this appropriately. The bill defines termination as:

> an intentional termination of a pregnancy in any way, including, for example, by—
>
> (a) administering or prescribing a drug or other substance; or
>
> (b) Using a medical instrument or other thing,

What this bill does not define or rather fails to recognise is that there are two clinically and ethically distinct ways of terminating or ending a pregnancy. The first method is abortion, where the mother and baby are separated with the intention of producing a dead baby. The second method is early

delivery, where the mother and baby are separated with the intention of producing a live baby. Both of these methods are terminating a pregnancy, but one produces a very different outcome from the other.

When asked about whether late-term abortion can occur if necessary for the physical and mental health of the mother, the Attorney-General said:

> It is possible…the medical practitioners are the ones who identify whether there's risk to the health of the mother…there are two exceptions where occasionally this is called upon, one is where the life of the mother is at risk and that will be maintained in this legislation and if the life of another foetus is at risk and I think what people don't always appreciate it's not women who go along to say suddenly I realise I don't want to have a child and I'm seven months pregnant, it's actually a circumstance for example they might have…twins and the medical assessment is that one's at risk and therefore [to] save one [a] termination needs to be at least considered…

I do know that this situation does occur from time to time. As a mother who has carried twins previously I am aware of the number of risks that twin pregnancies can have, such as Twin to Twin Transfusion Syndrome. However, I would argue that in this situation there are several advanced medical procedures that can be effected to assist one or both foetuses or an induction of labour would be the likely resolution, where both babies can be delivered by caesarean and cared for in the appropriate medical setting.

I think we need to be very careful in the use of our language when debating this bill because the early induction of labour or preterm delivery via caesarean to be able to care for these children in a controlled, safe and outside environment is very different from the termination of the life of a child by means of lethal injection before dilatation and evacuation of that child.

However, I do understand that there may be very tragic circumstances that can occur in a pregnancy, circumstances in which an abnormality may be picked up, particularly between weeks 20 and 26 of pregnancy, with twins that may mean that it is necessary to terminate the life of one baby in order to save the life of another.

The current legislation already allows for this up to 28 weeks. However, as the bill identifies that foetal viability begins at 22 weeks and six days, I think there needs to be provision for this. My understanding is that this is not common and there are usually advanced medical procedures that can be attempted in utero, but I do think there needs to be a specific provision for this for those cases that are perhaps at 23 weeks of pregnancy, where a medical condition provides significant risk for one or both of the babies and which cannot be helped in utero.

That is why I will be moving an amendment to section 6 of the pregnancy termination bill to allow for termination of a pregnancy for a person who is more than 22 weeks and six days pregnant if two medical practitioners are consulted and consider that in all the circumstances the termination is necessary to preserve the life of the mother or to save another foetus. When abortions are performed to save a woman's life or the life of another foetus, there needs to be a distinct intention that one life must be saved to prevent the loss of both lives.

I also acknowledge and understand that there are some terrible, awful situations where congenital or other anomalies may be picked up at a later time during gestation, say in the second trimester, anomalies or abnormalities that are not compatible with life. In these such situations, parents may need to make a heartbreaking decision to terminate the pregnancy. I understand that these are tragic circumstances and this is also acknowledged in my amendment to section 6 that allows for a termination after 22 weeks and six days if there is a case of significant risk of serious foetal anomalies associated with the pregnancy that are incompatible with survival after birth.

Whilst in some extenuating medical circumstances late-term abortions are necessary, they should never become routine. Many members in this chamber claim that they will not become routine. I reply: let's ensure they do not by legislating for those situations that require it but maintaining the protections for those situations that do not.

Twenty-two weeks and six days is five months through a pregnancy and I would argue that that is plenty of time for a woman to make a decision as to whether they want to continue on with the pregnancy or not, and for those circumstances where that does not occur before 22 weeks and six days, there are other options for these women, such as adoption.

There are many published risks to a woman associated with late-term abortions, including uterine perforation; Asherman's syndrome, where there is scarring inside the uterus and cervix leading to reduced future fertility; retention of the placenta or foetus, known as incomplete abortion; excessive bleeding or haemorrhage, leading to the requirement for a blood transfusion; infection or sepsis; and general anaesthetic and operative complications, not to mention the studies published on the post-traumatic stress disorder associated with late-term abortions in women.

Two large-scale quantitative research papers, S.V. Faufberg's paper, 'Abortion complications' and L.A. Bartlett, C.J. Berg, H.B. Shulman et al.'s paper, 'Risk factors for legal induced abortion-related mortality in the United States', have revealed that second trimester and third trimester abortions pose the most serious risks to women's physical health compared to first trimester abortions. The abortion complication rate is 3 per cent to 6 per cent at 12 weeks to 13 weeks gestation and increases to 50 per cent or higher as abortions are performed in the second trimester.

Another significant quantitative study was done entitled 'Late-term elective abortion and susceptibility to posttraumatic stress symptoms' by Priscilla Coleman, Catherine Coyle and Vincent Rue. The purpose of this study was to test the hypothesis that women who undergo second and third trimester abortions would be more traumatised than their peers who experience first trimester abortions, as evidenced by significantly higher rates of PTSD symptoms.

After instituting statistical controls for race, marital status, formal education, number of abortions, number of years since the abortion, mental health counselling and hospitalisation for emotional problems before the abortion, meaningfulness of the respondent's religion and a childhood or adult history of physical or sexual abuse, all of the group differences were in the hypothesised direction but only a few were statistically significant.

Specifically, the difference in intrusion sub-scale scores was statistically significant. Intrusion involves an increased tendency to have persistent or unwanted re-experiencing of the traumatic event in the form of recurrent or distressing memories, flashbacks and hyperreactivity to any stimuli associated with trauma.

In addition, when individual PTSD items were examined, the late-term group was found to report more disturbing dreams, more frequent reliving of the abortion and more trouble falling asleep. The study also found that 52 per cent of those women who had had early abortions had PTSD, while 67 per cent of those who had late-term abortions, defined as second and third trimester abortions, had the disorder, thus, those women having late-term abortions were more likely to experience severe anxiety.

There is also the psychological impact on the healthcare team in the provision of a late-term abortion involving foeticide. A recent article about foeticide and late termination of pregnancy in the magazine of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists stated:

> One infrequently discussed aspect of late abortion is feticide, where specific interventions occur to ensure the death of the fetus prior to expulsion. Unintended live birth after abortion can be emotionally difficult for many (although not all) women and poses difficulties for health professionals, both in terms of process and emotion.
>
> In general, feticide is performed by ultrasound specialists who have skills in accessing the fetal circulation to instill intracardiac potassium chloride…or intrafunic lignocaine, resulting in cessation of fetal cardiac activity prior to the commencement of the termination procedure.

It goes on to say:

> Little consideration has been provided to the psychological impact on the healthcare team in the provision of a feticide service…

The bill does have a clause relating to registered health practitioners being able to conscientiously object to performing or assist in performing a termination, as does the existing legislation. However, I have concerns about regional or remote medical practitioners who are already under pressure to perform additional procedures, given their locations.

If a woman presents to a rural medical practitioner for a late termination procedure, who has a conscientious objection to abortion and perhaps is the sole doctor in the region, and she says to that doctor, 'I have no mode of transport. I cannot afford to travel. You are my only hope,' what is the

medical practitioner supposed to do? Is he or she not bound by a duty of care? These are questions I would like answered in this bill. In the AMA's statement of conscientious objection, they state under point 2.4, and I quote:

> The impact of a delay in treatment, and whether it might constitute a significant impediment, should be considered by a doctor if they conscientiously object, and is determined by the clinical context, and the urgency of the specific treatment or procedure. For example, termination of pregnancy services are time critical whereas other services require less urgency (such as IVF services).

This highlights the significant pressure on rural and regional GPs, as it seems to suggest that, if there is not a convenient, timely alternative option for a patient, the GP should reconsider his or her conscientious objection.

My other concern with this bill is its ability to allow a registered health practitioner, who is not a doctor, to prescribe the drugs Mifepristone and Misoprostol—or the MS-2 Step, as it is so often referred to—for at-home abortions without the clear need for a medical practitioner's input. Part 2, section 5(1)(b) states:

> (1) A termination may be performed on a person if—
>
> (b) in the case of a termination performed by any other registered health practitioner acting in the ordinary course of the practitioner's profession—
>
> (i) the termination is performed by administering a prescription drug…
>
> (ii) the termination is performed on a person who is not more than 63-days pregnant; and
>
> (iii) the registered health practitioner is authorised to prescribe the drug under section 18 of the Controlled Substances Act 1984.

When you look at who is able to prescribe a prescription drug within the Controlled Substances Act 1984, it states that this person may be a medical practitioner but also can be a nurse practitioner or a pharmacist. I have concerns with a nurse practitioner or a pharmacist being able to prescribe these drugs without the requirement for a medical practitioner to deem it safe to do so.

The Hon. Tammy Franks, in her first reading speech of the Statutes Amendment (Abortion Law Reform) Bill, spoke about the lack of access to medical abortions for rural women and the barriers to their health care. I wholeheartedly agree with the honourable member: when it comes to regional health care, it is well-known that those of us in the country face challenges with distance when accessing health care. However, it would be irresponsible for members in this place to support convenience over best medical practice for rural women.

Under the proposed legislation, there are no safeguards to ensure that a medical practitioner has deemed a pregnancy termination to be safe. This is paramount. According to the TGA, there are a large number of situations or contraindications when the MS-2 Step should not be prescribed, which requires obtaining a thorough medical history. These situations include: if there is a suspected or confirmed ectopic pregnancy, if there is an intrauterine device present, if there is an uncertainty in gestational age, in a situation where the mother may be suffering from chronic adrenal failure, if the mother is on long-term corticosteroid therapy, and if the mother has a coagulopathy or haemorrhagic disorder or is taking anticoagulants for another condition—to name a few.

Therefore, for the health and wellbeing of these rural women, it is critical that a medical practitioner performs a thorough examination of these women and performs or assesses an ultrasound to ensure that there are no complicating factors before the prescribing and administration of both mifepristone and misoprostol.

This is why I will be supporting an amendment to the legislation to ensure that any termination by a registered health practitioner is done only after a medical practitioner has determined that the termination is safe to do so, because this really is about the duty of care to these women and ensuring that medical procedures are conducted in a safe manner. Importantly, the TGA guidelines for the MS-2 Step state:

> MS-2 Step should only be prescribed by doctors with the appropriate qualifications and certified training. Ectopic pregnancy should be excluded, an IUD…must be removed, consent must be obtained and patients must have the ability to access 24-hour emergency care if and when required for incomplete abortion or bleeding.

In addition, the current recommendations from SA Health on termination of pregnancy in the first trimester is that women should not undergo a medical abortion if they live more than one hour away from emergency services such as an ambulance service or a hospital. I believe this is sensible and should be stated in the legislation to avoid any doubt.

Many rural and remote communities have limited access to emergency services. Being a woman and mother living in the country, I am acutely aware that, whilst we must look to provide better services in the regions, we must also ensure that these services are safe. We, as members of parliament, have a duty of care to ensure the safety and wellbeing of our citizens and communities.

SA Health also currently advise that the woman needs to have adequate support for the process, including a support person to drive her home and/or return to the hospital via car or ambulance in the case of profuse bleeding necessitating urgent treatment. They also state that the woman must be advised that, if she has heavy bleeding, she must present to the emergency department for urgent assessment and that urgent dilatation and curettage may be required. Whilst I understand that these complications are not common, they can and do occur and, again, it is why it is necessary that we legislate that a woman should not undergo a home abortion if they are more than 50 kilometres away from a hospital or ambulance service.

During commentary about this legislation before us, much credit was given to the then Attorney-General, the late Hon. Robin Rhodes Millhouse QC, on his so-called progressive reform of abortion laws in 1969 in South Australia. Whilst at the time the reform was popular, I would like to quote the late Mr Millhouse from an article written in *The Advertiser* from 2014, entitled 'Robin Millhouse's regret'. After 45 years of carrying a growing burden, the Hon. Mr Millhouse QC confided:

> I deeply regret that the medical profession—and the lawyers—interpreted the law too widely. It has become abortion on demand. I did not intend it to be that…I have taken the rap for it. It is something I regret.

This interview is pertinent, as it is a direct admission of how the intent of legislation is often not the reality. It is our job as members of parliament but particularly as members of the Legislative Council to scrutinise the legislation to ensure that the practical outcomes of a bill are what is expected and intended.

Most of us know someone who has been confronted with the decision of whether to terminate a pregnancy. It is an incredibly difficult decision. But the decision facing the parliament is not about access to early terminations which are currently provided in a safe medical environment and should continue to be done as such; it is a decision about the ethical and moral implications of late-term abortion not associated with specific extenuating medical circumstances. Whilst I agree that the abortion laws need reform to reflect the advances in medicine, we must as leaders always remain focused on protecting those who do not have a voice.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (12:19): I rise to speak on the Termination of Pregnancy Bill 2020. I thank the Attorney-General and the Minister for Human Services for their hard work in developing the bill and bringing it before the parliament. This bill is a conscience vote for the parliamentary Liberal Party; accordingly, I do not speak for any other member.

As a Christian, I know that many Christians and people of other faiths consider abortion to be the taking of a human life and a grave moral offence. However, other citizens, including other Christians, hold dramatically different moral perspectives. We live in a pluralist society, and in 1969 our state decided that, despite the diversity of moral perspectives, abortion would be legally available in this state.

Since 1969, successive state and federal governments have provided funding to make abortions widely available through public health services. My assessment is that there is minimal public support to step away from this pluralist position on abortion to impose a single world view on the issue. I see minimal support to legally prohibit abortions or to withdraw funding from termination of pregnancy services. In the context of this broad consensus, parliament needs to ensure that, given that termination of pregnancy services will be broadly available, they should be available on an equitable basis to all citizens.

South Australia was the first Australian state to liberalise abortion laws. In the 50 years since, abortion services have changed dramatically; our laws have not. As a result, South Australian abortion laws are the most out of step with current healthcare practice than any other Australian jurisdiction. The Termination of Pregnancy Bill before us both reflects current best clinical practice and removes unnecessary barriers to access.

Within health care 'access' is defined as access to a service, a provider or an institution, and it is one of the overarching principles that is central to the performance of healthcare systems the world over. The current South Australian system for termination of pregnancy restricts women's access to health services, in particular that of women who live in regional South Australia. As the Minister for Health and Wellbeing in South Australia, I am committed to enabling all South Australians to achieve good health and overall wellbeing so as to maximise their potential and to live their lives with dignity and lives of their own choosing.

The present law in South Australia relating to abortion is founded within the Criminal Law Consolidation Act. In February 2019, the Attorney-General commissioned the South Australian Law Reform Institute to inquire into and report on South Australian abortion law. SALRI put 66 recommendations for modernisation of the law, and this bill reflects the SALRI report recommendations and was introduced into this place on 14 October.

The bill seeks to do several things. The key change proposed is to remove abortion from the criminal law and to treat it as a healthcare issue. As Minister for Health and Wellbeing, I consider that abortion needs to be regulated but I do not think that it is appropriate that the regulation should be under the criminal law. A person seeking a health service permitted by law and funded by the state, or a person providing a health service permitted by law and funded by the state, should not be at risk of being declared a criminal. The state needs to provide abortion as a health service and to regulate it as a health service in health law not criminal law.

Secondly, the bill significantly improves equitable access to health services by removing the requirement for terminations to be carried out in a prescribed hospital. Currently, South Australian laws do not distinguish between surgical and medical abortions and require both to be provided in a prescribed hospital. When the current legislation was enacted, surgical termination of pregnancy was the only available method and was only available in hospital facilities. In that context, the law supported safety by imposing a legislative requirement that terminations could only occur in prescribed medical facilities.

Now, 50 years later, women have the option of terminating a pregnancy medically. Medical terminations involve taking two medications orally, 24 to 48 hours apart. The medications used are Mifepristone and Misoprostol. The procedure is more commonly referred to as MS-2 Step. There is no healthcare need for a medical termination to occur in a prescribed hospital.

Thirdly, the bill improves equitable access by allowing the use of modern healthcare pathways. The current legislative requirement for in-person examination of women seeking a termination is inconsistent with contemporary developments in current medical practice and precludes the use of telemedicine. Clinical studies have shown that telemedicine is not inferior to in-person provision for non-surgical terminations of pregnancy.

Fourthly, the bill improves equitable access by allowing early medical terminations to be approved by a single health practitioner. Currently, South Australia is the only Australian jurisdiction that requires two doctors to examine a woman prior to the termination of pregnancy at any gestation. The bill removes this barrier to access, as it is unnecessarily onerous in the context of modern healthcare practice. In addition, this requirement prejudices women in regional South Australia, where there are fewer doctors available to provide termination of pregnancy services.

Data from 2017 highlights this issue: 99.3 per cent of women residing in metropolitan Adelaide region had their termination in a metropolitan hospital, either private or public, yet only 16.3 per cent of women residing in country South Australia had their termination in a country hospital, with most rural-dwelling women travelling considerable distances to metropolitan Adelaide.

Women in rural areas experience significant emotional cost and are further burdened by monetary costs of travel and accommodation away from home. These hurdles for women in non-

metropolitan areas can lead to delays in accessing early medical termination and result in otherwise avoidable surgical terminations. Removing the need for a prescribed hospital, allowing alternative pathways and removing the need for a second doctor collectively make services significantly more accessible for women.

I want to be clear that, as health minister, I consider that termination of pregnancy should be regulated to protect the safety of health care for women. The bill provides a solid legislative framework, anchored by appropriate safeguards that ensure that only appropriately qualified and registered health practitioners can perform early medical—that is, non-surgical—terminations. It further provides that the practitioner must be acting in the ordinary scope of their profession and be authorised to provide medical termination of pregnancy under the Controlled Substances Act 1984.

It is noteworthy that this legislation will operate in the context of other pertinent legislation providing oversight of clinical practice. The bill will also be scaffolded by robust policy and guidelines for practice that are embedded within the public health system and health professional colleges. These additional frameworks will continue to provide guidance on what constitutes a medically appropriate termination and ensure the delivery of the highest quality of medical services.

Additionally, the Australian Health Practitioner Regulation Agency, commonly referred to as AHPRA, in implementing the National Registration and Accreditation Scheme verifies that only practitioners meeting the required standards are able to provide termination services and would therefore be permitted to deliver new healthcare pathways, such as telemedicine for termination services.

I appreciate that later term terminations cause significant concern. Under the bill, a termination of pregnancy may only be performed after 22 weeks and six days where two medical practitioners consider that in all the circumstances the termination is medically appropriate. It is important to note that over the last 20 years only 0.1 per cent of all terminations in South Australia have been after the 22 weeks and six days' gestation. In that period, the latest gestation termination was a single case in 2009 that occurred at 27 weeks as it was deemed medically appropriate.

Later term procedures are therefore very rare, and among the desperate circumstances in which one may be undertaken are cases of rape, which includes sexually abused minors, or women in violent and abusive relationships, as well as those dealing with mental illness or addiction issues. Additionally, many foetal congenital abnormalities can only be detected in the second trimester, which can lead to a woman having to make the incredibly difficult decision to seek a later term termination.

Later term termination may occur surgically or by induction of labour and delivery, with the woman counselled about the options available. For some women, where appropriate to the circumstances, palliative care support is offered prior to the termination. In all circumstances a later term termination would take place only after careful consideration by all parties. While counselling is not mandatory in South Australia, several services are available to assist women and their families in making a well-informed and considered decision. It is considered best practice for women to be offered counselling, and this would certainly continue under this bill.

I think it is important to recognise that a later term termination in South Australia will be the subject of significant oversight. It would occur at an SA Health tertiary institution, where it would be in the hands of a multidisciplinary team. While two medical practitioners need to formally determine that the termination is medically appropriate, the determination is made in the context of a collaborative team bringing a range of perspectives, collectively supporting robust decision-making and quality care.

Section 5 of the bill provides scope for registered nurses, nurse practitioners and midwives to administer MS-2 Step, as is currently the case in the Australian Capital Territory and Victoria. This would increase access to safe, early medical termination of pregnancy, which is a less invasive procedure for the woman. The bill is responsive to a clear need for women in South Australia, a third of whom seeking termination services in 2017 in fact obtained medical terminations.

The bill also seeks to modernise the language in the legislation to reflect societal advancement and expectations, with removal of references such as medical practitioners being male, in addition to addressing language that is inconsistent with contemporary health terminology.

Three Australian jurisdictions have reformed their abortion laws in recent years: Queensland, the ACT and New South Wales. None of the three reported increased demand for termination services after the laws changed. While there has been no increase in service demand, they have reported a trend showing a movement away from surgical and towards early medical termination as a result of the reform. That represents a significant reduction in the risk of harm to women seeking termination services.

When South Australia led the nation in reforming its abortion laws, there was concern that the law would establish abortion as a key family planning measure. That has not been our experience. South Australia's termination rate is amongst the lowest in the world. The rate has been decreasing since 2001, plateauing in 2017 at 13.2 terminations per 1,000 women aged 15 to 44. Of the 2017 terminations, 91.2 per cent were conducted in the first trimester.

Termination of pregnancy is a polarising issue. The development of a legislative framework to allow abortion requires a sensitive and considered approach. The time and effort that has gone into this bill's development demonstrates a clear commitment to prioritising and respecting a patient's bodily autonomy and individual choice, while providing appropriate safeguards.

In closing, I would like to emphasise that good health and wellbeing encompasses all aspects of the life experience: physically, mentally and socially. Health and wellbeing is a shared responsibility of the government, the wider community, as well as the individual. In my view, this bill presents us with an opportunity to develop our health services in a way that is caring, sustainable and responsive to the productive healthcare needs of the women of South Australia. I indicate that I will be supporting the bill.

The Hon. E.S. BOURKE (12:33): Before speaking to this bill I thank the mover of the bill in this chamber, the Hon. Michelle Lensink, the Hon. Tammy Franks and also the member for Bragg, Vickie Chapman, in the other chamber, along with the many women who have come before them to put issues about women's health on the record and to support them.

In doing so, I ask whether any act that is undertaken in accordance with the current health guidelines within a public hospital, at no cost to a patient, be deemed a criminal act. I am not here to bring the emotion of the journey one goes through when considering an abortion. By law, abortion has given as a medical consideration a choice a woman in South Australia has had the right to consider for over 50 years.

The key word here is 'choice'. For over 50 years the termination of a pregnancy has sat within the Criminal Law Consolidation Act. The bill before us today takes what is already a medical choice out of the Criminal Law Consolidation Act and creates a new standalone act to regulated the termination of a pregnancy as a lawful medical procedure.

I understand this standalone act removes any current uncertainties by decriminalising abortion for women and doctors, an essential outcome that would enable a choice to be made without fear or the burden of an unlawful abortion being seen as a criminal act. I acknowledge that this is a sensitive health policy, and I appreciate and respect the varying views that will come before this chamber today and over the coming weeks.

It is for this reason that I also appreciate this bill is a conscience vote for Labor and Liberal members, if not for all members in this chamber. I have mentioned in this chamber on a number of occasions that I believe in the power of regulations that provide necessary protections and therefore strengthen the intent of policy reform.

The bill before the chamber, I feel, has found a balance between choice and considered regulations, regulations that have resulted from a comprehensive consultation process run by SALRI, and I would like to take this moment to thank the many involved in this report, particularly the AMA, which has been willing to provide further information since the bill was introduced.

I believe the bill has found a balance that leaves the choice to the woman, their partners and qualified medical and health professionals, but it is a choice that is guided by incorporating specific professional standards and ethics critical to reaching this choice. Just like members within this chamber, doctors hold differing views regarding abortion, an opinion that is their choice, a choice that is acknowledged within this bill.

The bill regulates that a practitioner may refuse to perform or assist in a termination, giving health practitioners also the choice to object to performing a termination or providing advice. But in doing so, they must immediately inform the person of their conscientious objection and provide an appropriate transfer to a registered practitioner who can provide the advice a patient is seeking.

Importantly, this bill carries criminal offences that further seek to protect women from abusive relationships that may result in women being pressured against their will to keep or terminate a pregnancy. Further, an unqualified person who performs a termination on another person commits an offence—an offence which carries a penalty of seven years' imprisonment—as does any unqualified person who assists in the performance of a termination of another person. This would be an offence that carries a maximum penalty of five years' imprisonment.

This is a medical procedure that is time sensitive. Time is critical for the patient and medical professionals when performing terminations, and it is time that both practitioners and patients are seeking so they can determine the best health outcomes that can be achieved when considering the circumstances. We rightfully put trust in our medical practitioners and health providers to make decisions within our healthcare system and this bill is an extension of that trust.

I am not a medical professional and I have no qualifications in what is best for women confronted with this decision. I have personal views but I am not qualified. I am not a medical professional and, as I am not a medical professional, I feel I am not equipped to provide what is the best medical practice for the termination of a pregnancy or heart surgery or cancer treatment. But I am an elected member of parliament and, as such, I must consider the legislative framework that provides all professionals the safeguards to perform their role.

This bill is a result of comprehensive consultation run by SALRI, which has considered extensively the views of medical practitioners who are qualified to provide that medical advice. This is a heavy burden on decision-makers in this chamber, but I am sure it does not compare to the heavy weight this decision has on medical professionals or, most importantly, on women when considering a termination. For me, this is a medical issue and must be considered in what provides the best legislative framework for women and doctors.

I have foreshadowed in forums outside this chamber my intention to further consider an amendment to section 2(c) under Confidentiality. While I understand these regulatory requirements have been carried over from another act and inserted into this bill to provide clarification, I feel the intent of this section could enable unintended circumstances to arise and potentially breach patient confidentiality.

As with this section of the bill, I will consider any amendments put forward by other members, but I have stated that I will be relying on medical advice. I support the right for choice but a choice that is guided by the appropriate regulations that support the best outcome for a woman.

The Hon. I. PNEVMATIKOS (12:39): I rise today to support this historic bill. Although abortion practices are liberalised in South Australia, having the practice within the criminal code has severe social, ethical and health implications. I would like to begin by thanking the Hon. Tammy Franks for bringing the Statutes Amendment (Abortion Law Reform) Bill 2018 to this place, marking the beginning of legislative change. After her bill was put to this parliament, the Attorney-General requested SALRI to complete a report into abortion law reform. The 553-page comprehensive report covers every aspect of abortion law reform in South Australia and is an extraordinary piece of reference.

Extensive independent and multidisciplinary research and consultation with interested parties and the community formed the basis of the 66 recommendations. Some members yesterday in another debate insinuated that the report was flawed. They made comments about anti-abortion supporters not being sought to contribute. No individual or group was targeted or identified, and many did respond to the open submission process. SALRI received 2,885 submissions from members of the public via the YourSAy platform.

They received 340 written submissions and conducted a series of targeted expert forums with representatives across the board, which also included faith-based and civil libertarian groups. We are aware that Children by Choice, FamilyVoice Australia, Genesis Pregnancy Support,

Maternity Choices Australia and Right to Life, to mention a few, have been extensively involved from the outset in terms of the consultation process.

So if those representative groups did not provide evidence or submissions based on the individuals or the groups they claim to represent, then that is not a failing of SALRI. It was their responsibility to ensure that they put their views up and they had every opportunity to do so. In any event, the report considered their submissions and found them wanting in terms of the scope of the exercise. Funnily enough, we live in a democratic society. SALRI undertook the same democratic approach when gathering submissions and recommending reform.

Further to these responses, SALRI looked at the extensive research that has been undertaken regarding reform in other jurisdictions. The report not only provided recommendations but also analysed current practices and sought the expertise of medical professionals and the experiences of women. Overwhelmingly, SALRI supported the notion that abortion be removed from the criminal code and placed within health care.

The extent of consultation done in this report far exceeds any other research done for a piece of legislation that I have seen of late. Like the SALRI report, this legislation does not consider the question of when life begins. The argument is redundant not only in this debate but in current practice and in the medical professionals' opinion. Since the report's release, many of us have been eagerly awaiting this legislation, and I am happy to see it before this parliament.

I would like to thank the Deputy Premier, Vickie Chapman, from the other place for introducing this bill. Her department and staff have worked tirelessly to draft this bill and offered every opportunity for members to educate themselves through briefings. I would like to also extend my thanks to the Hon. Michelle Lensink for bringing the bill to this place, and the Hon. Stephen Wade for his expertise in the area of health and contributions to the bill.

Unlike other pieces of legislation that have been promulgated in this place, the bill briefing sessions that were conducted by the Attorney-General were extensive. It is highly offensive that some of those members who claim to have concerns about the bill did not see it necessary that they should attend. Their absence was noticed. For members who did attend the briefings and took the anti-abortion rhetoric to the forum, I personally found it quite taxing and no doubt the health professionals and the medical staff providing the briefings would have found the same. In spite of that, they utilised every endeavour to provide information and responses.

Dominating the discussion and what I would categorise as bullying the staff who valiantly tried to respond to every issue raised was highly inappropriate. More importantly, some members do not accept women are smart, or smart enough to make their decisions. They challenge the science and the experts. For me, these briefings further highlighted the deficits in the current legislation and the benefits of the new bill.

The current requirement for two doctors to examine a patient does not account for current clinical practices, including telehealth and other remote forms of consultation. Abortion care must also be able to be provided outside a prescribed setting, meaning that these practices should be able to happen outside a hospital. This means that potentially a pharmacist and local GPs would be able to assist in abortion health care.

The current criteria for an abortion to take place also limits one's ability to receive appropriate health care. It is essential that this be made in line with general health law and practice, which this bill before us does. Late-term abortions are a reality. The Termination of Pregnancy Bill allows for late-term abortions to occur with the approval of two doctors. We know that in practice today abortions after 16 weeks necessarily involve a multidisciplinary medical model. That is the reality. I support this measure.

Consistent with the SALRI recommendations, gender selection provisions are not required within the bill. Conscientious objection is also something that has been appropriately measured within the bill. If doctors do hold a conscientious objection, it is essential that they pass on the care of a patient to someone who will provide the required and adequate care. As we saw last night, debates around the topic of abortion can be highly sensitive and emotive. Everyone in this chamber, even if

they are not aware of it, most likely know someone who has had an abortion. It is a fact that one out of three women will have an abortion in their lifetime.

These decisions are not made lightly or frivolously or without deep consideration. The notion that women are not capable of making their own decisions regarding their health care is not only archaic but deeply rooted in patriarchy. This is an important issue for me. As a feminist, believing in feminist values and theories, I am guided by ethics, the expertise of professionals and the research, which all support decriminalisation.

We need to heed and note the science, and I will refer to the study that was referred to by the Hon. Nicola Centofanti, in terms of Priscilla Coleman's study. Much like the current act that we have, which this new bill hopes to reform, that occurred 50 years ago. Priscilla Coleman's study happened in 2009. That study has actually been debunked and it has been debunked for a number of reasons: the conclusions were found to be invalid, the facts were wrong, it was based on inaccurate facts, and there were serious methodological errors in the study. That is today.

We need to trust the science and follow the science. It is not enough to just dig up a research paper from the past and present it as fact and solid research today when it has already been debunked. I have concerns about the agenda of religious groups claiming they are saving women and protecting women's rights when it comes to abortion. It is completely contradictory. You cannot claim to be progressing women's rights if you are controlling them. By not acknowledging women have bodily autonomy, you deny all women the ability to be equal citizens.

The moral and religious arguments against abortion are misguided at best. Willie Parker, an American reproductive rights doctor and activist, as well as a devout Christian, states:

> In the world of the Bible, bearing many children was a woman's most important [role]…in that ancient cultural context, however, abortion is never mentioned…The death of a fetus is regarded as a loss but not a capital crime. Throughout Jewish scripture, a fetus becomes human when—and only when—its head emerges from the birth canal. The new testament doesn't mention abortion at all.

These pro-life groups have labelled themselves incorrectly. If these groups were pro life, they would have regard for the woman's life too. Simply, these groups who claim to be pro life are just anti-abortion and anti-woman. I am disappointed—no, sorry, I am angry—and offended by being made out by those opposing the bill to be some sort of ogre for relying on the science, the experts and the views of the community who overwhelmingly support reform.

In case there is any doubt, I am not anti-baby or anti-children. I have two amazing daughters and a beautiful grandson, but this debate is not about my personal choices. It is about everyone's personal choices and the right for everyone to have those and to make those personal choices. Law reform has come about by the tireless work of the women's movement, the rallying of pro-choice supporters and those standing up for women's reproductive rights.

Health professionals, community groups and activists collectively have brought us to this point in time. It is time we listened to the experts. It is time we listened to the community. It is time we stood up for human rights and remove abortion from the criminal code.

The Hon. K.J. MAHER (Leader of the Opposition) (12:52): I rise to speak in support of this bill. To terminate a pregnancy is not, I imagine, an easy decision to make and it is not a decision any man in this parliament will ever make for themselves. However, many of us will experience the extraordinary wonderment that is seeing a new life born, a life develop and the hope of potential being fulfilled. Therefore, to suggest, as it has been in some of the correspondence that I have received, that a woman would take such a decision lightly or frivolously I think is particularly disrespectful.

To terminate a pregnancy is not, I imagine, an easy decision to make, and to have it governed by the criminal law makes a difficult decision unnecessarily more difficult. I support it being regulated as a health issue, not a criminal one. For me, to vote against this bill would be to fundamentally disrespect the experience and teachings of so many women whose profound effect on me has helped shape the views that I hold. For the many medical, science and evidence-based reasons and for the many legal opinions that have been expressed in this debate, I support the bill and I support it wholeheartedly.

Debate adjourned on motion of Hon. D.W. Ridgway.

Sitting suspended from 12:54 to 14:15.

Parliamentary Procedure

PAPERS

The following papers were laid on the table:

By the Treasurer (Hon. R.I. Lucas)—

Reports, 2019-20—
- Administration of the Development Act 1993
- Administration of the Freedom of Information Act 1991
- Art Gallery of South Australia
- Legal Practitioners Disciplinary Tribunal
- Office of the Small Business Commissioner
- Retail and Commercial Leases Act 1995—Disputes Lodged
- South Australian Local Government Grants Commission
- South Australian Museum Board
- State Opera of South Australia
- State Planning Commission
- State Theatre Company of South Australia
- Suppression Orders
- Training Centre Review Board
- Veterinary Surgeons Board of South Australia

Approved Licensing Agreement (Adelaide Casino) between the Attorney-General of South Australia and SkyCity Adelaide Pty Ltd Variation Agreement dated 20 October 2020

Report of audit of Compliance with the Criminal Law (Forensic Procedures) Act 2007

Report by the Minister on the Adelaide Rail Transformation Project: 19C513 Provision of Heavy Vehicle Services for the Adelaide Metropolitan Passenger Rail Network.

Report of a review of the operations of the Independent Commissioner Against Corruption and the Office for Public Integrity

Report of a review of the operations of the Judicial Conduct Commissioner

South Australian Commercial Spencer Gulf Prawn Fishery Management Plan dated 24 October 2020

South Australian Forestry Corporation Charter 2020-21

By the Minister for Human Services (Hon. J.M.A. Lensink)—

Reports, 2019-20—
- Child and Young Person's Visitor
- Department for Child Protection
- Dog and Cat Management Board
- Ikara-Flinders Ranges National Park Co-management Board
- Mamungari Conservation Park Co-management Board
- Ngaut Ngaut Conservation Park Co-management Board
- Nullabor Parks Advisory Committee
- Principal Community Visitor—Disability Services
- Safe and well: Supporting families, protecting children
- Training Centre Visitor
- Vulkathunha-Gammon Ranges National Park Co-management Board
- Witjira National Park Co-management Board
- Yumbarra Conservation Park Co-management Board

Ministerial Response to the Natural Resources Committee Report into the use of off-road vehicles in South Australia

By Minister for Health and Wellbeing (Hon. S.G. Wade)—

Reports, 2019-20—
Department for Health and Wellbeing
Health and Community Services Complaints Commissioner
Health Performance Council
Principal Community Visitor—Mental Health Services

Question Time

SUPERLOOP ADELAIDE 500

The Hon. K.J. MAHER (Leader of the Opposition) (14:19): My question is to the Treasurer regarding major events. What was the exact cost to South Australia for hosting the Adelaide 500 car race earlier this year? What was the total economic benefit to South Australia, both in dollar terms and jobs, for the last time the Adelaide 500 car race was held here?

The Hon. R.I. LUCAS (Treasurer) (14:20): I will need to take advice on that, but the cost was millions. I think the minister responsible has said something north of $10 million, but I will take that on advisement and seek his advice and bring back a reply.

SUPERLOOP ADELAIDE 500

The Hon. K.J. MAHER (Leader of the Opposition) (14:20): Supplementary.

The PRESIDENT: The Leader of the Opposition will find some difficulty to get a supplementary out of that, but I will give him that chance.

The Hon. K.J. MAHER: In the answer, the Treasurer said he wasn't sure but he would take it on notice. Did the Treasurer or his department provide any information that aided in the decision to scrap the race?

The Hon. R.I. LUCAS (Treasurer) (14:20): We always provide a lot of information. We are always actively engaged but, as I said, I will take the questions on notice and bring back a reply.

SUPERLOOP ADELAIDE 500

The Hon. K.J. MAHER (Leader of the Opposition) (14:20): A final supplementary arising from the original answer: if the Treasurer needs to take it on notice about what figures he has been told—because he is only the Treasurer, so he wouldn't remember dollar figures—can the Treasurer take on notice exactly what information was provided to aid in the decision to scrap this car race?

The PRESIDENT: Before calling the Treasurer, I have reminded members recently about the length of supplementaries and the fact that they need to be a succinct question and not a series of questions, but I will call the Treasurer.

The Hon. R.I. LUCAS (Treasurer) (14:21): I took the first question on notice, and I will provide an answer, as I indicated.

HOMELESSNESS SERVICES

The Hon. C.M. SCRIVEN (14:21): I seek leave to make a brief explanation before asking a question of the Minister for Human Services regarding homelessness.

Leave granted.

The Hon. C.M. SCRIVEN: The recent letter from 10 major homelessness providers says:

> We question if current data sets are mature enough to support adequate servicing under this model within South Australia.

The minister in this place has repeatedly referred to the frequently asked questions on the Housing Authority website, implying that they are the answer to all of the questions from providers. The FAQ about data says:

> …different organisations are currently running their own Client Record Management Systems…and that there are legal and logistical challenges in sharing information between these systems.

Alliances will need to develop integrated data and information sharing processes for their Alliances…

The FAQ answer then goes on to stress that these data arrangements will need to cover data in both government and non-government systems. As such, whilst this appears to be a frequently asked question, it does not appear to have an answer that goes beyond acknowledging legal and logistical barriers that providers have to sort out for themselves. My questions to the minister are:

1. What exactly are the legal barriers to sharing information within alliances, and what has the minister done to address these?

2. What processes are in place today to allow data sharing between different alliances that remove any disincentive for alliances to share information that could affect their bids for future contracts just two years from now?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:23): I thank the honourable member for her question. I think it is a case of the Labor Party expects that, before the alliances have even been formed and tendered, we are expected to know what the complete package would look like after the organisations have come together and we know what the final form looks like, which isn't going to take place until after the tenders.

There is a range of data collection systems in the non-government sector and in the government sector. Something that I heard about somewhat extensively in opposition was the H2H system that is used by the Housing Authority, which is still in existence. I think at that stage its own computer system internally didn't enable it to do a whole range of things, but there is now a much more updated system which enables it to do a lot of other things.

The non-government sector do use a range of different customer relationship management-type software. One that is fairly well known is the system called Penelope. There is a range of other systems in place.

I think what we have seen through the Adelaide Zero Project is that we have been able to come together as organisations to work on a common system, which has enabled all providers to be working off the same information. That has enabled the assessment of vulnerability to be consistent across all agencies that work in the homelessness sector. It has also been abundantly useful in terms of allocating people who are the most vulnerable people on that list to the first available accommodation.

The sector is used to being in the situation where it needs to be working towards common datasets. It has been acknowledged that it's something that will continue to need to be evolved, but I think it is premature for anybody to be asking exactly what it's going to look like before the tenders have even been released and before we know what the shape of the alliances are.

HOMELESSNESS SERVICES

The Hon. C.M. SCRIVEN (14:25): Will homelessness providers need to spend money, that should be spent on frontline services, to resolve these legal and process questions that the government should have fixed before this whole process began?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:25): I think the honourable member has made several assumptions in the line of her questioning, which is that the government should have perhaps funded organisations to install certain systems. We don't make those decisions on their behalf. They are organisational decisions as to what systems they choose to use, but clearly we need to have alignment across the system into the future so that the information is more consistent and that there is greater transparency in the system. However, as I said, I think it is premature for us to try to articulate what it should look like before the tenders have even been opened.

The PRESIDENT: Supplementary question, the Deputy Leader of the Opposition.

HOMELESSNESS SERVICES

The Hon. C.M. SCRIVEN (14:26): Exactly what consultation has occurred with homeless people themselves about their data being shared between multiple non-government organisations that are not subject to the same rules as the Housing Authority regarding FOI and state records?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:26): I think the honourable member misunderstands what the system is. Clearly, there are privacy issues that are in place which protect vulnerable people in terms of their information data collection. We have information-sharing guidelines in the government. I think inherent in the honourable member's questioning she is implying that the non-government sector is less sensitive to those issues, which I think they would probably have some objection to.

We have consulted, and there was a particular report from an organisation that specialises in consultation with people with lived experience which has informed all of the homelessness reforms. I think I have referred to it in the past and I think some of that information is publicly available.

HOMELESSNESS SERVICES

The Hon. C.M. SCRIVEN (14:27): Further supplementary: has the minister or her department made any investigation into what extra costs are likely to be imposed on these organisations in order to resolve the legal and process questions with regard to data sharing?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:28): Once again, I think the honourable member has put the cart before the horse because until we know what the final form of the alliances look like, and what various systems are being used across the system, we are not going to be able to articulate what that ought to be.

ELECTRIC VEHICLES

The Hon. E.S. BOURKE (14:28): My question is to the Treasurer regarding new taxes: how will the government monitor the movement of plug-in vehicles to measure distance travelled for calculating new taxes? Will owners be required to pay for, install, maintain and replace GPS trackers on their cars so that the government can collect $1 million per year?

The Hon. R.I. LUCAS (Treasurer) (14:28): As I indicated yesterday, we're in consultation with one or two other state and territory jurisdictions in relation to the details of the implementation. The results of that consultation with other jurisdictions will be revealed when we introduce the legislation early in the new year.

ELECTRIC VEHICLES

The Hon. E.S. BOURKE (14:29): Supplementary arising from the original answer: as part of that consultation are you seeking to find information on how motorists will maintain and replace a GPS tracker on their car?

The Hon. R.I. LUCAS (Treasurer) (14:29): No, we are looking at a range of options, both in the immediate future in relation to the technology that is available. Inevitably in the longer term we will be looking at what are the options in relation to the technology that will be available for a sensible implementation of the road user charge. So governments that are prepared to have the courage to look to the future will need to look at the implementation issues in the immediate future and then, as the technology becomes available, in the long term as well.

ELECTRIC VEHICLES

The Hon. E.S. BOURKE (14:29): Supplementary arising: as a further part of that consultation, can the government confirm how they will protect the data that they are collecting as part of this tax?

The Hon. R.I. LUCAS (Treasurer) (14:30): We will be considering all the issues in the consultation with other jurisdictions that would appertain to the implementation of a road user charge. When the bill is drafted and approved, all members of parliament will have the opportunity to express their point of view in relation to the adequacy or otherwise.

ELECTRIC VEHICLES

The Hon. K.J. MAHER (Leader of the Opposition) (14:30): Supplementary arising from the original answer: who are these one or two other jurisdictions that are considering this tax, or is the Treasurer just making this one up a little bit?

The PRESIDENT: Well, I am not sure where that came out of the original answer, but I will allow the Treasurer to answer it.

The Hon. R.I. LUCAS (Treasurer) (14:30): As I said at the press conference on Tuesday, I will not out the other jurisdictions. All will be revealed in due course.

The PRESIDENT: I call the Hon. Mr Hood.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Hanson is out of order and so is the honourable deputy leader.

The Hon. D.W. Ridgway: Why don't you chuck a couple of them out?

The PRESIDENT: And I don't need any assistance from the Hon. Mr Ridgway. The Hon. Mr Hood has the call.

STATE BUDGET

The Hon. D.G.E. HOOD (14:31): Thank you, Mr President; yes, I do. My question is to the Treasurer. Treasurer, what has been the early response from the rating agencies to the budget you handed down this week?

The Hon. R.I. LUCAS (Treasurer) (14:31): The government has welcomed the early or initial responses from the two major credit rating agencies, S&P Global and Moody's. They issued initial commentary on the budget on Tuesday evening, I think it was, or early Wednesday morning, and it is fair to say that our ratings with both agencies remain as they are. However, of course, rating agencies will further consider budgets over the coming weeks and issue a final commentary on the rating. So we remain at a AA+ with S&P and Aa1—both with a stable outlook—with Moody's. S&P Global's initial commentary on the budget said, and I quote:

> South Australia benefits from a strong economy and financial management, which allow the state to absorb some stresses on creditworthiness.
>
> Job numbers and hours worked are rising relatively strongly because the state has so far been—

Members interjecting:

The PRESIDENT: Order! I'd like to hear the Treasurer.

The Hon. R.I. LUCAS: These are the independent credit rating agencies—their commentary, not commentary from partisan political parties. Let me continue:

> …because the state has so far been successful at suppressing the spread of COVID-19.

We also welcome the commentary from Moody's, who said:

> South Australia entered the coronavirus crisis from a position of relative fiscal strength…

And then went on to say:

> Despite underlying revenue pressures, the state is projecting solid average revenue growth of 3.8% over the four years to fiscal 2024, with business activity supported by key economic and social infrastructure spending.

The government welcomes those initial statements and commentary from two of the leading credit rating agencies. Clearly, commentary and ultimately the credit rating of the credit rating agencies are important issues from the state's viewpoint.

It is fair to say that one or two of the rating agencies a number of months ago issued a generic statement in the early stages of the coronavirus pandemic and indicated that they would obviously be keeping a close watch on all state and territory budgets. It was a generic statement as it appertained to all state and territory budgets as we managed our way through the coronavirus. It was a—I think 'warning shot' is probably too strong a word; it was nevertheless a cautionary note, I guess is the best way of describing the statement a number of months ago, indicating they will be watching with great interest how governments responded in a budgetary sense to the coronavirus and to the need for economic recovery.

The early commentary from the two credit rating agencies is encouraging from the government's viewpoint, and it should give confidence to the people of South Australia that their government has a firm hand on the financial tiller of the state and is guiding it through the coronavirus pandemic on the road to economic recovery.

JOB CREATION

The Hon. E.S. BOURKE (14:35): A supplementary arising from the original answer: what is the job growth for this financial year as a result of the Treasurer's budget announcements?

The Hon. R.I. LUCAS (Treasurer) (14:35): As I outlined yesterday, if measured in the same way as the federal Treasury, 4¼ per cent and approximately 40,000 jobs.

Members interjecting:

The PRESIDENT: Order! The Leader of the Opposition!

Members interjecting:

The PRESIDENT: I call the Hon. Tammy Franks.

Members interjecting:

The PRESIDENT: Order!

Members interjecting:

The PRESIDENT: That is becoming embarrassing to the Hon. Mr Hanson. The Hon. Ms Franks has the call.

SUPERLOOP ADELAIDE 500

The Hon. T.A. FRANKS (14:35): My question to the Treasurer, representing the Premier and Minister for Tourism, is on the topic of the Adelaide 500 car race. Now that the contract is not to be renewed, will you release the details of that contract, as well as all previous data on funding, income and impact, including opportunity cost, given that it is no longer subject to commercial-in-confidence protections?

The Hon. R.I. LUCAS (Treasurer) (14:36): I am certainly happy to take that on notice, but I don't believe that the mere expiration of a contract may well automatically exclude any contracting party from a commercial confidentiality provision.

SUPERLOOP ADELAIDE 500

The Hon. T.T. NGO (14:36): My question is to the Treasurer regarding major events. When exactly was the Treasurer first aware that South Australia was considering cancelling the Adelaide 500, and when exactly was he aware that the Liberal government had permanently cancelled the Adelaide 500 before announcing it publicly?

The Hon. R.I. LUCAS (Treasurer) (14:37): Good try, but I am not going to reveal the nature of confidential discussions that go on at the highest levels of government, including cabinet and cabinet committees.

SUPERLOOP ADELAIDE 500

The Hon. T.T. NGO (14:37): Supplementary.

The PRESIDENT: The Hon. Mr Ngo will have to have a good supplementary out of that—I will listen to it.

The Hon. T.T. NGO: Did the Treasurer or Treasury recommend cancelling the race?

The PRESIDENT: I really can't find that in the original answer, so unless the Treasurer wants to answer it desperately—

The Hon. R.I. LUCAS (Treasurer) (14:37): I am happy to provide an answer, which is exactly the same as the first answer: I am not going to reveal the nature of commentary or

discussions that go on at the highest levels of government, including the nature of Treasury's advice or indeed my advice as the Treasurer.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Stephens has the call.

Members interjecting:

The PRESIDENT: Order! The Leader of the Opposition is out of order, and conversations across the chamber are particularly disrespectful to the member on his feet.

CANCER PATIENT SUPPORT

The Hon. T.J. STEPHENS (14:38): Will the minister update the house regarding support for cancer patients in South Australia?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:38): I thank the honourable member for his question. The Marshall Liberal government has been delivering on its commitment to deliver better services closer to home. We are investing in country and suburban hospitals and we are expanding our home hospital pilot, which has played such an important role in the early stages of the pandemic, but some people have to travel to get the health care they need and, when they do, we want to support them both in travel and in accommodation.

In terms of transport, the Marshall Liberal government continues to enhance the PAT Scheme. In terms of accommodation, in this year's budget we are also partnering with the Cancer Council South Australia, with an investment of $10 million to provide improved and expanded accommodation for the thousands of cancer sufferers who have to travel to Adelaide from regional South Australia and beyond.

This new multilevel lodge with a total cost of $30 million will help to reduce the stress and uncertainty for South Australians and their families who are battling cancer. The facility will include 120 rooms of supportive accommodation; the Cancer Council's SA information and support services; counselling services, which are provided free of charge to South Australians impacted by cancer; prevention and research programs; and culturally appropriate accommodation for Aboriginal and Torres Strait Islander people.

The lodge will replace the Cancer Council's Greenhill Lodge in Eastwood and Flinders Lodge in Kent Town, which are both nearing the end of their life. Construction is expected to begin in the first quarter of 2021, with an expected completion in the middle of 2022. In addition to improved services for South Australians facing a challenging time, this project is expected to deliver more than 80 jobs throughout the construction phase and another 80-plus jobs ongoing to deliver the Cancer Council SA services. This is yet another example of the Marshall Liberal government delivering better services and more jobs for South Australians as we make health care more accessible.

The PRESIDENT: The Hon. Frank Pangallo has the call.

The Hon. C. BONAROS: Mr President, I might take this one if that is okay.

The PRESIDENT: The Hon. Ms Bonaros has the call.

The Hon. C. BONAROS: With the consent of my colleague, I might take this one.

WOMEN'S AND CHILDREN'S HOSPITAL

The Hon. C. BONAROS (14:41): I seek leave to make a brief explanation—

The Hon. S.G. Wade interjecting:

The Hon. C. BONAROS: Don't laugh, minister.

The PRESIDENT: Order!

The Hon. C. BONAROS: —before asking the Minister for Health and Wellbeing a question about the Women's and Children's Hospital.

The PRESIDENT: What I heard out of that is that you're seeking leave.

The Hon. C. BONAROS: Yes.

Leave granted.

The Hon. C. BONAROS: To the insult of many clinicians and allied staff working on the frontline at the Women's and Children's Hospital, the minister this morning distributed a media release titled 'Budget Boost for Women's and Children's Hospital'. In it, the minister would have us believe the government is committing significant additional funds and resources to the hospital in this year's state budget.

The key takes out of the release are: funding for the hospital has hit the $300 million per annum mark; since the 2018 state election, an extra 155 FTE jobs have been created at the WCH; an additional $26 million in 2020-21 (up to $300 million from $274 million from the previous year) has been allocated to the Women's and Children's Hospital network; and the hospital is also undergoing a major $50 million capital works program, delivering a newly upgraded neonatal intensive care unit, theatres, paediatric emergency department, mental health ward and other structural and technical upgrades.

The disturbing part of the question is that there are frontline clinicians who simply don't believe it and they say the current WCH has received absolutely no new funding in the state budget. My question to the minister is:

1. In order to clear up all the confusion, can you please provide a comprehensive detailed list of where all the new 155 positions are?

2. Can you provide a comprehensive detailed account of where the $50 million in capital works has been spent?

3. Why is that $50 million even being mentioned as part of this year's budget when it has already been spent, if that's the case?

4. Can you provide a comprehensive detailed account of where the additional $26 million will be spent?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:43): In relation to the 155, that is a statement from the Auditor-General's Report is my understanding. In relation to the $50 million, I have made no assertion that that is a fresh allocation for this financial year. It is part of an ongoing commitment by this government to make sure the current facility stays fit for purpose in the period leading up to the opening up of the new Women's and Children's Hospital.

In terms of the $26 million, I refer the honourable member to Budget Paper No. 4, Volume 3, page 39, which highlights the $26 million. In terms of where that money is being spent, that is fundamentally a matter that is driven by the board of the Women's and Children's Hospital network. I will seek information from them and provide the information they provide to me as an answer to your question on notice.

WOMEN'S AND CHILDREN'S HOSPITAL

The Hon. C. BONAROS (14:44): Supplementary: in so doing, will the minister confirm whether the $12.3 million needed to replace and upgrade obsolete surgical equipment will form, or does form, part of the $26 million in additional funding?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:44): I think the point should be made that there are two ways that medical equipment, as I understand it, is funded. In fact, I can immediately think of a third. The first way is through the medical equipment program of the department. There are bids put in from networks to the department, and the Women's and Children's Hospital is certainly involved in that program.

Secondly, it is expected that networks will use some of their recurrent funding for equipment purposes. That is a decision they make in terms of how best to utilise the funding that is provided to them. Obviously, a hospital like the Women's and Children's Hospital, a much loved 140-year-old institution, is also the beneficiary of private funding, which is used for equipment from time to time.

WOMEN'S AND CHILDREN'S HOSPITAL

The Hon. C. BONAROS (14:45): A further supplementary: can the minister confirm that, in relation to the $50 million capital works fund that I mentioned, that has been touted in this budget as new funding for the Women's and Children's Hospital?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:45): It's certainly not my understanding.

SUPERLOOP ADELAIDE 500

The Hon. I. PNEVMATIKOS (14:46): I seek leave to make a brief explanation before asking a question of the Treasurer regarding major events.

Leave granted.

The Hon. I. PNEVMATIKOS: At the age of five, Sam spoke his first full sentence at the Adelaide 500. He told Mark Skaife that he was going to drive in his car. Sam is autistic and at a young age his parents were told by doctors that he would be non-verbal for life. His parents believed that, until that moment at the Adelaide 500. From then, Sam pursued his interest in motorsports, from racing carts to now being in his third year of his mechanical engineering degree. His dream of getting into V8 Supercars is now a step closer.

The Adelaide 500, to Sam, his parents and many other families, is an opportunity to dare to dream and an opportunity for families to get together and to meet their heroes. My question to the Treasurer is: what does the Treasurer say to Sam and his family, along with many others like them, about abandoning an event that has so much more value than its economic indicators?

The Hon. R.I. LUCAS (Treasurer) (14:47): What I would say is that is a fabulous story and it's inspiring, and I love hearing those sorts of stories. We are all inspired to hear those sorts of stories. I join with the honourable member, and I am sure all other members, in congratulating the young man on his achievements and aspirations for the future. If he believes enough and dreams enough, as many young people do, I am sure he will achieve all of his dreams and successes, because there will still be Supercars racing in South Australia, and in Australia, I am sure.

The PRESIDENT: The Hon. Mr Pangallo has a supplementary.

SUPERLOOP ADELAIDE 500

The Hon. F. PANGALLO (14:47): Can the Treasurer please give us an understanding of how he can say that Supercars are going to continue in South Australia after the end of the contract at Tailem Bend? Do you have a guarantee from Supercars that they will continue to bring their cars to South Australia after 2021?

The Hon. R.I. LUCAS (Treasurer) (14:48): As I said, I am sure, both in South Australia and Australia. That was the comment that I made, and I am sure his dreams can be fulfilled if he continues to dream for the future. There is a future for car racing at Tailem Bend. The honourable member has identified it through to whatever the date is: 2021 or 2022, whenever that particular date is. I would be confident. I don't have guarantees from Supercars. I don't negotiate with them, but we have a world-class facility at Tailem Bend. I am sure the Hon. Mr Pangallo knows it. I hope he has visited it. It is a world-class facility, and if you talk to anyone in racing, they say that the facilities at Tailem Bend are world class.

The adequacy, or more than adequacy—the outlook for Tailem Bend in terms of racing of all sorts I think is positive. I am confident that the owners and proprietors of the track will be successful in continuing opportunities for racing of all sorts at that particular track. They are very savvy business people and they don't make that sort of investment without believing themselves to be successful in the future. I have a trust in them and I hope the Hon. Mr Pangallo will as well.

SUPERLOOP ADELAIDE 500

The Hon. K.J. MAHER (Leader of the Opposition) (14:49): Further supplementary arising from the Treasurer's assurance that there will be continued Supercars racing in South Australia: did the Treasurer receive any representations from anyone associated with the Tailem Bend facility

about continuing with the Adelaide street circuit prior to the government making a decision to abandon the Adelaide street circuit race?

The Hon. R.I. LUCAS (Treasurer) (14:50): These issues are issues that are handled by the minister responsible: the Premier and the Minister for Tourism. The nature of the discussions—

The Hon. K.J. Maher interjecting:

The Hon. R.I. LUCAS: Mr President, the question that was directed to me was whether I had had discussions and I said it's not my area of responsibility. I just hand out the—

The Hon. K.J. Maher interjecting:

The PRESIDENT: The Leader of the Opposition will remain silent.

The Hon. R.I. LUCAS: —millions, the tens of millions, the hundreds of millions to ministers and ultimately the decisions in relation to their portfolios are decisions for them.

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order!

Parliamentary Procedure

ANSWERS TABLED

The PRESIDENT: I direct that the written answer to a question be distributed and printed in *Hansard*.

Question Time

SOCIAL HOUSING

The Hon. J.S. LEE (14:51): My question is to the Minister for Human Services regarding social housing. Can the minister please provide an update to the council on the Marshall Liberal government's commitment to modernise our social housing system?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:51): I thank the honourable member for her question and for her interest in this area, elements of which I have spoken about in this place in relation to some of the income and asset limits for people to register for social and public housing, which are under review.

Social housing includes public housing, which is the South Australian Housing Authority or South Australian Housing Trust properties, of which there are some 34,000. In addition to that there are 11,000 in the community sector, which are either under lease or ownership of a range of non-government organisations. The policies are usually very similar across the sector so these reforms are being considered in conjunction with the community housing sector so that we can improve services for our customers and make the system easier for people to navigate.

I think I might have referred to this in this place before in terms of the single housing register. At the moment, people need to register, if they are interested in public housing or community housing, through SAHA for that system and also with each of the community housing providers that they may wish to express an interest in, which have separate criteria, so bringing those together will enable that one single process for our customers.

In terms of the Housing Authority, we are also moving to an electronic system so that customers can actually look at all their accounts online. At the moment they can't do their own application online. They will have a system, which is like a bank account, where they can log on and check where they are all at, rather than having to use a manual system, either phoning the Housing Authority call centre or going into one of the sites.

We also will be establishing a customer charter, which means that it will be clear, particularly for people who are new customers, what the rules are, which broadly are to please pay your rent on time, don't disturb your neighbours and keep your property tidy. This will clarify things, which is more targeted at people who may have a tendency for antisocial behaviour.

We are going to rationalise the income and asset limits. For those people who have relatively high incomes and significant assets who are on the category 3 list, it creates unrealistic expectations for that group of people that they may, if they continue to wait long enough, receive a social housing officer and it actually can exist as a barrier for that particular cohort to consider alternative options. We are interested in providing a more transparent offering to our clients, working in conjunction with the community housing sector, so that there is greater clarity going forward.

TOURISM ADVERTISING

The Hon. M.C. PARNELL (14:55): I seek leave to make a brief explanation before asking a question of the Treasurer, representing the Minister for Tourism, the Premier, concerning tourism advertising.

Leave granted.

The Hon. M.C. PARNELL: The South Australian Tourism Commission has been forced to edit a video that was part of an advertisement for tourism for Kangaroo Island. The reason they were forced to edit the video is that the video included a section under the label 'Set off on a beachside getaway to Kangaroo Island'. The segment of the video showed a Landcruiser racing along the beach at Emu Bay on Kangaroo Island. When it was pointed out to the Tourism Commission by the local council, Birdlife Australia and various other groups that there is a speed limit and there is, in fact, only one beach on Kangaroo Island that is available to vehicles, the Tourism Commission—

The Hon. F. Pangallo: No, there's another.

The Hon. M.C. PARNELL: Maybe there are two, but the Tourism Commission had to concede that they had sped up the video for dramatic effect. In other words, the tourism video shows a car racing fast along the beach in a 25 kilometre speed zone and they admitted that they sped it up for visual effect. It's a good call of the Tourism Commission to have pulled that section of the video, but my question of the minister is: what protocols does the South Australian Tourism Commission follow to ensure that its promotional material is consistent with responsible environmental management?

The Hon. R.I. LUCAS (Treasurer) (14:56): I would probably need to take advice on that particular question. I'm sure, knowing the Tourism Commission, that they give their best endeavours to try to comply with not only the laws of the land but also being responsible moral exemplars in relation to all good practices, not just in environmental management.

I do know that in some of the previous initial concepts for commercials, there were issues like road safety practices, work health and safety practices, and whether young children should be seen with their hats on on a beach as opposed to not being with their hats on on the beach. All of these sorts of complex issues in relation to setting a good example to a whole variety of worthy policy areas are matters for their consideration. It may well be that, on occasion, things slip through to the keeper, but it's not for the want of trying to do the right thing.

I will seek a formal response in relation to responsible environmental management, which is the honourable member's question, but I suspect that the answer will be that, whilst there is nothing explicit, the Tourism Commission does try to set a good example, if I can speak generally, in relation to observing good practice right across the board, including responsible environmental management.

SUPERLOOP ADELAIDE 500

The Hon. J.E. HANSON (14:58): I seek leave to make a brief explanation before asking a question of the Treasurer regarding major events.

Leave granted.

The Hon. J.E. HANSON: In September this year, *The Advertiser* reported a senior government official saying:

> …our many suppliers and stakeholders who will soon start making huge investments into the event, both time and money, and we want the best result for them as well as our loyal fans.

My question to the Treasurer is: when a senior government official referred to a 'huge investment' by private companies, how much investment exactly were they referring to and how many jobs have now been lost as a result of that investment not occurring?

The Hon. R.I. LUCAS (Treasurer) (14:59): I don't think I'm going to be able to assist the member. I'm not sure who this unnamed senior government official quoted in the media is. Until someone can identify him or her, I'm not in the position to be able to ask—

The Hon. E.S. Bourke: So now we have to identify them? Now you're asking us to identify them.

The PRESIDENT: The Hon. Ms Bourke!

The Hon. R.I. LUCAS: —him or her what he or she meant by the claimed comments reported in the media.

TRAIN DRIVERS, ENTERPRISE BARGAINING

The Hon. D.W. RIDGWAY (15:00): My question is to the Treasurer. Can the Treasurer please update the council on the most recent negotiations, or final negotiations, with the train drivers?

The Hon. R.I. LUCAS (Treasurer) (15:00): I am very pleased on behalf of the taxpayers of the state to indicate that there has been a very successful conclusion to what was threatened to be industrial action and disputation from the union bosses in the RTBU in relation to their enterprise agreement. As some will recall, I did characterise some of the union bosses as being sadly out of touch with the broader community in the midst of a global pandemic with their unreasonable demands for 4 per cent pay increases for each year for the next four years, together with some additional add-ons at taxpayers' expense, like car washing because, having to go out to Dry Creek, their cars might get a bit dirty. There were some other doozies like that from the union bosses.

Pleasingly, in the RTBU amongst the train drivers, there was a group, and I don't know that they would want to characterise themselves as a breakaway group. Mr Gary Collis, a former employee Ombudsman, represented, I think in the end, a growing group of people who clearly were disillusioned with the union bosses in the RTBU. I think they claimed, in the end, that they represented perhaps just more than 100 of the train drivers. They saw that the union bosses were being unreasonable in the midst of a global pandemic and urged support for the government's reasonable salary offer of 2 per cent over the next three years, as opposed to 4 per cent a year for each of the next four years, together with car washing because their cars were getting dirty at Dry Creek.

Pleasingly, the ballot concluded in the last 24 or 48 hours, and 85 per cent of the train drivers and other rail staff voted for the government's offer—85 per cent. As I said to some of the train driver representatives, that is an absolute flogging. That is what we call a landslide: 85 per cent of people supported the sensible and reasonable government offer.

In concluding, I do want to say that this government has been entirely reasonable with its hardworking public servants right across the board. Whilst some other governments—Labor and Liberal—around the nation have frozen Public Service wages, this government has continued to say we are prepared to offer reasonable, sensible salary increases for our employees. We concluded reasonable salary increases for our hardworking nurses, for our hardworking teachers. There is a ballot going on with the endorsement from the Police Association, and we hope that will be successful too for our very hardworking police officers.

These are sensible, reasonable, affordable, for the taxpayers of South Australia, salary increases. I am delighted that the majority of the train drivers in South Australia have rejected the unreasonable position of the RTBU leadership, have rejected the notion of extended, prolonged industrial disruption of our train services in South Australia and overwhelmingly have supported the government's sensible and reasonable salary increase.

RAIL STAFF INCENTIVE OFFERS

The Hon. J.A. DARLEY (15:04): I seek leave to make a brief explanation before asking the Treasurer, representing the Minister for Infrastructure and Transport, a question about offers made to rail staff.

Leave granted.

The Hon. J.A. DARLEY: I understand the state government has offered to pay train drivers and other rail staff $15,000 each as an incentive to work for the private provider, Keolis Downer. Can the minister advise whether the government is also offering staff a voluntary separation package, or is this in lieu of a voluntary separation package? Secondly, is the minister able to advise how the current offer to train staff differs from any offer made to staff who transferred from the lands titles office to Land Services SA in 2017?

The Hon. R.I. LUCAS (Treasurer) (15:05): I am happy to take the detail of the honourable member's question on notice, but the general principle he has asked is accurate; that is, the government's offer in relation to an incentive payment to transfer to an outsourced provider is entirely consistent with the practices of the former government. I will need to check in relation to the Land Services one. But I am familiar with the former government's offer to cleaners, for example, in being outsourced to Spotless. The former government offered a transfer incentive of $35,000, not $15,000.

The Hon. D.W. Ridgway: How much?

The Hon. R.I. LUCAS: It was $35,000. I think the Leader of the Opposition, when doing a radio interview today, was gobsmacked when he was complaining about this $15,000 transfer payment. He was asked, 'Is it correct that your government actually paid $35,000 to cleaners?', and he professed ignorance of that. It was convenient short-term memory loss for the Leader of the Opposition—'Whoops, I forgot that we paid cleaners $35,000 to transfer to Spotless as a provision to encourage them to move across.'

So the principle is correct. The former government did. We are not quite as generous as the Leader of the Opposition and former government ministers in that our offer was $15,000. I think the union was demanding $60,000, and we said, 'Fair suck of the sauce bottle'—or something like that—'the former government paid $35,000. You are asking for $60,000. We might settle on $15,000 in terms of an encouragement. And voila!'—good luck to Hansard in translating all of that.

In relation to the Land Services office, I will need to check to see whether the former government paid a transfer incentive. In relation to the voluntary separation issues, I will get clarity on that. Broadly, the options are that employees can stay on in the government sector and they have a job of some sort, they can stay in the government sector and take a targeted separation package in the government sector, or they can transfer across to the outsourced provider with this incentive.

I am pretty sure the answer to the honourable member's question is you can't go across and take a separation package from the government and the incentive payment, but I will clarify all of the details of that and also check the details of the former government's deal they did with the lands titles office.

SUPERLOOP ADELAIDE 500

The Hon. R.P. WORTLEY (15:07): I seek leave to make a brief explanation before asking the Treasurer a question regarding major events.

Leave granted.

The Hon. R.P. WORTLEY: On 29 October this year, it was announced that the Adelaide 500 had been permanently cancelled by the state government, but in the previous month of September it was reported in *The Advertiser* that the government had only given up the next race in March and was seeking to replace it with a race later in the year. I quote:

> We are working with Supercars on revised dates for the 2021 event and looking to have this resolved in time for their calendar release, currently planned for the back half of October.

The Adelaide races are Supercars' most attended event. Despite the total attendance falling to 206,350 this year, its lowest number since 2002, it still attracted more fans than the 2019 Bathurst 100, which attracted—

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Wortley has the call.

The Hon. R.P. WORTLEY: The 2019 Bathurst 1000, which attracted 201,975. My questions to the Treasurer are:

1. Would you agree that a race that in a bad year attracts more spectators than the Bathurst 1000 is worth keeping in Adelaide?

2. In the space of just one month, how can the government go from trying to reschedule a single race to cancelling all races?

The Hon. R.I. LUCAS (Treasurer) (15:09): The lead-up to the government's decision, which has now been announced, is of great interest to the honourable member, but the reality is that the government has taken and announced a decision, and it is being implemented. I can't offer any more detail to the honourable member's question other than what is already on the public record from the Minister for Tourism, who is also the Premier.

REGIONAL HEALTH SERVICES

The Hon. N.J. CENTOFANTI (15:10): My question is to the Minister for Health and Wellbeing. Can the minister please update the council on regional health services in South Australia?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:10): I thank the honourable member for her question and acknowledge her staunch advocacy for people in country South Australia.

The Marshall Liberal government is committed to supporting the delivery of quality health services in regional South Australia, turning around the neglect of 16 years of Labor. This year's budget demonstrates that commitment again with over $40 million invested in additional country capital works to rejuvenate and expand our health sites in regional areas.

One significant project coming from this investment is the expansion of the Gawler hospital emergency department. Residents of Adelaide's growing northern suburbs, Gawler and the Southern Barossa will benefit from this expansion of hospital services at a key regional centre. The catchment for the Gawler hospital is expected to increase by 40 per cent over the 16 years to 2036. Just to clarify that, my understanding is that it is a 40 per cent increase from 2016 to 2036; in other words, 16 years remaining in that estimate period.

It is fitting that after 16 years of Labor neglect of the regions it is the Marshall government that is planning to invest in expanded health services in the years ahead. The $15 million investment in the expanded emergency department will deliver a fourfold increase in treatment bays, from four currently to 16 on completion of the project. Importantly, not only will the expansion provide improved capacity for the health service but it is estimated that it will create 60 jobs over the life of the project. The Gawler hospital also plays an important role in supporting the Lyell McEwin Hospital, taking transfers and relieving pressure on its ED.

The Marshall Liberal government is also investing in the Lyell McEwin Hospital with a $58 million expansion of its ED, delivering 72 treatment bays on completion of the project. The investment at Gawler comes on top of the $140 million previously committed by this government to address Labor's country capital works backlog. The Marshall Liberal government continues to invest in the health of regional South Australians.

REGIONAL HEALTH SERVICES

The Hon. K.J. MAHER (Leader of the Opposition) (15:12): I have a supplementary arising from the answer. I thank the minister for the update on issues to do with the Gawler hospital and regional hospitals. Is there any provision in this budget or in the forward estimates contained in this budget for a new hospital in the Barossa Valley?

The PRESIDENT: I'm not quite sure that that was out of the answer but I will allow the minister to respond.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:13): I was only relatively recently briefed on the work that is going on in terms of the Barossa hospital business case. We are very excited about the work being done with the Barossa Hills Fleurieu Local Health Network, working with their community and the department, planning future services. Obviously, the Gawler hospital is

part of a regional network of hospitals. The Barossa hospitals do relate to Gawler, as does, as I said, the Lyell McEwin relate to Gawler.

REGIONAL HEALTH SERVICES

The Hon. K.J. MAHER (Leader of the Opposition) (15:13): Further supplementary: can the minister point to the page and in which particular budget paper there is provision for funding for a new hospital in the Barossa Valley?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:13): I have nothing to add.

GOVERNMENT RENTS

The Hon. F. PANGALLO (15:13): I seek leave to make a brief—

The Hon. K.J. Maher interjecting:

The PRESIDENT: No, the Hon. Mr Pangallo has the call.

The Hon. F. PANGALLO: —explanation before asking a question of the Treasurer about rents charged by the government on buildings it owns.

Leave granted.

The Hon. F. PANGALLO: At the height of the pandemic outbreak, the state government, like other private sector—

The PRESIDENT: The Hon. Mr Pangallo, can I just ask you to take your seat for a moment. The gentleman upstairs with the helmet on, you need to either be in your seat or leave the chamber. You can't be standing up and moving around. So if you wouldn't mind, that would be much appreciated.

The Hon. F. PANGALLO: At the height of the pandemic outbreak the state government, like other private sector landlords, provided generous relief from rent charged to its tenants heavily impacted.

The Hon. R.I. Lucas: Hear, hear!

The Hon. F. PANGALLO: Good on you. Wait till you hear the rest of it. My understanding is that it lasted six months until the end of September. This included small business tenants like restaurants and cafes, many of which have sought JobKeeper as well. They still have not fully recovered from their losses, while some are no longer eligible for JobKeeper because they no longer meet the threshold. I was contacted by a constituent who told me that since resuming paying their rent in full their government landlord has also enforced a 5 per cent annual increase in rent.

My question to the Treasurer is: why would the government impose a hefty increase, greater than CPI, on rent when businesses are still struggling to recover from the pandemic while private sector landlords have generally resisted making extra demands?

The Hon. R.I. LUCAS (Treasurer) (15:16): I thank the honourable member for acknowledging the generosity of the government on behalf of the taxpayers—because it's not the government's money, it is the taxpayers' money—has shown to tenants in government tenancies. If the honourable member wants to, is prepared to or is able to share with me the details of the particular case, I would be very pleased to have it considered urgently and to follow it up.

If I could just say, I think it might be a generous interpretation in relation to the activities of private sector landlords. I do know in some cases post the arrangements that some are looking at enforcing the contractual requirements for rent increases. But as I said I do not, obviously, have the detail of the particular case the honourable member has got. The government has been and may well still be—without giving any commitment—generous in relation to trying to provide support for those that are significantly COVID impacted.

It may well be that particular businesses, as a result of the second round of the Small Business Grant scheme, might be eligible for the $10,000 grants that the government has just offered as part of the budget. If I could just update the house, I think there are close to 1,500 applications in the first 36 hours after the announcement of the $10,000 and $3,000 grants. It

may well be the individual business gets assisted in another way, but in relation to the 5 per cent increase in the rental payment, I am happy to have it investigated and bring back a reply.

The PRESIDENT: The Hon. Mr Pangallo has a supplementary.

GOVERNMENT RENTS

The Hon. F. PANGALLO (15:18): Thank you for the response, Treasurer. Will you issue directives to freeze these increases until the economic circumstances improve?

The Hon. R.I. LUCAS (Treasurer) (15:18): No, I won't be issuing edicts. I am prepared to consider sensibly any reasonable request. As I said, the government, as the honourable member was kind enough to acknowledge, has been very generous with taxpayers' money in the first six months, but there will be some tenants who, as a result of the easing of restrictions, are going gangbusters or are unimpacted in terms of their retail operations.

So I am not going to be issuing, or the government won't be issuing, system wide edicts in relation to what might be a resumption of normal activities. If a particular business is still doing as well or even better than pre-COVID, then there is no earthly reason why whatever the usual arrangements are shouldn't be resumed.

If, in the circumstances the honourable member has outlined, someone is still massively impacted—they are still perhaps on JobKeeper or extended JobKeeper because their business is impacted—then the government has demonstrated in the past a willingness to consider their circumstances generously, and we are at least prepared to consider, without knowing the circumstances, the case the honourable member has outlined.

SUPERLOOP ADELAIDE 500

The Hon. K.J. MAHER (Leader of the Opposition) (15:19): My question is to the Treasurer. Treasurer, are you able to outline the newly—

The PRESIDENT: Order! Treasurer, will you move that question time be extended?

The Hon. R.I. LUCAS: Given the tremendous pressure we have been placed under by the opposition, I will still be generous and move:

That question time be extended to allow the Leader of the Opposition to ask his question and for me to reply briefly.

Motion carried.

The Hon. K.J. MAHER: My question is to the Treasurer regarding events in South Australia. Is the Treasurer able to outline the series of previously unannounced events that the government promised would be put in place to replace the economic benefit that the Adelaide 500 provided?

The Hon. R.I. LUCAS (Treasurer) (15:20): No, I am not in a position to be able to do that.

Bills

TERMINATION OF PREGNANCY BILL

Second Reading

Adjourned debate on second reading (resumed on motion).

The Hon. C.M. SCRIVEN (15:21): I rise today to speak on the Termination of Pregnancy Bill, and I thank those who have made contributions so far. I acknowledge that many have a sincere concern for women and are doing what they think is right to assist them. This is a conscience vote for Labor Party members.

I have many issues with this bill. Moving provisions in regard to abortion from the Criminal Law Consolidation Act to the Health Care Act is minor. The decriminalisation of women is a symbol only, as no-one has been prosecuted for 50 years for procuring an abortion. I will come to some specific aspects of the bill shortly, particularly the aspect of abortions up to full term. But this bill also presents an opportunity to rethink the accepted narrative on abortion.

I am told that votes are not changed by speeches in the chamber, and quite possibly that is true; however, it is still worth placing on the record and including in public discourse alternative points of view. We are told that to be feminist one must be pro-choice, and pro-choice of course is to support abortion. I believe we need to challenge this view of feminism. We need to look at whether abortion is limiting women's real choices. I will quote one feminist writer who spoke first about the pressures on women to abort, often for other people's convenience, and then went on to say:

> The lack of choice is reflected not only in pressure applied by others, but also…through social and cultural factors. The decision to have an abortion is often made under conditions of reduced freedom. Inequitable workplace treatment, struggles to receive appropriate welfare and child support payments, class and cultural biases in family size, attitudes to 'older' women who are pregnant and to disabled women and disabled unborn babies, along with the social subordination of women in general, all conspire to direct certain women in a certain direction.

A feminist writer wrote, as far back as 1992:

> The fiction of the right to 'choice' masked women's real vulnerability in the matter of reproduction…When they availed themselves of their…right to abortion, they often, perhaps even usually, went with grief and humiliation to carry out a painful duty that was presented to them as a privilege…Abortion is the last in a long line of non-choices.
>
> What women 'won' was the 'right' to undergo invasive procedures in order to terminate unwanted pregnancies…unwanted by their parents, their sexual partners, the governments who would not support mothers, the employers who would not support mothers, the landlords who would not accept tenants with children, and the schools that would not accept students with children…If a child is unwanted, whether by her, her partner or her parents, it will be her duty to undergo an invasive procedure and an emotional trauma and so sort the situation out.
>
> The crowning insult is that this ordeal is represented to her as some kind of privilege. Her sad and onerous duty is garbed in the rhetoric of a civil right. Where other people decide that a woman's baby should not be born she will be pressured to carry out her duty…by undergoing abortion.

Women have been abandoned to their autonomy in the abortion decision. It is your choice, therefore you are on your own. The same attitude carries over to the woman who chooses to continue a pregnancy. She finds she is on her own in that as well. There should be a greater focus on measures to ensure an end to discrimination against women in benefits, housing, work or education. One writer asked why should a 17 year old be denied the chance of completing their education at the whim of an anti-abortion zealot?

Apart from name calling, why should that 17 year old be denied the chance of completing their education because they do not choose abortion? We need to be willing to flip the questions if we are really going to look at institutionalised vulnerability of women and the options we are presenting to them.

Some have argued, as do I, that women are exploited by abortion itself. Open access to abortion makes it hard for women to continue accidental pregnancies. A man can avoid the responsibility for his sexual activity by insisting that the woman terminate the pregnancy as a condition of continuing the relationship. This statement should ring through the solid feminist thought. Catharine MacKinnon, for example, has drawn attention to the unequal conditions under which women become pregnant.

> Abortion, she argues, was legalised to serve a man's requirements for sexual access to women and to enable him to be free of the inconvenient results of that access, that is, children.

She writes:

> When convenient to do away with the consequences of sexual intercourse (meaning children), women get abortion rights. Women can have abortions so men can have sex [without consequence].

Women often do not control the conditions under which they become pregnant. Systematically denied meaningful control over the reproductive uses of their bodies through sex, it is exceptional when they do. Women are socially disadvantaged in controlling sexual access to their bodies through socialisation to customs that define a woman's body as being for sexual use by men.

Sexual access is regularly forced or pressured or routinised by denial. Poverty and enforced economic dependence undermine women's physical integrity and sexual self-determination. In MacKinnon's view, abortion actually demonstrates the reality and scope of women's oppression. Because abortion is borne of a woman's inequality, MacKinnon urges action to reverse that inequality:

'Those who think that fetuses should not have to pay with their lives for their mothers' inequality might direct themselves to changing the conditions of sex inequality that make abortions necessary,' she states.

Many of us who do subscribe to that view do indeed work to reduce the conditions of sexual inequality.

I refer now to a woman called Laurel who was a former abortion clinic nurse. She left her job in a Melbourne clinic partly because of the pressures she saw being applied to women who were judged unsuitable for motherhood, and I quote her:

Women who were poor, unemployed, too young, too old, working in the sex industry, not married, had no steady partner or suffered any mental instability were reassured by the clinic staff and society that it was best they have an abortion. It is clear that society fears a certain type of woman having a baby and I found that many of the doctors and nurses I met in the abortion clinic were not any different despite their supposed commitment to feminist principles.

The popular narrative says that abortion is a free choice, that abortion frees women, and yet I refer again to the example of the young woman told that she will be unable to complete her education unless she has an abortion. The problem that needs to be addressed is that students with babies are not given support for their education, and they will never be given that support while abortion is presented as their solution.

Abortion is easier for everyone else around her, because then they do not need to address the actual problem: support for women or girls with babies in the educational institution. The implicit message in abortion as an option is: 'Don't bother us with your problems.'

Continuing with regard to the issues around the pressures, the same former abortion clinic nurse said:

What if they said 'no' when entering the operating room? In this instance I felt compelled to reassure them they didn't have to go through with it and walked them back to the change room. This was not welcomed by my colleagues at the clinic. I was reminded that this is a business and any slowing the production-line costs money. Constant threats were made that the anaesthetist had another list at another hospital and any more discussion with the uncertain woman was wasting precious time. Their patronising remarks that some women will never be 100 per cent sure, and that I should encourage them to go on and get the abortion over quickly, were not comforting. I could no longer participate.

A second issue is that abortion is offered as the first option quite often, and not the last. Women are pressured to have abortions if their circumstances are difficult, and particularly if their baby is thought to have a disability. Those who attended a meeting at lunchtime today heard from Jordan, who at 22 weeks had an ultrasound and was told that her unborn child had Dandy-Walker syndrome, would be blind, have a mental disability and never walk or talk, and she was pressured.

Every two weeks after that, up to 38 weeks, 10 ultrasounds altogether, the diagnosis was confirmed. When he was born, there was another surprise: he did not have that level of disability. In fact, he is now a thriving six year old, who was there today at the meeting, able to walk, able to talk considered very intelligent by his school, and developing very well.

She said she felt pressured 100 per cent. At every appointment, they would keep reiterating all the negatives: he would be blind and he would have all these intellectual disabilities. Worst of all, she was told that she would be making a selfish decision if she kept him. That was in a South Australian hospital, a South Australian woman.

I have spoken before in this place about a close relative of mine. She had one daughter with a profound disability and then she was pregnant with her second child. The second child was diagnosed in utero with spina bifida. She did not want to have an abortion, but she was told by a nurse, 'Don't you think your family is costing the health system enough?'—'Don't you think your family is costing the health system enough?'

She was pressured, to the extent that one of the health professionals actually visited her at home, uninvited, to again pressure her to have an abortion. She did not do so, and that child is now thriving. She is a young adult. She has very low-level spina bifida. She has completed high school and is living a healthy and fulfilled life; not without any health issues, but with very minor ones.

I draw attention to these cases because they are the reality of what happens. Many people talking about this bill are talking about, if you like, the theory or the intent, and I acknowledge that

many of them consider that this bill will make a positive difference in women's lives, but we cannot separate the intent or the theory from what actually happens to women, what actually happens in terms of pressures, and what actually happens in reducing their choices.

I can even reiterate how that is in other circumstances. After I had my first child, I had quite serious postnatal depression. I then became pregnant. I went to the GP and had a pregnancy test after I had done my own at home. His first response was, 'Do you really think this is a good time to be having a baby?'

He did not address the issue of postnatal depression; he did not address what supports I might need or could avail myself of. His first option was to offer me an abortion. This is essentially offering what is a quick fix to other people instead of real care for the woman. I assume that the GP was totally unaware of post-abortion grief and how badly that would have contributed to my mental health had I proceeded.

Some people have said that they are not concerned that the legislation allows abortion to birth because they are confident that the doctors will do the right thing. However, we are told, and this has been mentioned by a number of speakers today, that this bill does not greatly change current practice. What that means is that the current laws are being circumvented.

We are told that abortions up to 22 weeks and six days will be able to be done by one medical practitioner in contrast with the current law, which says there must be two. However, we are told that this is basically current practice, so clearly there are already methods to circumvent the laws. If they are currently circumventing, it is to be expected that the laws will be further circumvented in the future if they are expanded. It would be naive to think otherwise.

Similarly, we find it hard to imagine that there might be medical practitioners who will not do the right thing, but this fails to learn the lessons of history. There are many periods and events that we look back on today and ask, 'How could it have been allowed to happen? How could people, no different from ourselves, have been involved? How could they have stood by and tolerated such atrocious treatment of a whole group of people?' Those circumstances include entire segments of humanity being dehumanised. Dehumanisation is defined as:

> …a psychological process whereby opponents view each other as less than human and thus not deserving of moral consideration [nor humane treatment].

The definitions goes on:

> This can lead to increased violence, human rights violations, war crimes and genocide.

International non-governmental organisations consider dehumanising speech one of the precursors to genocide. An article in The Conversation stated:

> Once someone is dehumanized, we usually deny them the consideration, compassion and empathy that we typically give other people. It can relax our instinctive aversion to aggression and violence.

Yet this is what has happened to unborn babies in our society. I refer members to statistics taken from trends in maternal and infant characteristics in perinatal deaths from termination of pregnancy for Victoria 2008 to 2017. These are the figures that relate to late-term abortions, as defined as 20-plus weeks, that are undertaken for psychosocial reasons, so not because there is any abnormality with the baby and not because of any physical health of the mother.

In the 23 to 27-week range from 2008, the figures are 87, 93, 85, 77, 53, 49, 58, 29, 35 and 52. They are the number of abortions done in that year between 23 and 27 weeks for psychosocial reasons. In the post 28 weeks, remembering that our current legislation prohibits abortion after 28 weeks unless to save the life of the mother, in 2009, after the legislative changes came in in Victoria, there were 11 post 28-week babies aborted for psychosocial reasons. That was babies who could have been born alive and been entirely healthy. It was the same figure in 2011.

I am very glad to note that they have gone down since that year and that in some years there have been zero. I bring members' attention to those figures because clearly they do happen, and they do happen when they have nothing to do with the physical health of the mother or any abnormality in the baby, so if this law passes in its current form they will happen.

Another aspect of the bill that is very concerning to me is that it will allow abortion centres with a profit motive to be established. They will no longer need to be prescribed hospitals. I think that is a retrograde step. Whatever one thinks of abortion, having a profit motive means that women will not necessarily get the full range of options. We know that does not happen now and that women do not get that full range of options and they are often pressured. When there is a profit motive for a centre, that will be even more pronounced.

Some speakers have claimed that we all know exactly month by month the development of a foetus and we do not need to be told. This reflects a consistent theme: that women already know all of the information and they are making free choices without pressure. Yet the stories of many women, some of whom I have recounted today, tell a different tale and the result is extreme grief.

I was told at a briefing last week by the Pregnancy Advisory Centre that there are no situations where babies are born alive following an attempted abortion procedure; however, today a healthcare worker talked about her own experience of that and also the experience of a friend of hers just two or three weeks ago in a public hospital here in Adelaide, so healthcare workers are having to deal with the grief and the tragedy of having babies there and having to leave them to die—having to leave them to die.

I also move to the issue of disability and how it is viewed through our abortion legislation, including our current legislation. There seems to me an inherent contradiction between what we are rightfully trying to do with people who are born with a disability—making sure we have things like the NDIS so people have access to the supports they need and having disability access plans within various organisations—yet saying that babies with disability are somehow lesser and should not be born. We heard of Jordan's story of pressure when a diagnosis came—a diagnosis that was wrong.

We also hear about this simply being a matter of health care. As I mentioned, I do not have a big problem with abortion being moved into the Health Care Act instead of the Criminal Law Consolidation Act because, after all, we have had no women prosecuted for having an abortion. But abortion is not health care like any other. It is obvious it is not because it involves another life as well as the pregnant woman. People may give different value to the lives of those who are unborn, but it is nevertheless a biological fact that there is a second life involved. In the preamble for the Convention on the Rights of the Child, 2 September 1990, it clearly states:

> Bearing in mind that, as indicated in the Declaration of the Rights of the Child, 'the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth',

That convention says that babies should have legal protection before as well as after birth. Abortion denies those babies their human rights. With modern technology, we now know, and this bill acknowledges, that a baby is viable at 22 weeks and six days. A baby who can live independently of its mother is nonetheless not being afforded the protection of human rights.

This whole issue is sometimes presented as pitting the rights of the woman against the rights of the child. They do not need to be in opposition to each other and, in fact, their being portrayed as though they are opposition is symptomatic of the kind of discrimination against women that we referred to earlier. They can be complementary rights. Indeed, I would argue that if as a society we actually valued the giving of life much more greatly than we do, it would be far more easy for women to continue their pregnancies, to have it seen as a viable option, to have it seen as something positive that they were able to do what, in fact, a man is not.

We are told that this is health care and therefore abortion is no-one's business but that of the woman. This is eerily similar to comments that we used to hear many years ago with regard to family violence. We would be told, usually by the male in the family, the perpetrator of violence, 'It's not your business. It's my child. Don't interfere.' As a society we rightly reject those sorts of views, yet we are told the concern about an unborn child is not anyone else's business. I see an inherent contradiction in that.

I accept that many people will not accept that. Be that as it may, it may be useful for members to consider that point of view so it may assist them to understand why there are still concerns with the conscientious objection provision in this bill. This bill requires a medical practitioner who has a

conscientious objection to abortion to refer a woman to someone else who will provide an abortion or provide information; I will go on about that in a moment.

To someone who has a conscientious objection to abortion, that person considers that abortion is the taking of a life. We know it is the taking of a life but, of course, the value put on that life varies between people. To refer to someone else to take that child's life means that that medical practitioner sees themselves as being complicit in that abortion. The bill before us says that the provision to refer will be fulfilled by providing information in a prescribed form but, of course, the prescribed form is to be set by regulation. We cannot see it now, so we cannot tell to what extent this will actually infringe on the doctor's rights to not be involved in an abortion.

The Hon. Dr Centofanti mentioned one of the issues around rural GPs and conscientious objection. If, because of their location, they are the only doctor in the region who would be able to provide an abortion service, they may have a duty of care to do so despite their personal conscientious objection. What this means in reality is that doctors with a conscientious objection may well be deterred from taking up positions in regional areas because it will place them in that position. A metropolitan doctor would rarely if ever be placed in that position but a rural doctor could well be.

As a regional woman myself, I am well aware of the difficulty of attracting and retaining health staff in regional and rural areas, and it would be a retrograde step if this bill results in that becoming even more difficult and it being even more difficult to attract GPs and other health staff to regional areas.

I note that some amendments have been filed, I have filed two myself, and I will speak more to those at the committee stage. I would like to put on the record my disappointment regarding the rush of this bill. The SALRI report was received by the Attorney-General over a year ago and yet we received this bill only in the last sitting week. We are told that this is a historic bill, yet we have been forced to have all second readings in the sitting week following the bill's introduction and we are told that it will go to the committee stage for a final vote on the next available sitting Wednesday.

This is a regrettable rush for such an important and serious bill. It has meant that briefings have had to be crammed into that time, given the relatively short notice. I note that this has particularly disadvantaged regional members such as the Hon. Dr Centofanti and myself in terms of being able to attend those briefings. Perhaps the irony will not be lost on members that this bill supposedly is partly to help rural and remote women, and yet the regional women in this place were unable to attend some of the briefings because of where they live.

I note that today a staff member from the Minister for Health's office has indicated that they will run further briefings before the vote in the lower house. While I do appreciate that, it is disappointing that we were unable to attend those briefings before the second reading vote in this house and, as I understand it, probably before the third reading vote in this house. I think that is unfortunate. If the bill had been introduced sooner, given that it was received over a year ago by the Attorney, those problems would have been overcome. However, I have attended every briefing that has been offered, if I have been able to do so.

As I mentioned, I will speak further to amendments and other problems in the bill as we go through to the committee stage. I appreciate that there is a single view sometimes of abortion. One thing that I consider is often missed is the post-abortion grief. The public health significance of the effects of abortion do not have sufficient attention. I will quote another feminist writer:

> Abortion has for too long been a loss negated by society. Speckhard and Rue have observed that: 'Post traumatic stress is more damaging and more difficult to treat if those around the affected person tend to deny the existence and/or significance of the stressor.'
>
> A presumption exists that those who did not return to the abortion clinic or hospital afterwards must have experienced no after-effects; an assumption that women who don't complain about their experience must have benefited from abortion.
>
> It is also irresponsible to assume that abortion will solve some problems, without causing additional ones.

I quote one young woman who had an abortion:

> Looking back now, if I had known then what emotional torment I would go through as a result of having the abortion, I would never have gone through with it. I told her that I still didn't know whether I could go ahead with the abortion, but she just fobbed it off by convincing me that this was the best thing for everyone.

But those who raise questions about the effect of abortion on a women's wellbeing are labelled as traitors to the cause. A further quote:

> In the rush to be right and dominate public opinion, we lose the chance for greater insight and an opportunity to improve pre and postoperative care for women wanting abortions. Women who may question the blob theory, who may experience grief after an abortion, are silenced by the fear of losing their membership in the club.

This relates also to other women who have raised questions or concerns or opposition to abortion. We are somehow labelled as traitors to the cause, not standing up for women. There is no opportunity to question without being labelled. This is not a positive thing for women, and this is not a positive thing for society. We need to be able to question when there is a single narrative.

One thing that I have been particularly encouraged by is that, since this issue has come up in this parliament, I have been contacted by many people, many women, who have said, 'At last I know I'm not alone. I'm not the only one who questions,' either the abortion that the woman had or questions about whether abortion is actually this wonderful civil right that we are told it should be. So I am very pleased that by speaking this place and in public forums I have been able to give other women the courage to speak out as well.

There are other impacts on women that are denied through our current abortion processes. Sometimes people will attack the experiences that are told of women's abortions and say, 'Well, that doesn't happen to everyone.' I think that is quite possibly true. I would hope that not every woman experiences the terrible difficulties, the terrible grief and often the negative physical and emotional experiences that many women experience with abortion.

However, we need to ensure that we are not suppressing the voices of those women, that we are not dismissing them. Their experiences are real, and their experiences are enabled or permitted through the approach that we have to abortion. They will not be rectified or improved through the bill that is in front of us. Opening up abortion further means that more than likely many more women will experience those negative impacts because the issues around full information, the issues around pressure to abort, the issues around not providing true options to women will all continue because the narrative will say, 'Abortion fixes your problem. Now go away.'

We need to not dismiss women's experiences, and many times this is expressed in terms of the meaning of 'the baby'. Many women told this particular interviewer that they had tried to do this during pre-termination counselling—that is, refer to 'the baby'—but received curt and dismissive answers: 'A scrap of paper. A 10 cent piece. Just cells. Nothing there.' The doctor said, 'Don't worry, it's not formed until after 12 weeks.'

This woman said, 'Then I saw *The Human Body* program on the ABC. I would not have gone ahead if I'd been told the truth about the formation of the baby.' The woman I referred to earlier who worked at an abortion clinic and then left said:

> When the women woke up in recovery they often whispered to me 'was it a girl or a boy?' I was instructed to tell them it was too small to know for sure. But occasionally a woman would ask 'Can I see the foetus?' The standard line in an abortion setting was 'a pregnancy is a bunch of cells, too early to differentiate'…

This contrasts with IVF where the women having miscarriages at earlier stages are told that they have lost the baby. This sense of not being able to identify that there is a baby that they have lost, not being able to grieve, being told by society, particularly for earlier abortions that, 'Your problem is over. You chose it. Why are you complaining?' This is not a positive thing for women and this is the result of that single narrative that we hear around abortion today.

As I said, I acknowledge that many if not all people who are advocating on this, are doing so thinking that it is in the interests of women. I hope that we can all continue this debate in a respectful manner, sensitive to each other, to our experiences and those who are close to us, but this bill as it currently stands should not be supported.

The Hon. R.I. LUCAS (Treasurer) (15:58): I rise to speak relatively briefly but to indicate my opposition to the second reading of the bill, and to the bill. I think, as my colleague the

Hon. Mr Hood outlined in his contribution earlier, if the bill was to do what has been, I guess, most publicised about the legislation—that is, to remove from the criminal law jurisdiction the issue of terminations and to place it into health law and practice—then I, too, would be inclined to support that. However, the legislation, I think as the supporters would acknowledge, does not only that but does much more in relation to the legislation.

A number of members have coloured their contributions with a little bit of personal reflection. I recall, as someone who is much older than most, other than the Hon. Mr Darley, in this particular chamber, that with our own children we looked at those grainy photos of the ultrasounds. As I looked at those photos of the baby in my wife's womb it was very hard to distinguish features. The doctor would point out to us, 'Well, there's this and there's that,' and whatever it was.

Many years later now, as I look at the similar but massively upgraded technology photos of our grandchildren, they are quite clear and you can make out the detail and the outline, as we never could, in terms of ultrasounds or X-rays, whatever they are—the photos that our children proudly show us of our grandchildren through pregnancy.

I accept people have a different view, but to me it is just unarguable that at some stage as we look at those photos these are real little people in their mother's womb. That is my guiding view. It has always been my view, and I guess it has been reinforced as I see the clarity of the images of those real little people in their mother's womb, our grandchildren awaiting birth some months later.

I know there are many others in the chamber, probably in a majority, who do not accept that particular view, but nevertheless it is the view that I have, that I have held dearly for my adult life and will continue to hold dearly for so long as I am in this chamber, indeed after I leave this chamber as well.

The second reflection I wanted to make, I guess, is in relation to the intentions of we legislators when we move legislation. I think a number of members have referred to the person who was claimed by many to be the great reformer of the Liberal Party in relation to abortion legislation, that is, Robin Millhouse; his reflections on what he had intended, what had happened as a result of his legislation and his reflection, as someone, as I said, who was portrayed as the great reformer that in the end he never intended to have abortion on demand but in his view believed that was what had eventuated.

When you go back and look at section 82A—Medical termination of pregnancy, and the way the legislation was drafted—if I can read it:

> (a) if the pregnancy of a woman is terminated by a legally qualified medical practitioner in a case where he and one other legally qualified medical practitioner are of the opinion, formed in good faith after both have personally examined the woman—
>
> (i) that the continuance of the pregnancy would involve greater risk to the life of the pregnant woman, or greater risk of injury to the physical or mental health of the pregnant woman, than if the pregnancy were terminated; or
>
> (ii) that there is a substantial risk that, if the pregnancy were not terminated and the child were born to the pregnant woman, the child would suffer from such physical or mental abnormalities as to be seriously handicapped…

The provision that Robin Millhouse and the others who supported the law at the time that was interpreted by medical practitioners and others more broadly than was intended by the original legislators was the provision in relation to the mental health of the pregnant woman.

I recall in my very first years in this parliament—I could not find the actual debate in preparation—that a member of the Legislative Council I think in a piece of legislation sought to tighten up slightly the provisions in relation to the mental health provisions by saying, 'Well, perhaps one of the two medical practitioners should have some training in mental health; that is, some psychiatric background.' That particular amendment was defeated at the time, I recall.

But that was the provision through which the number I think the Hon. Ms Scriven gave, if I am not misquoting—I think it is 4,300 or so abortions per year—occur. Clearly, as I said, the so-described great reformer of abortion reform, Robin Millhouse, described that as completely

unintended, but nevertheless that is what had occurred as a result of the legislation that had been drafted.

Again, I accept the intentions of those who have drafted this legislation. Various assurances at briefings have been given that the term 'medically appropriate' would not encompass situations where a mother who was almost six months pregnant simply changes her mind. I accept that that is the intention of those who draft the legislation, as it was the intention, I am sure, of the Hon. Robin Millhouse in terms of drafting the legislation.

Those who support the legislation as well seek to give comfort to those who have concerns about the legislation, to say that a medical practitioner has to consider all relevant medical circumstances and the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination, and that medical practitioners are subject to stringent professional and ethical obligations and protocols, which will be developed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

As someone who has had long experience in this parliament in terms of legislative reform and how it is interpreted by professionals, I only refer to the area of workers compensation legislation where the concept of doctor shopping or forum shopping is quite common. It is well known that various doctors are prepared to interpret in certain ways the legislation in relation to workers compensation, and equally on the other hand doctors who might interpret the legislation in other ways in terms of the legislation. People become well known over the years as, if you want to increase your likelihood of getting a medical opinion that will support your particular view of a workers compensation case, you go to a particular individual or doctor in relation to it.

I accept, as I am sure the legislators when Robin Millhouse moved legislation accepted, that it would not open it up, as Robin Millhouse described it, as abortion on demand, but in the end the words are the words, doctors are doctors, medical practice is as it will be, despite the best intentions of medical standards, stringent professional and ethical obligations, and the like.

It is for all those reasons that I think the intentions of those who have drafted the legislation—I am sure that if the legislation passes both houses of parliament—will not be as described to those who might have some concerns in relation to the legislation. For whatever it is worth, we are where we are with the legislation. If it was to be merely a fact of moving something from the criminal law to be placed in health law and practice, which is publicly one of the major claims as the need for the legislation, then I am sure, as the Hon. Mr Hood indicated, that there would be a strong majority in both houses of parliament who were likely to support it.

My final comment is in relation to a particular comment made by the Hon. Ms Pnevmatikos, where she said it was highly offensive that certain members who were going to oppose the legislation had not turned up to various briefings that she had attended. I think the inference behind that attack on those who oppose the legislation, those who either chose not to or could not attend those briefings, and the assumption that is made is that in some way it is only the supporters of legislation who therefore are rightly placed to be able to judge the scientific merits, the medical arguments and the competence or otherwise of the legislation.

As someone who opposes the legislation, I reject completely that attack from the Hon. Ms Pnevmatikos, because I was one of those who was unable to attend the particular briefings. The Hon. Ms Pnevmatikos is entitled to say that it is highly offensive that some of us did not attend those briefings, but there are many of us who are quite capable of looking at legislation, informing ourselves of the scientific, the medical and legal aspects, and making our own conscience and moral judgements in relation to a conscience vote issue.

We can seek the wise counsel of the Minister for Health, the Attorney-General or other experts on both sides of the debate should we so choose, but the mere fact that we did not or chose not to attend the briefings the honourable member attended is not a reason, in my view, for it to be described as 'highly offensive' that we had not turned up to those particular briefings.

As I said, I reject completely the inference in that that in some way there is some intellectual superiority in the hands of those who support the legislation and that those who choose to oppose it for a variety of reasons are in some way intellectually inferior in terms of the competence of their

arguments. With that, I indicate my position in relation to the legislation and look forward to the debate on the 25th when the debate and the committee stage resumes.

The Hon. J.M.A. LENSINK (Minister for Human Services) (16:10): I thank all honourable members who have made contributions today. I would also like to echo the thanks of many members today who thanked people who have gone before. I would further like to thank all those people who have been involved in framing the clauses of the bill, from all of the many people who participated in a range of consultations, including through the South Australian Law Reform Institute, otherwise known as SALRI.

I am personally grateful to the AMA SA, Royal Australian and New Zealand College of Obstetrics and Gynaecologists (RANZCOG) and the Law Society for being available to answer my many questions. I should also acknowledge the Hon. Tammy Franks for bringing a bill into this place in 2018. The medical fraternity in particular have voiced to me, as they would have to a number of members, that they do not wish to continue to be the legal gatekeepers for procedures in this difficult situation that people find themselves in.

There have been many things that have been said about this bill in recent months. There has been a lot of misinterpretation of what is in the bill, and I would particularly urge those community leaders who have been advocating in certain regards to get the best information they can so that they do not alarm those who would take their lead on a number of these issues. Many of the claims are grossly incorrect.

This bill brings South Australia's laws into line with the rest of Australia's. This bill is more conservative than laws that have been passed in other jurisdictions. This bill is also more conservative than the recommendations in the SALRI report. It is also more conservative than the Franks' bill of 2018. The Attorney-General has included specific provisions regarding coercion which I would like to refer to, and this is in the context of intervention orders:

> While SALRI report did not recommend creating a specific anti-coercion offence, it was acknowledged that reproductive coercion is a form of domestic violence and, as such, should be recognised as such within the meaning of the Intervention Orders (Prevention of Abuse) Act 2009.
>
> Part 3 of the Termination of Pregnancy Bill 2020 amends section 8 of the Intervention Orders (Prevention of Abuse) Act 2009 to specifically include 'coercing a person to terminate a pregnancy' and 'coercing a person to not terminate a pregnancy' as acts of abuse within the meaning of the Act.
>
> Where the act of abuse is committed by a defendant against a person with whom the defendant is or was formerly in a relationship, the abuse is expressly recognised as a form of domestic abuse (section 8(8)) and the court may endorse the intervention order to reflect the fact that the order intended to address a domestic violence concern.

I would also like to address the matter that has been in the community and I thank honourable members for being respectful in their second reading contributions. Some of the correspondence that I have received from members of the community has portrayed that these decisions are frivolous, and it is one that I reject.

The Australian Medical Association states that they support this bill because it merely reflects what takes place as part of contemporary health practice, which is that within all of the training, the skills and the ethics exercised by the medical fraternity, the pregnant woman needs to be given access to the best available information to make informed choices, and that is consistent with all of health practice.

It is worth remembering that doctors undertake the Hippocratic oath. It will be easier for women in some circumstances to obtain a termination earlier, specifically those who need to satisfy the two-month residency clause and regional and remote women who face obstacles to utilising medical terminations because they need to take place in a hospital.

The most common form of terminations are medical terminations, which are undertaken early—up until nine weeks. At all decision points, women are supported by a team of professionals, and if a pregnancy has reached 17 weeks, the pregnant woman would always consult with a dedicated and skilled multidisciplinary team, who provide support, advice and information to women who are navigating a path that is always difficult.

While medical advances have improved early detection of foetal and genetic abnormalities, the severity of the impact on individual cases cannot always be determined prior to the 18 to 20-week stage. For an example of the challenges that women have to face, I urge everyone to consult with the personal stories in the SALRI report. The advice from obstetricians who work in this field is that women need to be given time to consider the information from the multidisciplinary team.

Late-term abortions are rare. Approximately 90 per cent of terminations take place in the first trimester. As documented in the RANZCOG statement regarding late abortion:

> The College strongly supports the availability of legal abortion for those women facing circumstances where the decision regarding terminating the pregnancy is being considered at a late gestational age (i.e. after 20 weeks) because of clinical necessity or because of delayed fetal diagnosis or presentation. While such circumstances are not common, they merit an acknowledgement of their validity and the complexity of clinical and supportive care.

The college then lists the circumstances as:

1. multiple pregnancy discordant for severe foetal abnormality;

2. delay in diagnosis, or determining prognosis, in the setting of foetal abnormality, for instance, hydrocephalus;

3. psychosocial circumstances, which may include the abuse of minors and vulnerable adults to sexual and physical violence including rape, incest and sexual slavery; and

4. maternal medical conditions, such as pre-eclampsia, which put the mother's life at risk.

This bill does not make it easier to obtain a late-term abortion. This is because the clinical decision-making and practices of doctors and other health professionals are governed by incredibly strong safeguards and regulations, which are sometimes called health law. These include codes of conduct under the medical board and AHPRA; professional standards under professional bodies, such as the AMA and colleges; health service policies, procedures and credentialling requirements; and the overriding principles enshrined in medical and health ethics, which they must comply with.

Doctors must act ethically, and if they do not they lose their right to practice. The advice that I have received is that obstetricians will not terminate a healthy foetus which is capable of being viable—which is generally considered at 24 weeks—unless there is a risk to the mother's life. These circumstances are rare and extreme and would already, in existing practice, involve a multidisciplinary team providing advice to the woman and her family.

I believe we can be confident that in Australia the ethics and practices of the medical profession are of the highest order. We see in fields such as assisted reproductive technology or IVF that sex selection does not occur and multiple embryo implantations do not occur. All of these things are governed by the highest level of ethics.

The Minister for Health and I will make some more contributions at clause 1, which will address a number of issues that have been raised today that we think will assist with the further debate. I look forward to the committee stage.

The council divided on the second reading:

Ayes 13
Noes..... 8
Majority..... 5

AYES

Bonaros, C.	Bourke, E.S.	Darley, J.A.
Franks, T.A.	Hanson, J.E.	Hunter, I.K.
Lensink, J.M.A. (teller)	Maher, K.J.	Parnell, M.C.
Pnevmatikos, I.	Ridgway, D.W.	Wade, S.G.
Wortley, R.P.		

NOES

Centofanti, N.J.	Hood, D.G.E.	Lee, J.S.
Lucas, R.I.	Ngo, T.T.	Pangallo, F.
Scriven, C.M. (teller)	Stephens, T.J.	

Second reading thus carried; bill read a second time.

Parliamentary Procedure

VISITORS

The PRESIDENT: I acknowledge the presence in the chamber of former Senator Natasha Stott Despoja.

Bills

SOUTH AUSTRALIAN EMPLOYMENT TRIBUNAL (COSTS) AMENDMENT BILL

Introduction and First Reading

The Hon. R.I. LUCAS (Treasurer) (16:23): Obtained leave and introduced a bill for an act to amend the South Australian Employment Tribunal Act 2014. Read a first time.

Second Reading

The Hon. R.I. LUCAS (Treasurer) (16:25): I move:

That this bill be now read a second time.

Today, I introduce a short but important bill to amend the South Australian Employment Tribunal Act 2014. The amendments that are proposed in the bill would confirm that the South Australian Employment Tribunal (SAET) has the power to award costs to the parties in criminal proceedings. The bill would backdate this provision to 1 July 2017, which is when SAET was first conferred criminal jurisdiction over industrial offences that had previously been heard in the Magistrates Court. These are mainly offences under the Work Health and Safety Act 2012 and the Return to Work Act 2014.

The government has received advice that has cast doubt on the power of SAET to award costs in criminal proceedings. Costs have been routinely awarded in SAET in the exercise of its criminal jurisdiction. This is consistent with the longstanding practice in South Australia that costs apply in criminal prosecutions in the Magistrates Court, but is arguably contrary to section 52 of the act, which provides that 'subject to this Act or a relevant Act, parties bear their own costs in any proceedings before the Tribunal'.

The Magistrates Court had the power to award costs in criminal proceedings when it exercised the jurisdiction over industrial offences that was subsequently transferred to SAET in 2017. It would appear that the lack of a clearly stated power in the SAET Act to award costs in criminal proceedings was an oversight at the time of the drafting of the legislation conferring the industrial offences criminal jurisdiction on SAET.

If costs do not apply in criminal proceedings before the SAET, a successful prosecutor or a successful defendant would be denied compensation for their losses resulting from the prosecution. The situation in SAET would then stand in stark contrast to other criminal proceedings currently conducted in the Magistrates Court. This is clearly undesirable.

An adverse ruling by the Supreme Court may potentially cast doubt over past costs orders made by SAET since 1 July 2017. Accordingly, the commencement of the bill would be backdated to that date. I commend the bill to members and I seek leave to have the brief explanation of clauses inserted into *Hansard* without my reading them.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of South Australian Employment Tribunal Act 2014

4—Amendment of section 6A—Conferral of jurisdiction—criminal matters

This clause amends section 6A to clarify the power to award costs in criminal proceedings.

Debate adjourned on motion of Hon. I.K. Hunter.

SPENT CONVICTIONS (DECRIMINALISED OFFENCES) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 10 November 2020.)

The Hon. C. BONAROS (16:27): I rise briefly to speak in support of the bill. It is a very welcome reform of the outdated Spent Convictions Act 2009, and I would like to acknowledge the excellent work of a round table that took place last year in developing the amendments and spurring the government into action. The round table has certainly been the catalyst for this bill in many respects, and I hope they will also be key to a wider suite of spent conviction reforms in the future.

The provisions of this bill are so sensible and overdue that the only thing I think many of us do not understand is why it has taken seven years since the act was last amended to deal with the remaining perverse provisions of the act. I was surprised that there were still so many anachronistic hangovers and deficiencies in that 2009 act that had not been dealt with in 2013 when Designated Sex Related Offences were introduced in what was considered groundbreaking reform at the time.

Egregious provisions, like the requirement for a person to complete a 10-year crime-free period before they can have historical decriminalised homosexual offences spent, are still operative in South Australia. It is entirely logical that conduct that has ceased to be an offence should be an immediate spent conviction. That is not a new idea, but we have been very slow to respond to the adverse impacts that this has had on South Australians.

Of course, a DSRO, or attempted DSRO, should be immediately spent because those offences should never have been convicted in the first place. I am pleased to see that an underaged minor similarly convicted, who has continued to be ostracised and excluded from a huge range of employment and social activities because there was no ability to have their convictions spent, will be able to finally wipe this from their police record. Knowing that this will continue to pop up must have been a heavy burden to carry through life from one's youth. I am pleased that this bill deals with this strange anomaly.

It seems ludicrous to me that persons who have had a conviction for public decency and morality offence also had to complete the 10-year crime-free period, especially since a public decency offence may have been as trivial as wearing clothing or a bathing suit that was deemed offensive. Public decency and morality offences are residual common law offences rarely charged, although I note that the Victorian police charged the Porsche driver involved in an accident with this offence after he recorded a video of a police officer dying without rendering assistance. They have found it difficult to prosecute despite community attitudes that his behaviour offended our community standards and any level of human decency.

I am additionally pleased that South Australians will not only be able to apply to have their own decriminalised conviction spent immediately by a magistrate who can consider if the conduct would still be considered offensive today, but they would also be accorded improved privacy protections. The magistrate will have the task of assessing the offending behaviour based on today's standards.

I note that there is some risk in this but, thankfully, the world has moved on from those dark days, when homosexual people, for instance, were mercilessly persecuted and prosecuted for having loving, caring, intimate relationships, friendships, families and careers that we are all entitled to as human beings. I cannot imagine the fear and trepidation that everyday life must have presented to

all LGBTIQ people in those times or the dread that accompanied the knowledge that those homophobic convictions were going to follow them for their entire lives.

Extending all these provisions to deceased and incapacitated persons is putting right what has been an affront and an insult to people's dignity and reputation for far too many years. It upsets me greatly to wonder how many people found these unwarranted slurs a burden too heavy to bear, who lived lives of fear and concealment or shame or affront at having their privacy continually invaded in the way that they would have.

It is appropriate that some non-decriminalised sexual offences will only be spendable at the discretion of the magistrate and that this will require an application to the courts and completion of a crime-free qualification period. The safeguard keeps the bar higher for spending non-decriminalised sexual offences as it should be; that is, they are not covered by the provisions of new section 8B, which do not give a magistrate any discretion. They have been moved to a separate part of the bill to make this distinction very clear. Given that national police checks, working with children checks and other contexts, where the offender's history needs to be disclosed to provide maximum safety to vulnerable people, I am pleased that these offences have more onerous requirements to be spent.

SA-Best has strongly advocated for better working with children and police checks because no-one wants people like Shannon McCoole, for instance, to slip through the system. I am reminded of the repeat sex offenders who have not had the appropriate working with children checks and managed to hide their previous offending and go on to reoffend with impunity in positions of authority, where they had close contact with children, such as volunteering in youth groups or driving school buses. There were media reports of this very thing happening just yesterday. Thank goodness they did not happen in this jurisdiction necessarily, but it is certainly something that we all need to be acutely aware of.

Having a robust national police check and clearance system is critical to community confidence that employees and volunteers are reputable and do not present a risk. That is the key here: they do not present a risk, particularly to our most vulnerable community members. I look forward to asking the minister about the adequacy of this suite of reforms and whether there are any further reforms that may be anticipated, as has occurred in other states. There are, similarly, hidden disadvantaged South Australians who carry a lifelong burden of being unable to spend a trifling without conviction—minor offending, criminal history—who would be looking for similar relief to that provided by this bill today. That is something I would like to ask about.

In some cases in certain occupations, such as when you are applying to be admitted as a barrister and solicitor, for instance, this offending will always be reported on your national police check, and it can prevent you from being considered a fit and proper person. I remember a young law student applying for a position as a first-year lawyer with a state government department. He was horrified to see that his, without conviction, guilty finding for an offence for mistreating a chair at a McDonald's restaurant during schoolies week would appear in every single police check requested for a legal role and that it would prevent him from assuming such roles until the 10 years had expired. He was so disparaged by this that eventually he gave up applying for those legal positions.

As UniSA's Adjunct Professor of Law, Rick Sarre, recently pointed out, a person's arrest, for example, for a small amount of marijuana many years ago, when the penalty was a fine and a good behaviour bond, could prevent even the most accomplished and committed Australian citizen from volunteering for everything from school canteen duty to serving on charity boards or working for Meals on Wheels.

As hundreds of thousands of South Australian baby boomers reach their retirement and have the time, energy and perhaps experience to make valuable contributions in the stretched, and probably overstretched, volunteer sector, these so-called crimes from the past can act as a barrier to their participation. So there is still a serious anomaly here that, even without a conviction and even though the finding of guilt may have been for a very minor transgression or one that is even decriminalised, a person's misstep in a time gone by will remain on their national police check for life. Their character will still be considered suspect, despite what may be decades of positive and productive achievements and contributions.

There was and still is an opportunity here, I think, for the government to more broadly reform the act to ensure that the current system is not eliminating people who may have committed these very minor and now expiable offences—and I think that is really key here—that were committed in different times and under different community standards or are now decriminalised altogether.

The remedy appears very simple on the face of it: all minor offences where no conviction was recorded could be automatically excised from the police check after the 10 years. I suppose the government could have dealt with this, but it has not been dealt with at this point, but I am keen to know that this is something that they are equally eager to address at some point.

The piecemeal approach to these reforms has been frustrating to legislators and practitioners but ultimately to the community. As limited as they are in the context of what I have just described, they are very important reforms in this bill. They are very welcome not only for the reasons I have highlighted but of course for the reasons that my colleagues in this place have highlighted earlier this week.

It is a start, and these reforms are a very good start. I am sure they will bring a collective sigh of relief throughout the entire South Australian community. With those words, I indicate SA-Best's support for the bill and look forward to some further reforms in this space to deal specifically with the sorts of scenarios that I have just outlined.

The Hon. T.A. FRANKS (16:38): I rise today on behalf of the Greens as their gender and sexuality spokesperson to speak briefly in firm support of this bill. This is an important piece of legislation that will make a tangible difference to the lives of many people. The Greens have always stood for these rights, and we know that acceptance, celebration and legal rights for people of diverse sexualities is essential for genuine social justice and equality, so naturally we welcome this bill.

I cannot help note that not only are these amendments overdue but we should not be having to make them in the first place. Making homosexuality illegal was state-sanctioned discrimination, which holds a legacy of some deep distress and significant harm. The public at the time were legitimised in their homophobia because our laws actively facilitated it.

Newspapers would report openly on people who had been prosecuted for homosexual offences, outing and humiliating them. The impact of this has been cumulative and ongoing—people lived their lives making compromises to stay safe, to stay hidden, people who lived in fear, people who were unable to take certain paths in life because of the risk of that exposure—all because our state criminalised people like them out of bigotry, all because of who they might love or be attracted to. Who knows what lives they may have led had they not been told that they were, by their very own nature, illegal and criminal.

Indeed, laws that criminalised homosexual activity were removed a long time ago, but there are still many people living with that criminality and criminal records for crimes that should never have existed. Many people are still living with the memories and experience of the subsequent stigma and alienation that they faced. The stigma of these charges and the convictions that followed have haunted many individuals and have seen them forgo employment and travel opportunities as a result of that criminal record.

While we have taken steps to remedy this, it is still clear that we have further to go. I remember back in 2013 when we first passed legislation that ensured historical convictions for offences constituted by homosexual acts were no longer criminal offences and could be spent. This was the last day of a particular parliamentary session and I remember that we got the legislation quite late in the piece and, from my perspective, it was a very welcome piece of legislation if, even at that time, it was very much overdue. I am only sorry that it was not something that was done sooner.

At the time we were a leading jurisdiction for those historic homosexual convictions to be spent; however, since we passed that legislation we have seen that further reform is still needed. I am glad to see the government bringing it forward following that round table in 2019. In particular, it is good to see that the bill removes the requirement for a person to complete a 10-year crime-free period before they can have that historical homosexual offence spent.

How this ended up in the legislation in the first place is questionable, given its innate inappropriateness. Regardless of what else a person might have done in their life, they deserve to have that conviction spent for something that should not have been an offence in the first place. We have seen some of the other flaws in our legislation come to light following reviews and they are now being fixed in this piece of legislation before us.

As it stands, the current legislation has a definition that excludes minors, some of whom were actually victims of what we would now call grooming. To not only have these convictions on their records but to then be unable to have those convictions spent is hugely distressing, demeaning and immoral. It is heartbreaking to think about what some of these men—and very young men then in particular—have gone through in their time.

These historic offences have caused great harm and, while I know that spent conviction reforms such as these do not make up for the harm done, I do hope that they can bring these men and their families some comfort. In particular, I am glad to see that the amendment bill will allow for their next of kin or legal representatives to apply to spend the historical homosexual conviction of a deceased or incapacitated person.

Finally, it is good to see that other offences, not just those of a sexual nature, will now be able to be spent—people who were convicted for conduct such as showing affection with a person of the same sex in public, or wearing inappropriate clothing for their sex. I would say it is hard to believe that some of these things were still offences in our living memory, but we know that some of these attitudes do persist today, even if they are no longer reflected in our laws.

It may no longer be illegal to hold hands in public but it still can actually be just as dangerous, given the prejudice that these laws gave succour to, and the injustices and indignities that were brought about by these discriminatory laws. They have lingered, stigmatised and affected different parts of people's lives, and today we take another important step into righting those old wrongs. I commend the bill to the council.

The Hon. J.M.A. LENSINK (Minister for Human Services) (16:44): I thank honourable members for their contributions on this important piece of legislation: the Hon. Kyam Maher, the Hon. Connie Bonaros and the Hon. Tammy Franks. I once again acknowledge the advocacy of the SA Rainbow Advocacy Alliance who, through our round table held last year, highlighted that this was an ongoing issue that is a problem for them, among many other issues, which as they have described themselves are hidden to a lot of people in the community but that are of very acute awareness to them. I look forward to the committee stage of the debate.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. C. BONAROS: Just to reiterate the comments I made during my second reading contribution, I am hoping that the minister will be able to give some undertaking on behalf of the Attorney that we will consider the sorts of scenarios that are raised. The throwing the chair in McDonald's that resulted in a conviction which prevented somebody from working until their conviction period had passed has been dealt with, but we then have those very minor issues, things that may now be expiable offences, things that occurred under perhaps very different community standards but remain on a person's national police check.

So it is not so much the conviction being spent, but every time that person goes for a job interview or for volunteering or canteen duty or whatever the case may be this issue continues to appear on their police check and therefore still acts as a barrier to them partaking in certain activities. As I mentioned, we have a lot of baby boomers who potentially have a lot more time on their hands and who, in their younger days, may have partaken in activities like perhaps smoking marijuana or whatever the case may be—

An honourable member: Cannabis.

The Hon. C. BONAROS: —cannabis—that continue to affect their ability to participate in community events and so forth. All I am seeking is some sort of undertaking from the government that when it comes to the police checks as well and the sorts of issues I have outlined we will undertake to have a look at that a little more closely.

The Hon. J.M.A. LENSINK: I thank the honourable member for her questions—her contribution, if you like. Yes, I think we all do appreciate that some of these matters with the benefit of our more advanced way of thinking these days would not have resulted in a conviction in a contemporary sense but may have in the past and that these constant traces to that are an ongoing frustration for people. So, yes, the government is happy to take on board all of those considerations and review any of the matters the honourable member may wish for us to consider as well as others.

Clause passed.

Remaining clauses (2 to 10) and title passed.

Bill reported without amendment.

Third Reading

The Hon. J.M.A. LENSINK (Minister for Human Services) (16:50): I move:

That this bill be now read a third time.

Bill read a third time and passed.

ELECTORAL (MISCELLANEOUS) AMENDMENT BILL

Second Reading

The Hon. R.I. LUCAS (Treasurer) (16:51): I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation and the detailed explanation of clauses inserted in *Hansard* without my reading them.

Leave granted.

Mr President, today I am pleased to introduce the Electoral (Miscellaneous) Amendment Bill 2020 which amends the *Electoral Act 1985* to improve administration, streamline and modernise processes and allow for more flexible pre-poll voting options. The Bill also includes amendments to ban corflutes on public roads and introduces optional preferential voting in the House of Assembly.

Every election cycle the Electoral Commissioner of South Australia reviews the previous election. The government of the day then considers these findings to determine whether any changes are needed to the *Electoral Act*.

The 2018 Report was tabled in Parliament on 28 February 2019.

After considering the Commissioner's Report the government is proposing a number of reforms. Many of which directly meet recommendations of the Commissioner, and others which have been initiated by government.

Under this Bill, the Electoral Commissioner will be able to establish pre-poll booths anywhere in South Australia up to 12 days before the election. This will replace the existing system, which provided for people to vote at declared institutions such as nursing homes or hospitals and only allowed mobile polling booths to be established in regional areas.

The Bill provides that voters who attend a pre-polling booth established for their district will have the convenience of being able to cast an ordinary vote. The counting of ordinary votes made at pre-polling booths will be able to occur before the close of polls in prescribed circumstances. This will help to ensure that the results of the election are known as soon as possible after the close of polls.

These changes are possible because each voter will be marked off on an electronic electoral roll on a computer at each issuing point in every polling place. Electronic roll mark-off will ensure that there is no risk of any person voting multiple times.

Previously in this Parliament we have seen amendments to curb the availability of pre-polling. As I have reflected in Hansard in 2017, many more people make themselves available to pre-poll voting, and they do so because it provides convenience. This is not unreasonable. We have seen a clear shift in both recent Federal and State Elections in 2019 and 2018 respectively.

Why should they not be able to vote when they want to and when it is convenient to them, especially in the weeks prior to an election?

This flexibility is consistent with the right to have a choice about when you vote and your entitlement to be able to vote, which this Bill is strengthening.

Voting is a democratic right, and if you want to vote early you frankly should be able to. I am pleased that this Bill enables greater access to voting early, and ensures that those votes, given their high numbers, can be counted expeditiously on polling day. To further reduce red tape, the Bill contains amendments so that both voters and candidates will have flexible options for lodging information with the Electoral Commission. The Electoral Commissioner will be able to allow candidates to lodge nomination information and how to vote tickets online. Regulations can be made allowing voters to apply for postal ballots by phone or online.

Amendments have also been made to the date for the close of rolls and deadline to apply for postal votes. This allows for the earlier issue of voting papers and will maximise opportunities for postal voters to return postal votes in time to be counted in the election.

However, as in the current Act, voters will still be required to vote in person, if not lodging a postal ballot.

Postal votes have created, without doubt, their own challenges for all political parties and for the Electoral Commission. The timeframe for postal votes is always a consideration to ensure voters have every opportunity to vote, despite their inability to attend a pre poll, or election day polling booth.

The Bill provides both election information and public notices will be published on the internet, rather than a newspaper in the first instance. While we have seen this reform from previous governments in terms of other public notices, this government appreciates that regional newspapers play a vital role in notifications. The Bill will keep it open to the Electoral Commissioner to consider which additional advertising should be used, beyond the internet.

The act already provides voting options for a class of voters who do not have fixed addresses. The Bill includes new protections for these itinerant electors. If itinerant electors fail to vote or are outside of South Australia for more than one month, they will not lose their status. Itinerant electors will be exempt from compulsory voting. This is to avoid creating hardship for people experiencing homelessness and travelling retirees.

A number of the amendments are drafted to allow regulations or the Electoral Commissioner to set out the detail of proposed processes. This will enable further changes to be made in the future as the technology evolves. One major aspect of the Bill is that it includes a ban on the use of corflutes on public roads.

Corflute is the name given to corrugated polypropylene, a fluted plastic which is lightweight yet rigid. Through election periods across the State we see corflutes posted on 'stobie poles' advertising election candidates, and being used as 'a-frames' at shopping centres and the like.

Corflutes are without a doubt detrimental to the environment as there are limited recycling options for them—acknowledged by the Australian Greens on their website. Polypropylene is not widely recycled, with only two main recycling methods: either mechanical recycling (complicated both due to concerns around food contact and in separating types of plastic), and recycling through chemical methods to break the corflute down. While all political parties encourage their candidates to reuse and recycle corflutes, or repurpose or donate, this is often difficult and sees a continual cycle of new corflutes being printed each election.

Beyond the corflute itself, in order to suspend the advertising, they require cable ties and other fixings which often get cut and left for local wildlife to likely consume.

Beyond the environmental impact, local councils have further raised concerns about diminished roadside safety, distracting drivers and the preservation of roadside public amenity.

Corflutes are finally, without a doubt, costly to parties and do little to educate voters about a candidate or their platform beyond name ID.

The government appreciates voters will not all have access to the internet, or particularly social media, where great sums of political communication occurs about candidates and policies of the political parties of the day.

Importantly, this government appreciates that people may need to be reminded of election day and of polling place locations. As such, the Bill provides that exceptions to this ban are permitted by regulation. It may potentially be utilised to allow limited numbers of corflutes to be displayed adjacent to polling booths on election day, and potentially near polling places within the current advertising and electoral display guidelines in The act. Finally, the Bill provides for optional preferential voting in the House of Assembly.

This is a purely optional system and voters wishing to cast a more comprehensive ballot will still be able to do so. The introduction of optional preferential voting for Legislative Council candidates commenced in 2018 demonstrated that the system was an effective way of ensuring peoples' votes counted. It also gave voters a clearer understanding of where their vote was going.

Optional Preferential Voting was wholeheartedly supported by the former government and the former Attorney-General the Hon John Rau SC, who moved the Bill to enable this form of voting in this place.

At the time, that reform mirrored the voting system for the Federal Senate, which required reworking and amendment before its passage.

The reasons for this amendment are clear: South Australian voters deserve to understand where their votes are going and, should they wish, simply vote for one party, without backdoor deals diminishing their vote.

In July of this year the Advertiser South Australians were polled on their views around Optional Preferential Voting and whether corflutes should be banned. In response to the question, 'Should ballot papers allow you to number just one box?' of 1,479 voters, 76 per cent voted yes. This is overwhelming support.

What is more overwhelming is the support on the same poll for the banning of corflutes. Of the 1,879 people polled, 90 per cent of people voted yes, political posters, or corflutes, should be banned.

Mr President, this Bill makes a number of sweeping changes. It acts on recommendations from not only the 2018 Election Report, but also the 2014 Election Report which were failed to be implemented by the former government.

For voters, the changes are simple: Less environmental degradation through the production of corflutes; greater voter choice through being able to vote for the political party they desire, abolishing back door deals, and more freedom to vote early.

These changes modernise the current Electoral Laws in South Australia and give South Australians the greatest flexibility and voter power they have had. This is important and timely reform.

Mr President, I commend the Bill to Members and I seek leave to insert the Explanation of Clauses in Hansard without my reading it.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of *Electoral Act 1985*

4—Amendment of section 4—Interpretation

Certain definitions are amended for the purposes of the measure.

5—Amendment of section 8—Powers and functions of Electoral Commissioner

A function of the Electoral Commissioner to promote and encourage the casting of votes at a polling booth on polling day is deleted.

6—Amendment of section 15—Electoral subdivisions

Subsection (3) relating to remote subdivisions is deleted.

7—Amendment of section 18—Polling places

A requirement to advertise in a newspaper is amended to publication on a website and in any other manner prescribed by the regulations.

8—Repeal of section 25

Section 25 relating to printing of rolls is repealed.

9—Amendment of section 26—Inspection and provision of rolls

This amendment is consequential.

10—Amendment of section 31A—Itinerant persons

2 grounds on which an itinerant elector ceases to be entitled to be enrolled are deleted.

11—Amendment of section 41—Publication of notice of application

A requirement to publish in a newspaper is amended to publication on a website and in any other manner prescribed by the regulations.

12—Amendment of section 48—Contents of writ

The date for the close of rolls (currently, 6 days after the issue of the writ) is amended to the day that falls 2 days after the issue of the writ.

The requirement to publish the writ for an election in a newspaper is amended to publication on a website and in any other manner prescribed by the regulations.

13—Amendment of section 49—Deferral of election

A requirement to publish notice of deferral of an election in a newspaper is amended to publication on a website and in any other manner prescribed by the regulations.

14—Amendment of section 53—Nomination of candidates endorsed by political party

Various references in the section (such as to 'nomination paper') are removed to facilitate electronic nominations.

Another amendment is consequential on the removal of voting tickets.

15—Amendment of section 53A—Nomination of candidate by a person

Similar amendments to those to section 53 are made to this section.

16—Amendment of section 54—Declaration of nominations

This amendment is consequential.

17—Repeal of section 60A

The provision relating to voting tickets is repealed.

18—Amendment of section 65—Properly staffed polling booths to be provided

The reference to 'returning officer for the district' is replaced with 'Electoral Commissioner'. The other amendment requires polling booths to be established at polling places 'for' the district (rather than 'within' the district).

19—Amendment of section 66—Preparation of certain electoral material

The requirement to submit a quantity of how to vote cards is replaced with a requirement to submit them in a manner determined by the Electoral Commissioner (in accordance with any requirements of the Commissioner).

Another amendment is technical.

20—Amendment of section 71—Manner of voting

Voting by attending at a pre-polling booth and voting in the manner prescribed by this Act (not by declaration vote) is authorised. A change is made to section 71(2)(a) that is connected to the amendment to section 65(1)(a). The distance from a polling booth that a voter must be in order to be entitled to make a declaration vote is increased to 20 km. Another amendment relates to residents of a declared institutions.

21—Amendment of section 72—Questions to be put to person claiming to vote

The words 'and the address of the principal place of residence of the claimant' are deleted from the questions to be put to a voter before an authorised officer issues voting papers.

22—Amendment of section 73—Issue of voting papers

A reference to 'written' is deleted. Another amendment proposes relocating certain requirements to the regulations.

23—Amendment of section 74—Issue of declaration voting papers by post or other means

Section 74(1)(b) is amended to remove a reference to 'letter' and to allow certain requirements to be prescribed by regulations. A definition of *designated time* is inserted for the purposes of this amendment. The substitution of subsection (2) is related. A reference to 'mobile polling booth' is substituted with 'pre-polling booth'.

24—Amendment of section 76—Method of voting at elections

Optional preferential voting in a House of Assembly election is provided for.

25—Amendment of section 77—Times and places for polling

A reference to determining 'mobile polling booths' as places for voting in remote subdivisions is substituted with 'pre-polling booth' for any places determined by the Electoral Commissioner. Other amendments are consequential.

26—Repeal of section 83

The provision relating to taking declaration votes at a declared institution is deleted.

27—Amendment of section 85—Compulsory voting

Being an itinerant elector is added to the list of sufficient reasons for failing to vote at an election.

28—Amendment of section 89—Scrutiny

These amendments relate to the commencement of the scrutiny of ordinary votes taken at pre-polling booths before polling day at such times and places and in such manner before the close of poll determined by the Electoral Commissioner.

29—Amendment of section 91—Preliminary scrutiny

Section 91(1)(b)(i)(A) is substituted so that the relevant officer conducting the scrutiny is required to be satisfied of the identity of the elector (which must be verified in a manner prescribed by the regulations).

30—Repeal of section 93

Section 93, which relates to the interpretation of ballot papers in House of Assembly elections by use of voting tickets (which are proposed to be abolished), is consequentially repealed.

31—Amendment of section 94—Informal ballot papers

The amendment to section 94(1)(b) is consequential on the introduction of optional preferential voting in a House of Assembly election. The substitution of subsection (3) (in place of existing subsections (3) and (4)) relates to both the introduction of optional preferential voting and the abolition of voting tickets.

32—Amendment of section 96—Scrutiny of votes in House of Assembly election

This amendment is consequential on the introduction of optional preferential voting in a House of Assembly election

33—Amendment of section 115—Limitations on display of electoral advertisements

An offence of exhibiting an electoral advertising poster on a public road (including any structure, fixture or vegetation on a public road) during an election period, except in circumstances prescribed by the regulations, is provided for.

34—Amendment of section 125—Prohibition of canvassing near polling booths

This amendment is consequential on the amendments relating to declared institutions.

35—Insertion of section 129A

New section 129A is inserted:

129A—False or misleading information

An offence is prescribed that a person must not, in giving any information under the Act, make a statement knowing it to be false or misleading or omit any matter from a statement knowing that without that matter the statement is false or misleading.

36—Amendment of section 132—Injunctions

Subsection (2), which prevents an injunction from being granted under section 132 in relation to a contravention of, or non-compliance with, Division 2 of Part 13 of the Act (which sets out offences relating to electoral advertisements, commentaries and other material), is deleted.

Schedule 1—Related amendment to *Local Government Act 1999*

1—Amendment of section 226—Moveable signs

Currently, a sign related to a State election may be placed and maintained on a road during an election period without an authorisation or permit under Chapter 11 Part 2 of the *Local Government Act 1999*. That general exemption in relation to State elections is deleted as a consequence of the insertion of the offence into section 115 of the *Electoral Act 1985* by the measure.

New paragraph (caa) then includes in the list of exempt signs a sign that relates to a State election and is an electoral advertising poster that is authorised to be exhibited under section 115(2a) of the *Electoral Act 1985* (during an election period under that Act) (so that such a sign may be placed and maintained on a road during an election period without an authorisation or permit under Chapter 11 Part 2).

Debate adjourned on motion of Hon. I.K. Hunter.

EVIDENCE (VULNERABLE WITNESSES) AMENDMENT BILL

Second Reading

The Hon. R.I. LUCAS (Treasurer) (16:52): I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation and the detailed explanation of clauses inserted in *Hansard* without my reading them.

Leave granted.

Mr President, it is with pleasure today that I introduce the Evidence (Vulnerable Witness) Amendment Bill 2020. This bill amends the Evidence Act 1929 to provide for canine court companions to accompany witnesses while they give their evidence and to make clearer provisions regarding pre-trial special hearings and the admission of prerecorded evidence.

May I start with the first reason. Since approximately May 2018, the Office of the Director of Public Prosecutions has undertaken a canine court companion project as part of its ongoing work in assisting vulnerable witnesses. It is a project which has been developed in conjunction with the Guide Dogs of SA and NT and has so far involved a special member of the DPP team, Zero (the first canine court companion to be approved), in the proofing of witnesses.

The next stage will involve using canine court companions to give comfort to witnesses in waiting areas of courts prior to them giving their evidence, and the final stage, which is facilitated by this bill, will be the use of the canine court companions in the courtroom while the witnesses give evidence. The presence of animals, particularly dogs, has been shown to provide comfort and support to people dealing with trauma, particularly children. Having a canine court companion present while recounting traumatic events has a range of positive outcomes for vulnerable witnesses, such as decreasing anxiety and heart rate and increasing memory function and mental clarity.

Feedback in relation to the use of Zero has been overwhelmingly positive. The staff of the DPP have reported that witnesses have been more comfortable and willing to talk to them and more focused in meetings. This has resulted in shorter meetings with less need for breaks to quell emotions. They have also reported that there has been reduced negativity surrounding the prosecution process. The parents of child witnesses have reported reductions in anxiety prior to the meetings.

The bill provides that the court may make provision for a witness to be accompanied by a canine court companion for the purpose of providing emotional support while they are giving their evidence. The bill also provides that, where practicable, the canine court companion is not to be visible in any audiovisual record of the evidence or to a jury. This is directed at minimising any possible prejudicial effect that the presence of a dog might have. Most importantly, this initiative has come with the support of the Chief Justice and the judiciary.

The second main aspect of the bill remedies the difficulties relating to the interaction between sections 12AB and 13BA of the Evidence Act. These sections were inserted by the Statutes Amendment (Vulnerable Witnesses) Act 2015. They were designed to facilitate the taking of evidence of vulnerable witnesses as early as possible in a criminal process and to minimise the number of times they are required to give evidence. They are important initiatives, and they had our support, then in opposition, at the time.

Section 12AB gives the court power to conduct pre-trial special hearings to take evidence of a child or a person with a disability for the purposes of a trial involving serious offence against the person or an offence of contravention or failing to comply with an intervention or restraining order. Section 13BA gives the court power to order the evidence be admitted in the form of an audiovisual record of an investigative interview made pursuant to the Summary Offences Act 1953 or evidence given in a pre-trial special hearing.

However, here is the problem. Because under section 13BA the court only has power to admit the recorded evidence in the trial, any application relating to the admission of such evidence cannot be determined at the time of a pre-trial special hearing. This creates practical difficulties, with the effect that the provisions are unable to achieve their original aims. In particular, there is too great a risk that the vulnerable witness may be required to give evidence again at the trial.

This has been brought to the Government's attention in the practical application of this law, and this provision in the bill seeks to rectify this. It will enable the courts to make orders at a pre-trial special hearing admitting the recorded evidence, and enable such orders to be binding on the trial court. The trial court will have a discretion to order that this is not to be the case based on matters arising or becoming known between the pre-trial special hearing and the trial.

This bill, which builds on previous legislative reforms, aims to reduce the trauma experienced by children, people with disabilities and other vulnerable witnesses when participating in the criminal justice system. It also delivers on the Marshall Liberal government's key justice priority to protect South Australians.

I commend the bill to members and I seek leave to insert the explanation of clauses into *Hansard* without my reading it.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of *Evidence Act 1929*

4—Amendment of section 4—Interpretation

This clause inserts a definition of *canine court companion*.

5—Amendment of section 12AB—Pre-trial special hearings

This clause—

(a) provides for canine court companions at pre-trial special hearings; and

(b) provides that an order for a pre-trial special hearing may specify that the hearing include both an initial hearing (for taking evidence, hearing submissions and making rulings as to admissibility of evidence) and subsequent hearings for any required examination, cross-examination or re-examination of the witness to whom the section applies and other matters; and

(c) provides that an order for a pre-trial special hearing may relieve a witness from the obligation to give sworn or unsworn evidence or to submit to cross-examination only where recorded evidence is admitted under section 13BA and permission of the court for further examination, cross-examination or re-examination of the witness is not granted; and

(d) sets out things a court may do at a pre-trial special hearing.

6—Insertion of section 12AC

This clause inserts a new section 12AC which sets out the binding nature of orders made by the court at the pre-trial special hearing as to the admission of a recording of evidence of a witness (being an order under section 13BA).

7—Amendment of section 13—Special arrangements for protecting witnesses from embarrassment, distress etc when giving evidence

8—Amendment of section 13A—Special arrangements for protecting vulnerable witnesses when giving evidence in criminal proceedings

The amendments in these clauses provide for canine court companions as a form of 'special arrangement' for certain witnesses.

9—Amendment of section 13BA—Admissibility of recorded evidence by certain witnesses in certain criminal proceedings

This clause amends section 13BA to deal with admission of an audio visual record of the evidence of a witness at a pre-trial special hearing.

10—Amendment of section 67H—Meaning of sensitive material

This clause corrects a minor error in section 67H.

Debate adjourned on motion of Hon. I.K. Hunter.

CORONERS (INQUESTS AND PRIVILEGE) AMENDMENT BILL

Second Reading

The Hon. R.I. LUCAS (Treasurer) (16:53): I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation and the detailed explanation of clauses inserted in *Hansard* without my reading them.

Leave granted.

Mr President, the Bill I introduce today is the Coroners (Inquests and Privilege) Amendment Bill 2020. The Bill amends the *Coroners Act 2003* to change the way in which the privilege against self-incrimination and penalty privilege operate in the coronial jurisdiction. It also introduces an amendment to remove the requirement to hold mandatory inquests where a person has died of natural causes, whilst under a mental health inpatient treatment order, outside of a psychiatric ward setting.

Mr President, currently, section 23(5)(a) of the Coroners Act deals with the privilege against self-incrimination, and it provides that a person is not required to answer a question if the answer would tend to incriminate the person of a criminal offence.

Penalty privilege operates in a slightly different way and applies where a witness may decline to answer a question on the basis that it may expose them to a penalty (including a penalty in their employment). Penalty privilege is available to both natural persons and corporations.

The recent Supreme Court case of *Bell & Ors v Deputy State Coroner & Ors* (SCCIV-19-703) highlighted the present legislative uncertainty regarding penalty privilege in the coronial jurisdiction. It was held in *Bell* that because the Coroners Act does not expressly *exclude* the operation of penalty privilege, it is therefore available to witnesses.

It had been previously assumed by those practising in the coronial jurisdiction that penalty privilege was not available to witnesses giving evidence in coronial inquests. It follows therefore, that the *Bell* decision has significantly altered this widespread perception of the application of this type of privilege.

Without addressing this issue legislatively, there is a real risk that the Coroner will not be able to conduct full and thorough inquests, or be able to obtain the information from witnesses that is necessary.

The amendments contained in the Bill will also bring the South Australian Coroners Act more closely into line with the other Australian jurisdictions.

All other Australian jurisdictions have provisions that allow the Coroner to require that a witness answer a question even if the evidence would tend to incriminate the person or expose them to a penalty.

Western Australia, New South Wales, Victoria, the Australian Capital Territory and the Northern Territory employ a 'certificate' style system, whereby the Coroner issues a certificate to the witness in respect of the relevant incriminating evidence certifying that it cannot be used in other, later, proceedings.

The provisions in this Bill will implement a certificate system that is very similar to that used in those jurisdictions.

The provisions in the Bill deal with both the privilege against self-incrimination and penalty privilege in the same way, and allow the State Coroner to require that a witness answer a question if it is the interests of justice, even where the answer tends to incriminate them or expose them to a penalty.

The Coroner will then issue a certificate in respect of that evidence, and the evidence will not be able to be used against that witness in any other proceedings, including civil proceedings. The only exception to this is criminal proceedings in relation to the falsity of that evidence.

Mr President, these amendments will help improve the quality of evidence that the Coroner is able to obtain during inquests and reflects a sensible and balanced approach by the Government to the issues that have recently arisen within the jurisdiction. It is important to note that the amendments do not affect the operation of legal professional privilege, which remains available to all witnesses in the coronial jurisdiction as is the current arrangement.

I turn now to the other amendments included in the Bill, which relate to the definition of a 'death in custody'.

Currently, where there is a death that falls within the definition of a death in custody, section 21 of the Coroners Act provides that an inquest must be held.

However, section 76A of the *Guardianship and Administration Act 1993* provides that the death of a person from natural causes who is subject to an order under section 32(1)(b) of the Guardianship and Administration Act is not taken to be a 'death in custody' for the purposes of the Coroners Act. The Coroner can still decide to hold an inquest if it is considered necessary or desirable, or at the direction of the Attorney-General.

The Bill removes this provision from the Guardianship and Administration Act and inserts it into the Coroners Act, for practicality and ease of use.

The Bill also inserts a provision in the same terms as section 76A, but applies it to the death of persons from natural causes who are subject to an inpatient treatment order under Part 5 of the *Mental Health Act 2009*.

An inquest will no longer be mandatory in these circumstances, but can of course still occur where the Coroner believes it to be necessary or desirable.

Notably, this will only apply to those deaths from natural causes in persons who were subject to an inpatient treatment order that occurred outside of a psychiatric ward. Deaths occurring within a psychiatric ward setting will still require a mandatory inquest.

This amendment will not only help preserve the resources of both the South Australia Police and the Coroners Court by reducing the number of unnecessary inquests, but more importantly, will mean that the families and loved ones of those deceased persons will not have to go through the lengthy, and often traumatic, process of an inquest.

Mr President, the Coroner undertakes an extremely difficult, yet vital role within our justice system. The Marshall Liberal Government is pleased to introduce this Bill which will give the Coroner stronger powers to aid investigations and ensure that inquests can continue to run in a smooth but fair way. Mr President, I commend the Bill to Members and seek leave to insert the explanation of clauses into *Hansard* without my reading it.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of *Coroners Act 2003*

4—Amendment of section 3—Interpretation

The definition of *reportable death* is amended to include the death of a patient in an approved treatment centre under the *Mental Health Act 2009*.

5—Amendment of section 21—Holding of inquests

This clause includes in the circumstances in which an inquest is to be held if the Coroner considers it necessary or desirable to do so, or at the direction of the Attorney-General, those circumstances in which a person is subject to a detention order under the *Guardianship and Administration Act 1993* and in which a person is subject to an inpatient treatment order under the *Mental Health Act 2009* if the person is in a ward that is not wholly set aside for the treatment of persons with a mental illness.

It also clarifies that a death in such circumstances will not be taken to be a death in custody and that the death of a person while subject to an inpatient treatment order under the *Mental Health Act 2009* if the person is in a ward that is wholly set aside for the treatment of persons with a mental illness will be taken to be a death in custody (and in relation to which an inquest must therefore be held).

6—Amendment of section 23—Proceedings on inquests

This clause makes an amendment consequential to the insertion of section 23A and removes from section 23 the provision that a person is not required to answer a question, or to produce a record or document, if the answer or contents would tend to incriminate the person of an offence.

7—Insertion of section 23A

Section 23A is inserted:

23A—Privilege in respect of self-incrimination and penalty

This section allows the Court to determine the reasonableness of an objection of a person at an inquest to answering a question, or producing a record or document, on the ground that it may tend to incriminate the person (being a natural person) or make the person liable to a penalty.

The Court may require the person to answer the question, or produce the record or document, if the potential incrimination or liability to penalty is not in respect of a foreign law and it is in the interests of justice.

The Court may, if it requires a person to answer or produce the record or document or if the person answers or produces the record or document willingly, issue a certificate to the person which has the effect of prohibiting the answer, record or document in respect of which the certificate is given (as well as derivative evidence) from being used against the person in proceedings, except in a criminal proceeding in respect of the falsity of the answer, record or document.

Schedule 1—Related amendment and transitional provision

Part 1—Amendment of Guardianship and Administration Act 1993

1—Repeal of section 76A

The provision relating to the holding of an inquest in relation to the death of a person while under a detention order is repealed. This is consequential to the amendments to section 21 at clause 5 of this measure which includes reference to detention orders under the *Guardianship and Administration Act 1993* in that section.

Part 2—Transitional provision

2—Transitional provision

This clause provides for a transitional provision in respect of the application of the amendments to section 23 of the *Coroners Act 2003* and the insertion of section 23A, to the effect that these amendments only apply in relation to inquests commenced after the commencement of the amending sections (regardless of whether the event that is the subject matter of the inquest occurred before or after that commencement).

Debate adjourned on motion of Hon. I.K. Hunter.

STATUTES AMENDMENT (NATIONAL ENERGY LAWS) (OMNIBUS) BILL

Second Reading

The Hon. R.I. LUCAS (Treasurer) (16:53): I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation and the detailed explanation of clauses inserted in *Hansard* without my reading them.

Leave granted.

The National Energy Laws, Regulations and Rules form the regulatory framework that allow the National Electricity Market and relevant gas markets to operate.

The *Statutes Amendment (National Energy Laws) (Omnibus) Bill 2020* is the result of policy decisions on various matters by the former COAG Energy Council. The amendments to the National Energy Laws include:

- Removing requirements for the Australian Energy Market Commission, Australian Energy Regulator, Australian Energy Market Operator and the National Competition Council to publish notices in newspapers. This will reduce regulatory costs and recognises changes in stakeholders' preference for how they access information. Minimum notice requirements on these bodies, such as notifications on websites, will continue.
- Removing current limitations in the National Gas Law so that any party (including market participants and user groups) will be able to propose rule changes to the Australian Energy Market Commission on the operation and administration of the Victorian Declared Wholesale Gas Market.
- Removing redundant references to the Limited Merits Review regime in the National Electricity Law and National Gas Law. This is the result of the passing of the *Competition and Consumer Amendment (Abolition of Limited Merits Review) Act 2017*.
- Addressing constitutional issues raised in R v Hughes (2000) 202 CLR 535 which left open whether State legislation can impose duties on a Commonwealth body (such as the Australian Energy Regulator). The Omnibus Bill removes inconsistencies in the National Electricity Law, National Energy Retail Law and National Gas Law and brings relevant provisions in line with current drafting practice.
- Clarification of the meaning of 'participating jurisdiction' to address ambiguity in the context of the participation of non-interconnected jurisdictions. Non-interconnected jurisdictions are jurisdictions that are not physically connected to the National Electricity Market such as the Northern Territory. For consistency, the meaning of 'Minister' has also been clarified.
- References to a jurisdiction's 'Commercial Arbitration Act' can be prescribed by regulation. This will ensure that relevant references can be easily amended in the future as needs arise.

The legislative references to the Ministerial Council responsible for energy to operate effectively, no matter whether the name of the Council changes over time.

The *Statutes Amendment (National Energy Laws) (Omnibus) Bill 2020* amends the *National Electricity (South Australia) Act 1996*, *National Gas (South Australia) Act 2008*, *National Energy Retail Law (South Australia) Act 2011* and the *Australian Energy Market Commission Establishment Act 2004*.

I commend the bill to the Chamber.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of *Australian Energy Market Commission Establishment Act 2004*

4—Amendment of section 3—Interpretation

The definition of *MCE* (Ministerial Council on Energy) is amended. Another amendment is consequential.

Part 3—Amendment of *National Electricity Law*

5—Amendment of section 2—Definitions

Various definitions are amended for the purposes of the measure.

6—Amendment of section 5—Participating jurisdictions

Technical changes are made to the provision relating to participating jurisdictions.

7—Amendment of section 6—Ministers of participating jurisdictions

Technical changes are made to the provision relating to Ministers of participating jurisdictions.

8—Amendment of section 16—Manner in which AER performs AER economic regulatory functions or powers

These amendments are technical or consequential.

9—Amendment of section 28I—Publication requirements for general regulatory information orders

Section 28I(2) is deleted.

10—Repeal of section 28ZJ

Section 28ZJ is repealed.

11—Amendment of section 43—Notice of MCE directed review

The requirement to publish a notice of a MCE directed review in a newspaper circulating generally throughout Australia is removed.

12—Amendment of section 53A—Making and publication of general market information order

The current requirement in subsection (2) is replaced with a requirement to publish on AEMO's website.

13—Amendment of section 54H—Disclosure of protected information authorised if detriment does not outweigh public benefit

These amendments are technical or consequential.

14—Amendment of section 57A—Functions and powers of Ministers of this participating jurisdiction

This amendments is consequential.

15—Amendment of section 69A—Commercial Arbitration Acts apply to proceedings before Dispute resolution panels

16—Amendment of section 71—Appeals on questions of law from decisions or determinations of Dispute resolution panels

These amendments are technical or consequential.

17—Amendment of section 71A—Definitions

Various definitions are repealed or amended relating to the repeal of Part 6 Division 3A Subdivision 2.

18—Repeal of Part 6 Division 3A Subdivision 2

Part 6 Division 3A Subdivision 2 is repealed.

19—Amendment of section 71X—Costs in a review

20—Amendment of section 71Y—Amount of costs

21—Repeal of sections 71YA and 71Z

These amendments are consequential.

22—Amendment of section 87—Definitions

The requirement to publish in a newspaper circulating generally throughout Australia is removed.

23—Amendment of Schedule 2—Miscellaneous provisions relating to interpretation

This amendment is technical.

24—Amendment of Schedule 3—Savings and transitionals

Transitional provisions relating to the changes to the definition of *MCE* are inserted.

Part 4—Amendment of *National Energy Retail Law*

25—Amendment of section 2—Interpretation

Amendments that are substantially similar to the amendments to the *National Electricity Law* are made to the *National Energy Retail Law*. However, the amendments relating to the repeal of Part 6 Division 3A Subdivision 2

('limited merits review') of the *National Electricity Law* are not replicated here as they are not relevant. Likewise, the amendments relating to Commercial Arbitration Acts are not relevant in the *National Energy Retail Law*.

26—Substitution of section 9

9—Participating jurisdictions

27—Amendment of section 10—Ministers of participating jurisdictions

28—Amendment of section 214—Disclosure of confidential information authorised if detriment does not outweigh public benefit

29—Amendment of section 230—Notice of MCE directed review

30—Amendment of section 235—Definitions

31—Amendment of section 320—Law and the Rules to be construed not to exceed legislative power of Legislature

32—Amendment of Schedule 1—Savings and transitionals

Part 5—Amendment of *National Gas Law*

33—Amendment of section 2—Definitions

Amendments that are substantially similar to the amendments to the *National Electricity Law* are made to the *National Gas Law*.

34—Substitution of section 21

21—Participating jurisdictions

35—Amendment of section 22—Ministers of participating jurisdictions

36—Amendment of section 28—Manner in which AER must perform AER economic regulatory functions or powers

37—Amendment of section 51—Publication requirements for general regulatory information orders

38—Repeal of section 68C

39—Amendment of section 81—Notice of MCE directed review

40—Amendment of section 87—Functions and powers of Minister of this participating jurisdiction under this Law

41—Amendment of section 91FA—Making and publication of general market information order

42—Amendment of section 91GH—Disclosure of protected information authorised if detriment does not outweigh public benefit

43—Amendment of section 117—Advice by service provider that light regulation services should cease to be light regulation services

44—Amendment of section 244—Definitions

45—Repeal of Chapter 8 Part 5 Division 2

46—Amendment of section 268—Costs in a review

47—Amendment of section 269—Amount of costs

48—Repeal of sections 269A and 270

49—Repeal of section 270A

50—Substitution of sections 270B

270B—Commercial Arbitration Acts to apply to proceedings before Dispute resolution panels

51—Amendment of section 270C—Appeals on questions of law from decisions or determinations of Dispute resolution panels

52—Amendment of section 290—Definitions

53—Amendment of section 295—Initiation of making of a Rule

54—Amendment of Schedule 2—Miscellaneous provisions relating to interpretation

55—Amendment of Schedule 3—Savings and transitionals

Debate adjourned on motion of Hon. I.K. Hunter.

TRAINING AND SKILLS DEVELOPMENT (MISCELLANEOUS) AMENDMENT BILL

Final Stages

The House of Assembly agreed to the amendments made by the Legislative Council without any amendment.

Resolutions

PARLIAMENT WORKPLACE CULTURE REVIEW

The House of Assembly passed the following resolution to which it desires the concurrence of the Legislative Council:

That this house—

1. Notes the prevalence and nature of harassment in the parliamentary workplace, including the perception of workplace culture, the impact of any harassment on individuals and the workplace culture, and any contributing factors to the prevalence of harassment.

2. Requests that the equal opportunity commissioner consider the reporting of harassment in the parliamentary workplace, including existing complaint mechanisms and any cultural and structural barriers, including potential victimisation, to reporting.

3. Requests that the commissioner undertakes a review into the response to complaints made about harassment in the parliamentary workplace, including legal and policy mechanisms in place governing responses, any sanctions available where harassment is confirmed and the way incidents of harassment have been handled by the parliamentary workplace in the recent past.

4. Requests that the commissioner provides recommendations as to—

   (a) any action that should be taken to increase awareness as to the impact of harassment and improved culture, including training and the role of leadership in promoting a culture that prevents workplace harassment;

   (b) any legislative, regulatory, administrative, legal or policy gaps that should be addressed in the interests of enhancing protection against and providing appropriate responses to harassment; and

   (c) other action necessary to address harassment in the parliamentary workplace.

The Hon. J.M.A. LENSINK (Minister for Human Services) (16:57): I move:

That the message be taken into consideration forthwith.

Motion carried.

The Hon. J.M.A. LENSINK: I move:

That the Legislative Council notes paragraph 1 in the resolution contained in message No. 80 from the House of Assembly and agrees with paragraphs 2, 3 and 4 contained therein.

In February 2020, the Legislative Council resolved that the President invite the equal opportunity commissioner to make recommendations for reforms to facilitate the handling of sexual harassment in the parliamentary workplace. A motion was moved which I will not read into the record; that is available through *Hansard* if anyone wishes to see that specific wording. Following the departure of the previous equal opportunity commissioner, the new acting equal opportunity commissioner has reviewed these matters and has revised the terms of reference, which have been adapted to the motion before us.

The acting equal opportunity commissioner has since written to both the Speaker and the President seeking their support of the proposed terms of reference for the proposed review of the handling of harassment in the parliamentary workplace. The scope of the SA parliamentary workplace review is to examine the handling of harassment complaints in the workplace, a review of the parliamentary workplace culture, and to make recommendations for positive cultural change. Outlined in that correspondence, I understand, is a methodology which includes a survey, among other things, interviews and the like. The acting equal opportunity commissioner has committed to commence this work immediately. I commend this motion to the house.

The Hon. T.A. FRANKS (16:59): I rise on behalf of the Greens to wholeheartedly support the minister's amendments and acceptance of the motion from the other place. We know full well in

this council that we have passed motions to effect such an inquiry by the Equal Opportunity Commission, that we do have a problem in this workplace, that it is an archaic system that has led to not only individual incidents but systemic structural problems, which unless we start to review and acknowledge we will never address. With that, we look forward to the passage and acceptance of this message.

The Hon. C. BONAROS (17:00): I also indicate that SA-Best will be supporting this motion wholeheartedly. Clearly, it has been a long time coming, as the Hon. Tammy Franks has just alluded to. It is a motion that is very welcome, nonetheless. I take this opportunity to thank all honourable members who have given this their support, but especially the Attorney-General for her commitment to ensuring that this inquiry finally takes place. With those words, I support the motion on behalf of SA-Best and look forward to the inquiry taking place.

The Hon. K.J. MAHER (Leader of the Opposition) (17:01): I rise to indicate that the opposition will be supporting this motion. I pay tribute to the Hon. Tammy Franks and the Hon. Connie Bonaros, who, on this particular issue but also on other issues of creating safer workplaces, have brought issues before this chamber. I also want to acknowledge the member for Reynell, Katrine Hildyard, who has a strong interest and commitment in this area.

Oppositions are wont to point out what we see as the failings of our opposite number, but it is also, I think, something that we should acknowledge when we support their work and their commitment, and I pay tribute to the Attorney-General in this regard.

The Hon. J.A. DARLEY (17:02): I indicate that I will most definitely be supporting this motion.

Motion carried.

Parliamentary Committees

JOINT PARLIAMENTARY SERVICE COMMITTEE

The House of Assembly informed the Legislative Council that, pursuant to section 5 of the Parliament (Joint Services) Act 1985, it had appointed the Hon. S.C. Mullighan to the committee in place of Mr Brown, resigned, and had appointed Mr Cowdrey OAM in place of Mr Duluk as the alternate member to Mr Treloar.

At 17:03 the council adjourned until Tuesday 17 November 2020 at 14:15.

Answers to Questions

WORLD CAR FREE DAY

In reply to **the Hon. M.C. PARNELL** (23 September 2020).

The Hon. R.I. LUCAS (Treasurer): The Minister for Infrastructure and Transport has advised:

World Car Free Day is recognised on 22 September each year, intended to promote reduced dependency on car travel and climate sustainability by focusing on alternate travel options including active travel, cycling and walking, and public transport.

The state government takes a longer term strategic view to reducing car dependency by supporting continued improvements and investment in public transport, cycling and walking for its economic, environmental, health and social benefits.

Increasing public transport patronage is the cornerstone of significant investment in the state's public transport network in recent years. This investment has included projects to electrify and extend existing rail lines and reinvigorate the bus network.

Recent examples include:

- The $615 million investment to electrify the Gawler rail line;
- The $141 million Flinders Link Project extending the Tonsley rail line to the Flinders Medical Centre;
- Trials of on-demand bus services in the Barossa and Mt Barker; and
- Driverless vehicle trials conducted by the Department for Infrastructure and Transport (DIT) Future Mobility Lab.

A new government climate change strategy, due for completion in summer 2020-21, will set out further practical actions that will help build a strong, climate smart economy, further reduce the state's greenhouse gas emissions, and support South Australia to adapt to a changing climate.

On 17 September 2020, the state government released the report 'South Australia's Climate Change Challenges and Opportunities' from Australia's most respected climate economist, Professor Ross Garnaut. Professor Garnaut identifies several opportunities for South Australia, including the electrification of transport. The electrification of the Gawler rail line will deliver an electrified network through Adelaide from Gawler to Seaford.

Major projects delivered by DIT have a heavy focus on active travel options with the inclusion of shared use paths and public realm multi-use spaces into planning, design and delivery whenever practicable.

In addition to infrastructure incorporated into major project capital spending the state government will have invested more than $30 million in the seven years to 30 June 2021 on standalone cycling and walking infrastructure.

Active travel and environmentally sustainable messaging, travel options, initiatives and programs are regularly promoted by the state government, its agencies and stakeholders.

Efforts detailed demonstrate the state government's commitment to the principles of World Car Free Day and come 22 September 2021 there may well be further announcements that can be made. Notwithstanding the state government encourage all agencies to promote their efforts and events at all times.