LEGISLATIVE COUNCIL

Tuesday, 2 March 2021

The PRESIDENT (Hon. J.S.L. Dawkins) took the chair at 14:15 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.

Bills

STATUTES AMENDMENT AND REPEAL (BUDGET MEASURES) BILL

Assent

His Excellency the Governor assented to the bill.

EDUCATION AND CHILDREN'S SERVICES (MISCELLANEOUS) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

Parliamentary Procedure

PAPERS

The following papers were laid on the table:

By the President—

Report by the Equal Opportunity Commission to the Houses of the South Australian Parliament—Review of Harassment in the South Australian Parliament Workplace, dated February 2021
Auditor-General's Report on Adelaide Oval redevelopment for the designated period 1 July 2020 to 31 December 2020, Report No. 5 of 2021

By the Treasurer (Hon. R.I. Lucas)—

Regulations under Acts—
Mutual Recognition (South Australia) Act 1993—Single-use and Other Plastic Products—General
Planning, Development and Infrastructure Act 2016—Planning and Development Fund—(No 4)
Summary Offences Act 1953—Custody Notification Service (No 3)
Rules of Court—
Supreme Court Criminal Rules 2014—Amendment No 10
Uniform Civil Amending Rules 2021—Amendment No 4
Rules under Acts—
Legal Practitioners Act—Miscellaneous

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

National Environment Protection Council (NEPC): Report, 2018-19
Regulations under Acts—
Environment Protection Act 1993—Waste Depot Levy
Single-use and Other Plastic Products (Waste Avoidance) Act 2020—Waste Avoidance—General

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

Regulations under Acts—
Fire and Emergency Services Act 2005—General

Ministerial Statement

EQUAL OPPORTUNITY COMMISSIONER'S INDEPENDENT REVIEW OF HARASSMENT IN THE PARLIAMENT WORKPLACE

The Hon. R.I. LUCAS (Treasurer) (14:20): I lay on the table a copy of a ministerial statement made today in another place by the Deputy Premier on the subject of the Equal Opportunity Commissioner's Independent Review of Harassment in the Parliament Workplace.

Parliamentary Committees

SELECT COMMITTEE ON POVERTY IN SOUTH AUSTRALIA

The Hon. T.A. FRANKS (14:21): I bring up the second interim report of the committee.

Report received and ordered to be published.

Parliamentary Procedure

ANSWERS TABLED

The PRESIDENT: I direct that the written answers to questions be distributed and printed in *Hansard.*

Question Time

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:25): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding health care.

Leave granted.

The Hon. K.J. MAHER: Today, InDaily reports comments from international expert Professor Tracey Wade regarding the government's statewide paediatric eating disorder service. I quote:

> The input of the consumer was not incorporated well enough into the final model of care.

And:

> …when you look at the model of care which has three components to it, it seems to have actually not just ignored that request but actually moved in an almost opposite direction.

Further, the model of care has, and I quote, 'created extra risk in terms of helping people manage transitions'. My questions to the minister are:

1. Given the comments from a globally renowned expert, how can the government defend the decisions that have been taken in this area?

2. Is the government now ignoring expert health advice after spending the past 12 months assuring us it follows it?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:26): The responsibility for the Statewide Eating Disorder Service has been a matter which is part of my responsibilities, as it has been referred to me for decision-making. The model of care and the governance structure has been determined after a significant amount of work by the Southern Adelaide Local Health Network and the Women's and Children's Health Network.

There has been a range of meetings to come together with stakeholders from both of those organisations, as well as with people with lived experience, to determine these models going forward. I am very pleased with the progress that we have made. Once the determination was made in relation to both the model of care and the governance structure, that has since been communicated back to stakeholders. We are looking forward to making further announcements about the continuing rollout of this service as time goes on.

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:28): My question is to the Minister for Health and Wellbeing regarding delegations. Minister, exactly what powers have you delegated in the eating disorder healthcare area after you said to an estimates committee on 26 July 2019, and I quote:

> Let me stress that the delegation is concurrent. In other words, I still have the functions and powers pursuant to the Health Care Act 2008 and the Mental Health Act 2009.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:28): My understanding of the delegations is that they are concurrent, but, as the Hon. Michelle Lensink indicated, decisions in relation to the issue that the honourable member was raising in his question were dealt with by the Minister for Human Services. He has his answer.

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:28): Supplementary: minister, when you said in the answer that the delegations are concurrent, what exactly does that mean?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:28): I would suggest the honourable member might consult a dictionary.

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:29): My question is to the Minister for Health and Wellbeing regarding delegations. Minister, prior to making the delegation more than a year after the election, who exactly at a ministerial level made decisions about eating disorder health care?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:29): The honourable member's question related to the paediatric eating disorder service, a commitment made by the Marshall Liberal team in opposition, highlighting yet again a gap in the services provided under the former government. The decisions in relation to eating disorders were made within the government. In terms of any conflicts of interest, they were managed at a later time in consultation with the Premier and with the cabinet office. A former delegation was put in place, and I thank the Minister for Human Services for her support in this area.

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:30): Supplementary arising from the answer: minister, when you say conflicts of interest were managed, what were the conflicts and how were they managed?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:30): I am very fortunate to be married to one of South Australia's best academic clinicians. Tracey has been an academic adviser to the Statewide Eating Disorder Service for some years, a position she held under a former government. So if the honourable member wants to suggest that somehow she should be cut out of discussion processes—

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order! The Leader of the Opposition is out of order.

The Hon. S.G. WADE: —I would suggest—

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —that he might tread carefully.

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:31): Further supplementary: minister, how did you as minister manage the conflicts to which you referred in your original answer?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:31): I manage my conflict completely within the Public Sector Code of Ethics and the ministerial code of ethics.

STATEWIDE EATING DISORDER SERVICE

The Hon. K.J. MAHER (Leader of the Opposition) (14:31): Final supplementary: can the minister outline what he sees as the conflicts, according to the Public Sector Code of Ethics, which he says he managed for that first year?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:31): I would refer the honourable member to the codes. It is clear that my relationship with my wife, who is also an adviser to the service, may well raise perceived conflicts of interest; we had to manage them.

The Hon. K.J. Maher interjecting:

The PRESIDENT: The Leader of Opposition is out of order. The Hon. Mr Ridgway has the call and will be heard in silence.

SMALL BUSINESS GRANTS

The Hon. D.W. RIDGWAY (14:32): Thank you for your protection. My question is to the Treasurer. Can the Treasurer inform the chamber whether the applications for the small business grants have now closed and, if so, how many applications have been made?

The Hon. R.I. LUCAS (Treasurer) (14:32): I am pleased to report to the chamber that officially, I am told, at midnight last Sunday, nearly two days ago, applications closed for round 2. I am advised that there was a late rush: 208 applications were received on Friday and over the weekend, which took the final total to 8,915, of which 7,698 were for what we refer to as the employing grants, or the $10,000 grants, and 1,217 were for what we refer to as the non-employing grant, or the $3,000 grants.

More pleasingly, RevenueSA reported to me yesterday, I think it was, that of those applications 8,077—the overwhelming majority—have already been paid. So those small businesses and qualifying organisations have all received their $10,000 or $3,000 cheques. I am told that just over 7,000 of those (7,074) were $10,000 cheques and 1,003 were $3,000 cheques.

So far, total funds granted total $73.7 million, and I think the government indicated broadly a week or so ago that on behalf of taxpayers—because this is not government money: this is taxpayers' money—it burst through the quarter of a billion dollar mark in the two rounds of the small business grants, so more than $250 million of taxpayers' money has been given to deserving small businesses and other qualifying organisations through the two grant rounds.

The final point I want to make is that, after the closure of the first round, there were any number of very creative and I am sure in almost all cases truthful stories as to why applications weren't able to be lodged prior to the initial closure of the first round. One or two of them might have been a touch creative, almost akin to the 'dog ate my homework' type explanations as to why the applications had not been submitted in time. Of course, the fact is the government then decided to make a second round of applications available with slightly different eligibility criteria, and some of those who missed out in the first round were able to qualify for the second round.

I make it quite clear that the applications closed on Sunday evening at midnight and that there has been a lot of notice over two rounds of grants over many months now for businesses and for those who act on behalf of businesses—accountants and advisers, etc.—to have got their applications in prior to the closure of applications.

So I make it quite clear that, as the minister responsible, I will not be supporting any pleas for late applications to be considered, because it would be unfair to all of those organisations who did comply with the time line, which was well advertised, of midnight on Sunday night.

SMALL BUSINESS GRANTS

The Hon. C.M. SCRIVEN (14:35): Supplementary: what does the Treasurer say to business owners who said that they found the application process and the requirements around acquittals and so on so complicated that they were deterred from applying for the grants? I say this on behalf of a business owner who I spoke to at the end of last week in the Clare Valley.

The Hon. R.I. LUCAS (Treasurer) (14:36): What I would say to those is that if they had those particular concerns we would have invited them to speak to a very friendly local member of parliament or indeed to the very friendly staff in RevenueSA or the just as friendly staff in the Treasurer's office, and we would have been only too happy to have assisted those particular applicants.

I hope the Hon. Ms Scriven would have given similar advice to the businesses she spoke to, because that would have been prior to the closure of applications on the Sunday evening, and assured those small businesses in the Clare region, I think she was talking about, or wherever it was, that there were very friendly staff in the Treasurer's office. You've always found the Treasurer yourself, personally, very accommodating in terms of handing out taxpayers money, and you would have assured them they would have got a fair hearing.

So I would be very disappointed if we have not had advice from the honourable member's office or perhaps those businesses who perhaps were expressing some concern. I cannot assist any further, because the applications have now closed. The time for assistance was prior to midnight on Sunday evening.

BELAIR NATIONAL PARK

The Hon. M.C. PARNELL (14:37): I seek leave to make a brief explanation before asking the Minister for Human Services, representing the Minister for Environment and Water, a question about the future of Belair National Park.

Leave granted.

The Hon. M.C. PARNELL: In early 2018, the former Belair Golf Course and Country Club within Belair National Park ceased operation and management of the site returned to the Department for Environment and Water. The government then commenced an expression of interest process, looking for alternative uses for the state heritage-listed site. According to the expression of interest documentation, proposals need to be consistent with the status of the national park and should carefully consider community expectations for the site.

Of 13 proposals put forward, only two appear to now be under consideration. These are a small mountain bike hire and skills training business and a proposal from the Sturt Lions Football Club to take 10 hectares, or 25 acres, of the former golf course land to establish a new home ground and clubrooms, including seven soccer pitches. This latter proposal has attracted a lot of community concern around local impacts but also because of the opportunity forgone to reintegrate the former golf course back into the national park proper by revegetating the abandoned fairways and greens rather than bulldozing flat spaces for sportsgrounds, clubrooms and car parks.

Of the 173 online comments so far on the YourSAy website, the vast bulk are opposed to the soccer proposal. According to Adelaide Hills Council, around 87 per cent of the original native vegetation in the Mount Lofty Ranges has been cleared and only 13 per cent remains, with much of that in a degraded state. My question of the minister is: rather than only looking at commercial opportunities for the former golf course and country club, why won't the government put on the table the idea of returning all the land back to the national park proper by restoring and revegetating the area back to how it was in the 1930s before it was hived off as a fundraiser for the department?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:39): I thank the honourable member for his question and his interest in these things. We know that he is particularly vigilant when it comes to environmental matters and our national parks. His keen eye has observed and no doubt he has been contacted by constituents raising these issues. My understanding is that the process is underway and I am sure that the Minister for Environment and Water will take all of these issues into consideration. In terms of the detail of the honourable member's questions, I will take them on notice and bring back a response.

COVID-19 EMERGENCY RESPONSE

The Hon. C.M. SCRIVEN (14:40): I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question regarding the COVID-19 emergency response.

Leave granted.

The Hon. C.M. SCRIVEN: It has been reported in the media today that there were, and I quote:

> …some tense exchanges some tense discussion yesterday within the State Liberals party room meeting about a proposal that was brought forward…for an extension of the emergency powers that apply vis a vis COVID.

To quote again:

> …back benchers have…reserved their rights as to whether they will even support the changes or not.

My questions to the minister are:

1. In view of the Premier's comments that the government has been working on broader changes to the Emergency Management Act since, and I quote, 'at least November', when exactly will we see proposed legislation?

2. Unlike previous instances, will such legislation be provided to all members of this chamber in a timely manner?

3. How can the people of South Australia have confidence in how you and the Premier are handling the extension of emergency powers if your own party room does not have confidence in you?

The PRESIDENT: Before I call the minister, the deputy leader should be aware that I haven't been working with the Premier on this matter, but obviously the minister has. I call the minister.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:41): I understand the honourable member's question relates to the Emergency Management Act. The Emergency Management Act is not committed to me, it is committed to the Premier.

AFFORDABLE HOUSING

The Hon. J.S. LEE (14:42): My question is to the—

Members interjecting:

The PRESIDENT: Order! Conversations between the leader and the Hon. Mr Ridgway are out of order, in fact between any member. The Hon. Ms Lee has the call.

The Hon. J.S. LEE: My question is to the Minister for Human Services regarding affordable housing. Can the minister please provide an update to the council on how the Marshall Liberal government is improving access to affordable housing in South Australia?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:42): I thank the honourable member for her question and for her interest in this area. As part of our Strategic Plan for South Australia, we have made commitments to promote and increase the supply of affordable housing solutions for South Australians—an area that has almost been forgotten in the market for people who are on low to moderate incomes—to enable them to have the same aspirations as everybody else in terms of owning a property or accessing affordable housing through the community housing sector.

There are two areas where we have had some new initiatives. Quite recently, I had the pleasure, with Housing Choices Limited, to launch the site of their new affordable property at Bowden which is going to provide a range of one and two-bedroom homes right by the railway line. It will be a Nightingale project. Nightingale is well known in Melbourne as a very environmentally friendly developer, which is particularly attractive to younger people because of the environmental benefits and the key worker opportunities for people to reside there. Indeed, they have a balloting process and it is usually highly oversubscribed. We are very pleased that the new Nightingale project at Bowden will be part of our Affordable Homes project strategy in South Australia.

We have also just recently launched HomeSeeker SA, a revamp of the Affordable Homes Program, which provides a great deal of information for home seekers to be able to access information and resources about home ownership, as well as view the properties that are available through the formerly known Affordable Homes project.

We know that prospective buyers face four major barriers to home ownership, which include not having enough money to save for a deposit, not being able to find a home in a suitable location

at a price point that they can afford, not knowing where to start researching the housing market, and a lack of easy to understand and independent information about the many steps involved in home purchase.

HomeSeeker has been designed to assist people to overcome these barriers and to take the scariness out of purchasing your first home. HomeSeeker will provide an improved service that includes the standard listing that has existed previously of 90 days for eligible buyers, a highly functional new website that is very easy to navigate and an interactive built-in tool on the website's home page to efficiently guide users to relevant content, depending on their age, income, housing status and other attributes.

What we are also seeking to do through HomeSeeker SA is to build information that we can provide to the development sector so that they understand that this is a really important segment in the South Australian market and provide continuing opportunities for people in those low to medium incomes going forward.

VALUER-GENERAL

The Hon. J.A. DARLEY (14:46): I seek leave to make a brief explanation before asking the Treasurer, representing the Attorney-General, a question about a valuation policy backflip by the Valuer-General.

Leave granted.

The Hon. J.A. DARLEY: In 2014, the Valuer-General implemented a valuation policy which gave a benefit to dryland farming properties in the peri-urban areas of the state. The current Valuer-General recently revised this policy and reversed the benefit so that housing developments, commercial developments and vineyards now receive the benefit. Grain Producers SA, Livestock SA and crop science groups have expressed concerns to the Valuer-General about this backflip, without any success. My question therefore is: can the Attorney-General ask the Valuer-General to provide an explanation for this ridiculous backflip?

The Hon. R.I. LUCAS (Treasurer) (14:47): I am pleased to refer the honourable member's question to the Attorney-General and bring back a reply.

SA AMBULANCE SERVICE

The Hon. E.S. BOURKE (14:47): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding integrity.

Leave granted.

The Hon. E.S. BOURKE: On Friday last week, the chief executive of SA Ambulance said:

> …the ICAC commissioner has made it pretty clear that public sector employees need to adhere to that code so once they breach that code, I can't necessarily protect them.

The Advertiser then reported a response from the Independent Commissioner Against Corruption:

> Ms Vanstone said reports made to the Office for Public Integrity about unauthorised disclosures of information would likely be referred back to the agency from which it came.
>
> 'I would only become involved in very limited circumstances where a disclosure had the potential to cause very serious harm.'

The Commissioner for Public Sector Employment said publicly yesterday:

> My view is that what we saw playing out were really employee relations matters out in the public arena rather than a breach of the code of ethics.

My question to the minister is: given the relative authorities have said the actions of the ambulance officers are neither a breach of the code of ethics nor a matter for ICAC, does the minister agree with the steps taken by the ambulance chief executive to raise both the code of ethics and ICAC following comments from frontline health workers?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:49): Yet again, I don't agree with the characterisation of an opposition member. In the latter part of her question, she summarises

her interpretation of the quote she gives as people saying that there is no issue in relation to a breach of the code of ethics.

Members interjecting:

The PRESIDENT: Order! The minister is on his feet.

The Hon. K.J. Maher interjecting:

The PRESIDENT: The Leader of the Opposition is out of order.

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: I would just give the Leader of the Opposition more opportunities to mock himself.

The PRESIDENT: The minister should continue.

The Hon. S.G. WADE: I would highlight particularly one example that the chief executive of the Ambulance Service gave that concerns him in terms of public comments. He identified instances last week where ambulance officers were recounting events in relation to their working life that may well have risked identifying a patient. I would remind this parliament that this parliament has enacted the Health Care Act, which puts down stringent responsibilities. It's a breach of the law to breach—

Members interjecting:

The PRESIDENT: The Hon. Mr Hunter!

The Hon. S.G. WADE: —patient confidentiality.

The Hon. I.K. Hunter interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: So if honourable members think that breaching—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —patient confidentiality—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —is a breach of the law but it's not a breach of the code ethics, I would ask them to think again.

Members interjecting:

The PRESIDENT: Order!

The Hon. K.J. Maher: Threatening ambos is breaking the law.

The PRESIDENT: Order! You are wasting the time of your member, who I think would like to ask a supplementary.

SA AMBULANCE SERVICE

The Hon. E.S. BOURKE (14:50): What exactly has the minister done to convince himself the chief executive did not use ICAC as a threat?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:51): I can assure you that I have spoken to Mr Place and he has certainly taken on board the communications from the ICAC commissioner.

SA HEALTH

The Hon. T.J. STEPHENS (14:51): My question is to the Minister for Health and Wellbeing. Can the minister explain how SA Health has innovated to respond to COVID-19?

Members interjecting:

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:51): Yes, the opposition laughs. The opposition thinks that SA Health is not responding well to COVID-19, that it's not innovating. Well, let me tell you—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —SA Health is responding well—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —and SA Health is innovating, and let me tell you about it.

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: On Friday 12 February—

Members interjecting:

The PRESIDENT: Order! The minister will be heard in silence.

The Hon. S.G. WADE: On Friday 12 February, the annual SA Health Awards took place at the Adelaide Town Hall. The ceremony was an opportunity to celebrate and highlight the work of staff from across the organisation, many of whom play key roles in keeping South Australians safe during the COVID-19 pandemic. Indeed, the awards ceremony was postponed from November last year as the SA Health team swung into action to deal with the Parafield cluster.

The pandemic has presented unprecedented challenges for those who work in the health system. In successfully responding to the urgent COVID-19 crisis while continuing to manage their business-as-usual responsibilities, SA Health showed South Australia how committed it is to delivering exceptional health care.

The awards were presented over 10 categories, but in the context of the ongoing pandemic I want to particularly mention the winner of the Premier's Award for Excellence in Health, which went to the virology, serology and molecular team in SA Pathology. If I could digress slightly, it was an absolute privilege to be present when the Premier joined us for the SA Health Awards, and he personally gave the Premier's Award for Excellence in Health to the VSM team.

As an organisation, SA Pathology has been one of the heroes of South Australia's response to the pandemic. In fact, a few weeks ago we celebrated the landmark that we as a community had had over one million COVID-19 tests here in South Australia, overwhelmingly done by SA Pathology. This is a testament to the community and also to the dedicated staff who processed the majority of those tests.

I was particularly impressed by the speech given by Dr Geoff Higgins in accepting the award on behalf of his team. Dr Higgins explained that for SA Pathology this pandemic did not start last year. In 2005, SA Pathology was planning for a pandemic. At that stage, they thought it would be an avian influenza outbreak. In 2009, they responded to swine flu, and then in 2020 came COVID.

Putting the response into perspective, he noted that in 2009 the VSM team were processing 100 specimens per day. In the COVID-19 pandemic, this increased to an average of 5,000 per day, with peaks of 13,000 per day, more than double the usual patient episodes that SA Pathology would handle daily across the state. That ramp-up was only possible because of the assays that SA Pathology could make and assemble and equipment that Mark Turra and other scientists designed for this eventuality.

It is also pleasing to note that in December 2020 SA Pathology was one of five Australian health services to receive special recognition by the International Hospital Federation Beyond the Call of Duty for COVID-19 Response Recognition Program. In 2020, unique teams across SA Health

came together, medi-hotels were established, testing clinics were set up across the state, additional PPE was secured and manufactured, and contact tracers were employed and trained to support the CDCB.

Our frontline staff have worked tirelessly to test and treat suspected and positive COVID-19 patients, some even volunteering to help our colleagues interstate. ICU staff played a vital role caring for a number of critically ill COVID patients. Tragically, four lives have been lost to the disease. I would like to thank all the extraordinary staff who have worked tirelessly to support the health and wellbeing of South Australians through a difficult and challenging year. To all of the award winners and finalists at the SA Health awards, I congratulate them on their innovation and hard work and look forward to their ongoing contribution to the state.

MEDICAL TRAINING SURVEY

The Hon. C. BONAROS (14:56): I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question on workplace bullying and harassment of doctors in our public health system.

Leave granted.

The Hon. C. BONAROS: The Medical Board of Australia recently released the findings of its annual Medical Training Survey. The survey found that in 2020, 34 per cent of doctors in training reported they had experienced and/or witnessed bullying, harassment or discrimination, consistent with 33 per cent in 2019. Analysed further, trainees who had experienced and/or witnessed bullying, harassment and discrimination were broken down as follows: 47 per cent of interns, 39 per cent of pre-vocational and unaccredited interns, 36 per cent of specialist non-GP trainees, 23 per cent of IMGs and 21 per cent of specialist GP trainees.

The primary sources of bullying, harassment and discrimination were by consultants and specialists, 51 per cent; nurses or midwives, 36 per cent; and patients and/or families and carers, 34 per cent. Sixty-six per cent of trainees said they did not report the incident they experienced and 78 per cent did not report the incident they witnessed. My questions to the minister are:

1. Have you had an opportunity to review the survey results and, if not, why not?

2. Do you agree there is a serious problem of bullying, harassment and discrimination in the state public health system?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:57): I thank the honourable member for her question. I think it is timely to note that bullying and harassment is a challenge in a number of workplaces, our own and others, and it is a responsibility on all of us to deal with bullying and harassment wherever we see it. In terms of SA Health, this state's occupational—I always get the name wrong but the President might be able to help me with this—health and safety committee of the parliament has undertaken a report into bullying and harassment and also fatigue in SA Health, and that has led to a number of recommendations.

In terms of the ICAC report, the report on Troubling Ambiguity, which had a number of what I would call recommendations in relation to cultural matters such as bullying and harassment, SA Health has been active in following up on those recommendations and dealing with bullying and harassment. In terms of partnerships with the profession, it was my privilege last year—I suspect it was about this time last year—to participate in the AMA's summit on bullying and harassment. I think it is very important, as I know the AMA does recognise, that the medical profession itself takes responsibility to help deliver the cultural change within the profession that is so important.

There is something of an attitude amongst some senior consultants that the hardening processes, if you like, that they experienced as a young professional should be visited on their trainees. That is not acceptable. We believe that all employees need to be supported in their training and respected by their management.

I would also mention that the South Australian medical education advisory council, I think it's called, met with me recently. The main focus of our discussion was the strategic framework they are developing for training to make sure that training is of a high standard, and a key element of that is to make sure that it is respectful. It is a long-term project and, to be frank, I suspect it is a process

that will not end. We as a community need to continue to work to improve the culture not only in this parliament but also in the agencies of government that we are responsible for. Certainly, I am keen to work with SA Health to deliver that change.

MEDICAL TRAINING SURVEY

The Hon. C. BONAROS (15:01): Supplementary: does the minister accept concerns that annual contracts of those trainee doctors who he spoke about—

The Hon. S.G. Wade interjecting:

The Hon. C. BONAROS: Does the minister accept that the annual contracting arrangement for trainee doctors is an impediment to submitting complaints about bullying and harassment in public hospital workplaces?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:01): Certainly, I would be concerned if that was the case. I think it is a responsibility of all employers to make sure that people are able to raise complaints without any fear of retribution. That includes a failure to have a contract renewed, loss of a promotion opportunity or, for that matter, any detriment.

I take the honourable member's point that a trainee might be under a contract. I suspect, in that sense, they are significantly at broader risk because the risk that a trainee might feel is that, if they offend their supervisor, they might not have training opportunities going forward. So I think it is really important for hospital management and people involved in the training network to make sure they provide an environment where people feel safe and supported to raise issues without retribution.

I would make the broader point—I have made the point that junior staff and trainees are likely not only to be contracted but also might be subject to other detriments—that in terms of contracting per se, a lot of our staff are on contracts, including quite senior people. Visiting medical specialists, particularly at the Royal Adelaide Hospital, would predominantly be on contracts. That is my understanding. Whether it's a renewal of a contract or a progression in a training program, first of all, people should never be subject to bullying or harassment and, in terms of making complaints, they should never experience harm or detriment because of having raised those complaints.

MEDICAL TRAINING SURVEY

The Hon. C. BONAROS (15:03): Further supplementary: just to clarify, does the minister accept that these are the reasons that have been pointed out in the survey I referred to, and also that an argument was made that reducing or increasing those contract terms will go a long way towards reducing the incidences of bullying and harassment and creating a more positive culture in SA Health?

The PRESIDENT: The supplementary question needs to be concise.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:04): I have acknowledged that contract renewal is a stress point. If, for example, a person was a public servant with life tenure, they don't have that stress point. So I suppose, logically, if you reduce the stress points, you reduce the potential for detriment, but I think it's really important that we ensure a culture that encourages reporting and pursuit of complaints because, to be frank, even if you take out the contract stress points, there will be other ones in a workplace.

SA AMBULANCE SERVICE

The Hon. J.E. HANSON (15:04): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding threats to the lives of ambulance officers.

Leave granted.

The Hon. J.E. HANSON: On the recent weekend, paramedic Jim Murchland spoke about his previous shift and I quote what he said:

> I just went from job to job to job.
>
> Towards the very end of the night myself, my partner and then another ambulance crew were all too fatigued and short on equipment to attend a life-threatening case.

I'm actually at risk of just crashing into a tree if I go.

My questions to the minister are:

1. How do you respond to Jim and his colleagues who face injury and death in the course of their work due to fatigue?

2. What guarantee can you offer Jim and his colleagues that they will not be charged with breaching the code of ethics or be referred to ICAC for what he did in speaking out?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:05): Let me start with the last element first. I have made it clear to the chief executive of the Ambulance Service that I don't support gagging health professionals. So paramedics such as Jim Murchland—

The Hon. K.J. Maher interjecting:

The PRESIDENT: The Leader of the Opposition is not helping. The minister has the call.

The Hon. K.J. Maher interjecting:

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

The Hon. S.G. WADE: I do not support gagging of heath professionals and I have made that clear to Mr Place.

Members interjecting:

The PRESIDENT: The leader! I am trying to hear the minister. The leader will be silent.

The Hon. S.G. WADE: In relation to paramedics who are working in situations of stress, I thank them on behalf of not only the government but the people of South Australia. The paramedics and ambulance officers of our state provide exemplary service. I am very determined to make sure that the demands on the Ambulance Service and the broader health system are manageable, that they can deliver top-quality care in an environment which is manageable.

Inevitably, paramedic service and that of being an ambulance officer involves stress because they are delivering care in very stressful circumstances. But, certainly, the SA Ambulance Service, supported by the broader health services, is very keen to make sure that we move to a situation where, particularly when spikes come, the Ambulance Service and the health system are able to manage those spikes.

In relation to the challenge going forward, we need to eliminate ramping and we need to introduce reform. This government continues to invest resources. As we do eliminate ramping it will ease the pressure on the Ambulance Service—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: It would be disorderly for me to respond to an interjection—

The PRESIDENT: It would be.

The Hon. S.G. WADE: —but I simply make the observation that last calendar year—

Members interjecting:

The PRESIDENT: Leader, order!

The Hon. S.G. WADE: —there was a 20 per cent reduction in ambulance ramping in South Australia.

The Hon. I.K. Hunter interjecting:

The PRESIDENT: The Opposition Whip will be quiet.

The Hon. S.G. WADE: There was an increase in Western Australia.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Hanson, I believe, has a supplementary.

SA AMBULANCE SERVICE

The Hon. J.E. HANSON (15:08): Supplementary on the answer given: given that the minister met with the chief executive of the Ambulance Service on Friday of last week, exactly what action was taken by the minister in regard to the belief of people like Jim that there would be some sort of use of ICAC as a threat and to make sure that the chief executive would not do that again?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:09): As I have indicated, I made it clear to the chief executive that I don't support gagging of health professionals.

BUSINESS INVESTMENT

The Hon. D.G.E. HOOD (15:09): My question is to the Treasurer. What information is available about the level of business investment currently in South Australia?

The Hon. R.I. LUCAS (Treasurer) (15:09): As I have indicated on a number of occasions, the level of business investment in our state is obviously a critical factor in the pace and rate of economic recovery that will be possible in our state, and in the nation as well, as we emerge from COVID-19. As I have previously argued, and I do so again today, I see a key determinant of that being confidence—confidence from small businesses to invest and confidence to be able to employ more South Australians.

The December quarter private new capital expenditure figures have been released in the last week by the Australian Bureau of Statistics. It is pleasing to note that, relatively, whilst there has been a 7½ per cent decline in real private new capital expenditure in Australia as a whole for the December quarter 2020 to the pre-COVID December quarter of 2019, there was a relatively modest reduction in South Australia of just minus 1 per cent. Compared to our big Eastern States neighbours, there was a 15 per cent decline in business investment in Victoria, 14½ per cent in Queensland and 7.1 per cent in New South Wales.

Just to demonstrate that there is still much more that we do need to do in South Australia, when one looks to the west, business investment actually increased by 4.7 per cent, and in Tasmania business investment increased by 10.2 per cent. We can comfort ourselves in South Australia by noting that we are doing better than the national figures. We are certainly doing much better than our big Eastern States neighbours, but the challenge for us is to have a look and to reflect the levels of business investment in Western Australia and Tasmania.

There is much that needs to be done. My final message is the same message that I gave on behalf of the government in the budget speech in November of last year; that is, business confidence is absolutely critical to the state's economic recovery. Therefore, the gloom and doom merchants in our state who continue to talk the economy down or continue to highlight some of the negative impacts of COVID-19 do our state's economic recovery no good at all. They lower the level of business confidence in this state. All that means is that businesses won't invest at the rate we need them to invest and won't employ more South Australians at the rate that we need them to employ.

NYRSTAR

The Hon. T.A. FRANKS (15:12): I seek leave to make a brief explanation before addressing a question on the topic of safety concerns at Nyrstar's Port Pirie lead smelter to the Treasurer in his role as Minister for Industrial Relations.

Leave granted.

The Hon. T.A. FRANKS: There has been a reported series of serious incidents and 'near misses' at Port Pirie's lead smelter, owned by Nyrstar, over the last two years. This has prompted the Australian Workers' Union to call for improvements to safety procedure compliance at the smelter. In just two years, there have been four near-miss incidents that could have seriously injured or killed workers. This includes two molten lead explosions, one in May 2019 and one in November 2020. Three employees had only just left the impacted area before one of the explosions occurred.

An incident also has been reported where molten material and gas escaped from the newly built TSL furnace in 2019. Last year, a worker's leg fell through a roof, and in December another

received superficial crush injuries. It is also reported that SafeWork SA is working with Nyrstar to improve safety performance, but the severity and frequency of these ongoing incidents raises some serious concerns. My questions to the minister are:

1. What is being done to support affected workers who have ongoing injuries and to support the mental health of other workers at the lead smelter who are constantly now worried about their own safety and that of their colleagues?

2. What follow-up actions have been taken by Nyrstar and by SafeWork SA in the wake of these incidents?

3. Are the government and SafeWork SA satisfied with the company's safety record and adherence to safety procedures?

The Hon. R.I. LUCAS (Treasurer) (15:14): I share with the honourable member, as I am sure all South Australians do, concerns about any worker who has been injured at work or at their worksite or is concerned about safety practices at their particular worksite. In relation to the specific questions about the Nyrstar plant in relation to what SafeWork SA's involvement has been and continues to be, I am happy to take the honourable member's questions on notice and bring back a considered reply by SafeWork SA.

SA AMBULANCE SERVICE

The Hon. T.T. NGO (15:14): My question is to the Minister for Health and Wellbeing regarding ambulances. What did the minister mean when he said on Channel 9 News on 21 February, 'It's a bit rich' for paramedics to raise concerns about an inability to reach emergency patients?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:15): Again, the honourable member disappoints me. That is clearly a misquote. I was referring to the union bosses.

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: Union bosses might think that they earn their money by dragging out industrial proceedings, but in my view they do their own members a disservice because they delay the opportunity for the government, the employees' representatives and the paramedics to deal with reform.

The Hon. K.J. Maher interjecting:

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

The Hon. S.G. WADE: I think that, in a modern industrial relations system, the employees expect their representatives to work in their interests, and I can't see how bogging down—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: —for the fourth year in industrial spaghetti does any benefit to the members.

Members interjecting:

The PRESIDENT: The Hon. Dr Centofanti has the call and will be heard in silence.

HOMELESSNESS PREVENTION FUNDING

The Hon. N.J. CENTOFANTI (15:16): My question is to the Minister for Human Services regarding homelessness. Can the minister please update the council on the homelessness prevention funding?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:16): I thank the honourable member for her question and for her interest in this area. Indeed, the Marshall Liberal government did commit $20 million as part of a housing strategy to a homelessness prevention fund, and we

were pleased to announce recently that, through a competitive tender process, we have nominated two particular projects that we think are innovative and will be very much in the prevention space. As we all know, prevention is better than cure, so we are very focused on reaching people early and assisting them before they fall into homelessness and rough sleeping situations, so that they can get back on their pathway and get on to living normal lives.

The two projects we have funded are, firstly, Kids Under Cover, their studio program, which has been operating in Victoria for, I think, over 20 years. The program is targeted at young people aged 12 to 25, who generally are living with their families, often in overcrowded situations. The young people need to be connected to existing services in order to be referred to the program and we know from experience interstate that it has greatly enhanced the relationships between those young people and their families. These may be located with extended family, so it may well be with grandparents or the like that young people will be accommodated.

The studios consist of one to two bedrooms, a bathroom and a place for them to study. We know that one of the key drivers for youth homelessness is those relationships they have in their home, and when they reach the point where they become intolerable, then young people will often seek to live somewhere else, including at times rough sleeping. We are looking forward to that commencing, hopefully on 1 July.

We have also provided funding to a consortium of the UnitingCare Wesley Bowden, Junction Australia and Kornar Winmil Yunti, an Aboriginal corporation, which is a rental support pilot project which will assist people who often struggle in the private rental market. As we know, the rental market is challenging at times.

The investors in that space, particularly in South Australia, are often mums and dads, and it is a part of their wealth strategy to have investment properties. Their concern is often that risk, so this program will assist them to perhaps have a bit more understanding of some of the people seeking rental with them and assist them to manage that process through so that they get support if they need it. So we look forward to some of the outcomes from these particular programs as part of more innovation that we want to see in this particular space.

GFG ALLIANCE

The Hon. F. PANGALLO (15:19): I seek leave to make a brief explanation before asking a question of the Treasurer about GFG Alliance and its billionaire boss, Mr Sanjeev Gupta.

Leave granted.

The Hon. F. PANGALLO: Last night in the UK, it was reported that Britain's state-owned Business Bank has stripped Greensill Capital of a government guarantee on huge loans it has made to the metals tycoon, whose company operates the Whyalla Steelworks. According to media reports, following an investigation by independent auditors brought in by BBB, Greensill may have breached terms relating to the adequacy of the security taken over GFG Alliance's assets under rules of the Coronavirus Large Business Interruption Loan Scheme. If the removal of the guarantee is enforced, Greensill, which is run by Australian billionaire Lex Greensill, could be on the hook for hundreds of millions of pounds if GFG defaults on its loans.

We trust it won't. However, the latest development follows a recommendation by BaFin, Germany's financial regulator, to Greensill to reduce its exposure to Mr Gupta's companies and Credit Suisse Group AG announcing it was suspending $10 billion of investment funds to the financier. Media is now reporting that Greensill is restructuring its business and may file for insolvency—bankruptcy—in days. As you can imagine, Mr President, this news has many businesses in Whyalla feeling uneasy today. My question to the Treasurer is:

1. Is he aware of the concerns being shown in international financial circles of the level of financial risks posed by exposure to Mr Gupta's extensive borrowings?

2. Is he alarmed by them such that he will immediately contact GFG and Mr Gupta to get assurances about the viability of the steelworks and its commitments to the many businesses in Whyalla that depend on it?

3. Has the South Australian government provided any financial guarantees to GFG and Mr Gupta?

4. In light of today's developments, will the government also freeze access to a $50 million loan that is available to GFG?

The Hon. R.I. LUCAS (Treasurer) (15:22): I always follow with interest informed and sometimes uninformed commentary in the financial pages. It is sometimes hard to tell the difference, but that is the challenge of financial commentary.

In relation to the specific nature of the recent article the Hon. Mr Pangallo refers to, I have been following for many months in international financial circles stories of a similar nature, not quite as trenchant as the particular article that has been referred to by the honourable member, but certainly the international press, in particular the *Financial Times*, the *Sunday Times* in the United Kingdom. Various industry journals and others have been following the connections between Greensill and GFG and related financing companies with interest for many, many months.

So the honourable member's article, to which he refers, is only one after a long series of articles over a long period of time canvassing broadly the similar issues. So, yes, I do follow these particular issues, but more importantly, Treasury officers and the like follow the particular stories with interest as well. Can I say, as a result of that I form no judgement about the accuracy or otherwise of claims that are made in various journals. The *Wall Street Journal*, for example, has written in recent days, as have a number of industry insider journals also made commentary, about the recent challenges of Greensill Capital.

In relation to the government's position on behalf of taxpayers, the former Labor government made an offer, a $50 million support package to Mr Gupta and GFG prior to the election. The incoming government indicated that it was prepared to honour the commitments made by the former Labor government in relation to this. Three years down the track I, as Treasurer, and on behalf of the government have not signed off on an agreement in relation to that $50 million support package.

It is fair to say that late last year and early this year there have been continued discussions about the nature of the support package previously offered by the Labor government in relation to GFG, and what it might entail. Broadly, the government has said, 'We're not interested in providing up to $50 million of taxpayers' money to fund the repayment of any debts or bills that the company might have.' If the government was going to follow it through, there needed to be tangible investments in the future of the steelworks in Whyalla that we could see, and it was quite clear that that is what the taxpayers of South Australia were investing in.

There have been ongoing discussions, but I can assure the honourable member that there has been no signing off by me as Treasurer on behalf of the government of that $50 million support package at this particular stage. It is also fair to say that during stages there have been discussions from the company's interests about whether or not there was interest from the government in relation to a more significant support package and I and others, on behalf of the government, made it quite clear that the former Labor government made a commitment to a $50 million support package and that was the extent of the state government's potential involvement or investment in the future of the steelworks, and that the company, if it was looking for further taxpayer support, should look to either the federal government or alternative sources of funding.

I don't propose to place any greater detail on the public record at this particular stage. I can only assure the Hon. Mr Pangallo. He has had dealings, as his colleague has had with me, in relation to taxpayer-funded support for business interests in the state. I take seriously that taxpayers' interests should be protected to the greatest extent that is possible. I can only give him that simple assurance on behalf of not only myself but also the Premier and the government.

Bills

TERMINATION OF PREGNANCY BILL

Final Stages

The House of Assembly agreed to the bill with the amendments indicated by the following schedule, to which amendments the House of Assembly desires the concurrence of the Legislative Council:

No 1 Clause 3, page 3, after line 18—Insert:

prescribed hospital means a hospital, or hospital of a class, prescribed by the regulations;

No 2 Clause 6, page 4, lines 22 to 25 [clause 6(1)(a) and (b)]—Delete paragraphs (a) and (b) and substitute:

(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) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person; or

(iii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy; 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) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person; or

(iii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy; and

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

No 3 Clause 6, page 4, lines 31 to 37 [clause 6(3)]—Delete subclause (3) and substitute:

(3) Without limiting section 13 of the *Consent to Medical Treatment and Palliative Care Act 1995*, a medical practitioner may, in an emergency, perform a termination on a person who is more than 22 weeks and 6 days pregnant, without complying with paragraphs (b) and (c) of subsection (1).

No 4 New clause, page 4, after line 37—After clause 6 insert:

6A—Care of person born after termination

(1) This section applies if a termination results in a person being born.

(2) Nothing in this Act prevents the medical practitioner who performed the termination, or any other registered health practitioner present at the time the person is born, from exercising any duty to provide the person with medical care and treatment that is—

(a) clinically safe, and

(b) appropriate to the person's medical condition.

(3) To avoid doubt, the duty owed by a registered health practitioner to provide medical care and treatment to a person born as a result of a termination is no different than the duty owed to provide medical care and treatment to a person born other than as a result of a termination.

No 5 New clause, page 4, after line 37—After clause 6 insert:

6A—Requirement for information about counselling

(1) Before performing a termination on a person, a registered health practitioner must provide all necessary information to the person about access to counselling, including publicly-funded counselling.

(2) A registered health practitioner may, in an emergency, perform a termination on a person without complying with subsection (1).

No 6 New clause, page 4, after line 37—After clause 6 insert:

6A—Mandatory considerations for medical practitioners performing terminations after 22 weeks and 6 days

In assessing matters for the purposes of section 6(1), a medical practitioner must, when determining whether to perform a termination, have regard to the following:

(a) whether it is essential to perform a termination of an affected foetus in a multiple pregnancy at a gestation that does not risk severe prematurity and its attendant consequences for the surviving foetus;

(b) whether there are serious foetal abnormalities that were not identifiable, diagnosed or fully evaluated before the pregnancy reached 22 weeks and 6 days, including but not limited to abnormalities involving the brain, heart, renal and skeletal systems, or whether the foetus has been exposed to infective agents which may damage or limit the gestation and development of the foetus;

(c) whether the patient has had difficulty accessing timely and necessary specialist services before the pregnancy reached 22 weeks and 6 days, including but not limited to patients experiencing significant socio-economic disadvantage, cultural or language barriers and those who reside in remote locations;

(d) whether a patient has been denied agency over the decision to continue a pregnancy or not, including (but not limited to) the abuse of minors and vulnerable adults to sexual and physical violence including rape, incest and sexual slavery;

(e) whether the abuse outlined in paragraph (d) includes circumstances in which such abuse is not apparent, or the pregnancy is not diagnosed until an advanced gestational age;

(f) whether medical or psychiatric conditions may become apparent or deteriorate during the pregnancy to the point where they are a threat to the patient's life;

(g) whether the patient has a deteriorating maternal medical condition, or late diagnosis of a disease requiring treatment incompatible with an ongoing pregnancy (such as malignancies).

No 7 Clause 8, page 5, lines 5 to 28—Delete clause 8 and substitute:

8—Registered health practitioner with conscientious objection

(1) This section applies if—

(a) a person (the first person) asks a registered health practitioner to—

(i) perform a termination on another person, or

(ii) assist in the performance of a termination on another person, or

(iii) make a decision under this Act whether a termination on another person should be performed, or

(iv) advise the first person about the performance of a termination on another person, and

(b) the practitioner has a conscientious objection to the performance of the termination.

(2) The registered health practitioner must, as soon as practicable after the first person makes the request, disclose the practitioner's conscientious objection to the first person.

(3) If the request by a person is for the registered health practitioner (the first practitioner) to perform a termination on the person, or to advise the person about the performance of a termination on the person, the practitioner must, without delay—

(a) give information to the person on how to locate or contact a medical practitioner who, in the first practitioner's reasonable belief, does not have a conscientious objection to the performance of the termination, or

(b) transfer the person's care to—

(i) another registered health practitioner who, in the first practitioner's reasonable belief, can provide the requested service and does not have a conscientious objection to the performance of the termination, or

(ii) a health service provider at which, in the first practitioner's reasonable belief, the requested service can be provided by another registered health practitioner who does not have a conscientious objection to the performance of the termination.

(4) For the purposes of subsection (3)(a), the first practitioner is taken to have complied with the practitioner's obligations under that paragraph if the practitioner gives the person information approved by the Minister for the purposes of that paragraph.

Note—

The information to be approved by the Minister is to consist of contact details for a SA Government service that provides information about a range of health services and resources, including information about medical practitioners who do not have a conscientious objection to the performance of terminations.

(5) This section does not limit any duty owed by a registered health practitioner to provide a service in an emergency.

No 8 New clause, page 5, after line 28—Insert:

8A—Health practitioner must not terminate pregnancy for sex selection

(1) Subject to subsection (2), a registered health practitioner must not perform a termination of a pregnancy for the purposes of sex-selection.

(2) Subsection (1) does not apply to the performance of a termination if the registered health practitioner is satisfied that there is a substantial risk that the person born after the pregnancy (but for the termination) would suffer a sex-linked medical condition that would result in serious disability to that person.

No 9 Clause 13, page 6, line 31 [clause 13(1)(a)]—Delete 'section 5 or 6' and substitute:

section 5, 6 or 6A

No 10 Clause 13, page 6, after line 34 [clause 13(1)]—After inserted paragraph (c) insert:

or

(d) contravenes section 8A.

No 11 Clause 13, page 6, after line 34 [clause 13(1)]—After inserted paragraph (c) insert:

or

(d) contravenes section 6A.

No 12 New clause, page 8, after line 32—Insert:

15A—Annual report

(1) The Minister must, on or before 30 April in each year, ensure that a report relating to services provided in connection with the performance of terminations for the last calendar year is prepared and provided to the Minister.

(2) The report must contain—

(a) information in relation to each termination performed in the calendar year which must include the age of the pregnant person and the gestational age of the foetus at the time of the termination; and

(b) other information (including data and statistics) of a kind prescribed by regulation or determined by the Minister.

(3) The Minister must, within 12 sitting days after receiving a report under this section, cause copies of the report to be laid before both Houses of Parliament.

No 13 Clause 16 Delete this clause

Consideration in committee.

The Hon. J.M.A. LENSINK: I move:

That the House of Assembly's amendments be agreed to.

I just want to make a few brief remarks in relation to this bill. I also want to emphasise, once again—and I have no desire to re-prosecute any of the arguments that we have debated at length in both of

the chambers—that this bill does not allow terminations up to birth. I think it is really important to reassure people in the community who have been given that false message. Can I assure them that if that was the case, I would not support the bill, and while I cannot speak for others I am assuming they would be of the same view.

We know that there has been considerable and lengthy debate on this piece of legislation, and I just wish to make some acknowledgements about the work that has gone into it, because there have been many stakeholders. I really do not like that word sometimes, because they are all people after all, but a range of organisations, individuals and the like have reached this place at this historic time.

First and foremost, I acknowledge the SA Abortion Action Coalition, a number of whom are here today. I always get more nervous when I have an audience. If we had COVID times, I probably would not have quite so much pressure, but there you have it. They have been on the case for decriminalising South Australia's laws for many years now.

The Hon. Tammy Franks brought in a bill in 2018, which reminded us that terminations remained in the criminal code and that was not appropriate. The South Australian Law Reform Institute undertook a comprehensive review of existing laws and other models, and consulted with a very large range of stakeholders to come up with a report that was incredibly informative and which has formed the backdrop of the debate.

The Deputy Premier and Attorney-General, Vickie Chapman, referred the matter to SALRI and took the concept of removing terminations from our criminal laws into a piece of legislation that has received the consensus of members in both houses, without wanting to pre-empt what happens today. Her Herculean performance in the 22 hours or so of debate has cemented her reputation as a fierce and practical advocate for South Australian women.

I also need to acknowledge the Minister for Health and Wellbeing in this place for his extensive work in the committee stage, as well as for providing a lot of advice. While I have the glory of having introduced the bill, he did all the work in the committee stage in this place. Many others through the parliament have been strong advocates, including the Hon. Irene Pnevmatikos; the Hon. Connie Bonaros; the member for Hurtle Vale, Nat Cook, who has some experience which has been very beneficial and who described her work when she worked in the health system; the member for Reynell, Katrine Hildyard; and the member for Port Adelaide, Dr Susan Close.

We also need to acknowledge all the staff who have been engaged in this, including departmental officers for SA Health; the Women's and Children's Health Network; the Pregnancy Advisory Service; of course the Attorney-General's Department, which put this bill together; parliamentary counsel; the ministerial advisers; the Australian Medical Association; and the Royal Australian and New Zealand College of General Practitioners.

As I have outlined, I will not be proposing to not agree to any of the amendments from the House of Assembly. I have no doubt that many of the amendments were well intentioned. I have just a word about that tweet, which got quite a lot of publicity. I put that out on the Wednesday night. Given the exhaustively thorough work of the SALRI report, it seems that some of the most active members that night either had not read it or had not understood it, including several former ministers. That should be enough to be able to identify who exactly I was referring to as auditioning for an intervarsity competition. However, others may choose to identify with that description if that is their choice.

I certainly was not the only person watching that night who was frustrated by some of the debate. I received much more supportive feedback than negative by about 10 to one and also, I note, from people who do not feel that they are in a position to make public comments. Hopefully, I have voiced some of that frustration. It is something that I have seen before, and it is frustrating. However, there was no match for the Deputy Premier, who has demonstrated her depth of knowledge of the subject, patience and tenacity. I understand the Minister for Health and Wellbeing may have some additional comments.

The Hon. S.G. WADE: The passage of the Termination of Pregnancy Bill 2020 through this parliament, half a century after this state led the nation in abortion reform, has decriminalised what is a health service and removed key barriers to access to services for women in South Australia. As

the Minister for Health and Wellbeing, I would like to take this opportunity to recognise the work and commitment of some of the many individuals who have collectively made this bill possible.

Firstly, I would like to acknowledge the courage, leadership and hard work of the Attorney-General and the Minister for Human Services, the sponsors of this bill in their respective houses. I would like to thank the dedicated staff of SA Health, including those of the Pregnancy Advisory Centre and the Women's and Children's Health Network, who have continued to provide high-quality abortion care in South Australia for many years, all the while having to operate under the criminal code.

I would also like to extend my appreciation to those who have worked tirelessly to support this parliament in the consideration of this bill by providing information that supported us to have an informed debate. Among this group are, from Wellbeing SA, Professor Katina D'Onise, Helen Thomas, Brigitte Drinkwater and Brenda Muturi.

I would also like to thank those who provided briefings to members of parliament, such as Professor Jodie Dodd, Associate Professor Rosalie Grivell, Brooke Calo, Helen Smith, Bree Van Der Kolk, Associate Professor Christopher Barnett, Anne Baxendale, Dr Jane Baird, Dr Aimee Woods, Dr Brian Peat, Noel Savage, Helen Gibbons and Dr Sarah Cash. My sincere thanks also to Anna Tree from my office for her diligent work in support of this bill. I would also like to thank Dr Chris Moy from the Australian Medical Association, along with Associate Professor Rosalie Grivell, Chair of the Royal Australian College of Obstetricians and Gynaecologists, for their expert advice and advocacy for this bill.

As I expressed in my second reading speech on this bill, 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.

This debate has demonstrated that the consensus in support of abortion retains broad support in the community and in the parliament. By way of preface, I would like to agree with my ministerial colleague. I do not propose to reprosecute the arguments that have been had in both houses, but I did think it was appropriate, as the first Minister for Health in South Australia to have responsibility for abortion law as the Attorney-General hands it over from the criminal law into health law, to make some comments in relation to implementation and in the context of the changes that have been made to the bill through the parliamentary process.

As we are all aware, some amendments were made to the bill in the lower house and I would like to take this opportunity to provide some context and clarifications on the more substantive of these. The amendments that were made to the criteria under which a termination of pregnancy can occur after 22 weeks and six days expound upon the meaning of the term 'medically appropriate' as was provided for in the original bill and the components of which already govern the practice of termination.

The language in clause 6A on mandatory considerations for medical practitioners performing terminations after 22 weeks and six days is almost in whole lifted from the latest guideline on late-term abortion published by the Royal Australian College of Obstetricians and Gynaecologists. I would like to reiterate at this juncture that, with regard to issue of later term abortion, the circumstances that would necessitate later term abortions are often extraordinary and simply cannot be predicted or managed in advance of the 22 weeks and six days cut-off period.

Clause 6(2)(b) of the bill relates to adherence of medical practitioners to appropriate professional standards and guidelines. This provision is a restatement of current accepted best practice. Indeed, part of the obligation and duty of care of the medical profession is to be aware of and practice in accordance with applicable guidelines for clinical practice from all relevant key bodies, such as the colleges. These guidelines will continue to be updated in line with best practice.

Clause 6(1)(a) outlines further applicable criteria to allow for lawful termination of pregnancy beyond 22 weeks and six days. Although clause (6)(1)(a)(ii) provides that the continuance of the pregnancy would involve significant risk to the physical or mental health of the pregnant person, I

would like to provide some other insight as to what this clause may entail. There is a range of pre-existing diseases that women may have that can be exacerbated or complicated by pregnancy.

These conditions can pose a serious risk to the health of the pregnant person but can potentially be treated. Examples include kidney disease, liver disease, heart disease or diabetes. In these cases, pregnancy can lead to disease progression. Therefore, consideration may need to be made for termination, where the pregnancy is not advanced, in order to protect the health of the mother. There are also myriad diseases that can arise as a result of pregnancy that can mean considerable risk of physical harm, such as pre-eclampsia.

Serious mental illness can also be brought about by pregnancy, including psychotic disorders or severe depression, or even serious addiction to substances that are toxic to a foetus. These and many others are among the range of factors, in addition to foetal viability, that two doctors will need to consider under the legislation to determine if the termination is appropriate and can proceed.

Clause 6A is a new provision of the bill that relates to care of a person born after termination, which is in itself a rare occurrence. The clause also articulates existing best practice in medicine whereby, in consultation with the parents and in the later term pregnancy, generally from 20 weeks, appropriate care is provided to the baby. This can include palliative care after careful discussion and in accordance with the wishes of the parent or parents.

For the sake of the record, I would like to clarify some key facts about abortion in South Australia. Around 0.5 per cent of terminations are undertaken at private facilities. The proportion of terminations done medically—that is, via tablet—I am advised was in the order of 40.2 per cent in 2018. The number of late-term abortions in a private facility in 2020 was nil, but I am advised that this data has not yet been released. The proportion of late-term abortions performed for mental health reasons is 0.9 per cent, as per the 2018 annual report.

I understand the Hon. David Ridgway has had questions raised with him relating to a proposed amendment by a member in the other place, the member for West Torrens. This amendment was labelled 10B to the Termination of Pregnancy Bill and discussed prohibiting the sale of foetal tissue obtained as a result of termination.

While the amendment was not passed by the House of Assembly, I have sought advice from my department for the sake of clarity and transparency and have been advised that a foetus has no distinct 'personhood' at law and hence is legally part of the mother, that is, the foetus is the tissue of the mother. As such, any sale of foetal tissue or other body parts is governed by the Transplantation and Anatomy Act 1983; that is, foetal tissue and body parts cannot be sold, as outlined in the act. Only with consent of the mother, section 35(3) of the Transplantation and Anatomy Act provides:

> (3) Subsection (1) does not apply to or in relation to the sale or supply of tissue (not being tissue obtained under a contract or arrangement that is by subsection (1) void) if the tissue has been subjected to processing or treatment and the sale or supply is made for use, in accordance with the directions of a medical practitioner, for therapeutic, medical or scientific purposes.

That is the end of the advice I have been given. Further, this amendment does not allow for the reality of medical ethics and practice as it exists in Australia. Not only is the notion of sale of foetal tissue, or indeed any other body part, anathema to medical practice and abhorrent to members of the medical profession in Australia, there is no evidence of this issue in the Australian context.

In addition, it is important to recognise that there is a host of robust clinical practice policies and guidelines, as well as codes of conduct and ethics, that govern medical practitioners in Australia in their delivery of medical services. The Australian Health Practitioner Regulation Agency also rigorously implements and oversees the National Registration and Accreditation Scheme to ensure that only practitioners who meet required standards are able to practise medicine in Australia.

Going forward, as I said, the Department for Health and Wellbeing will assume responsibility for supporting the minister to whom this bill is allocated. This parliament has decided that it should no longer be in the criminal law but should be in the health law. SA Health is tasked with considering a range of factors in the development of policies and guidelines to reflect the new legislative framework. This will include deliberation on how services may need to change and the provision of counselling services in order to comply with the new legislation, as well as the development of a new registry to record data on terminations and report to parliament.

Should the council endorse this motion today and the bill pass, this process will begin in earnest to ready the health system and the broader community for the changes that parliament has authorised, thereby responding to our shared responsibility to ensure the wellbeing of all South Australians by, on this occasion, optimising our health care in a manner that is caring, sustainable and responsive to the reproductive healthcare needs of the women of South Australia.

The Hon. T.A. FRANKS: I rise to associate myself with the remarks made by the Minister for Human Services, Michelle Lensink, and the Minister for Health and Wellbeing, the Hon. Stephen Wade. Currently, in March 2021, abortion remains a crime in South Australia, punishable by up to life imprisonment. We once led; we now lag.

Today, it is time to move forward. Today, I hope we will see that step forward that ensures every person's experience of abortion will mean they no longer encounter laws that constrain possibilities for their medical practitioners and health services to provide them the best possible health care. I hope from the time this act comes into force that pregnant people will be treated with the respect that they have not necessarily been treated with in some parts of this debate.

There is, of course, abortion stigma in the community and there has been abortion stigma in the parliament. It has been why our archaic laws—over 50 years old—have not been touched by this parliament and have not been reformed as they should but also why the extraordinary work of the South Australian Abortion Action Coalition, which formed some six or so years ago, is to be commended. They have mounted the case for law reform, which was a compelling case, and they are to be congratulated on ensuring that those who seek abortion in this state will be treated with respect for their decisions and that their medical professionals will not be impaired by 50-plus year old laws that are in fact a barrier to that health care.

Indeed, it is why in 2018 I moved a bill in this place to decriminalise abortion in this state. Certainly, the debate sparked by that bill saw the SALRI review and I commend SALRI for their fine work. The extraordinary efforts that went into that work I think ensured that the debate in this place and in the other was able to be based on fact and not on stigma.

I commend, in the other place, Minister Chapman, the Attorney, for her stewardship but also the shadow ministers Hildyard, Cook and Close, as well as the member for Cheltenham, Joe Szakacs. In this place, the leadership of the Hon. Irene Pnevmatikos and the Hon. Connie Bonaros must be noted and, indeed, the expert whipping abilities of the Hon. Ian Hunter, which, whilst not to the forefront, were invaluable.

I also thank the staff and advisers, not just my own, who have been subjected to personal abuse and unacceptable behaviours, but those who have across party lines rallied together. In particular, Madeleine Church, Ingo Block and Anna Tree have done an extraordinary amount of work to get us to this place.

Today, we bring our abortion laws into the 21st century, some 21 years into this 21st century. Make no mistake, you can ban abortion, but it will not stop abortion—it will simply stop safe abortion. I hope this law goes some way to ensuring that we stop the stigma around abortion. Abortion is health care and it should be provided in a way that is accessible, that is available publicly and that is safe and preferably without the stigma that we have seen. Quite often in our society, we trust people to be mothers but we do not trust them to make a choice whether to be a mother.

I have been struck that we have actually demonised those people in the most difficult and distressing situations, those who do require a termination of their pregnancy in the later stages of that pregnancy. Previously in debates I have quoted from an open letter that was written by these very people to Donald Trump, the then President of the United States. They, in their open letter, responded that they knew what late abortion meant because they were the families who had gotten them. That quote was:

> We are later abortion patients and their partners who are concerned with the politicization of this issue at the expense of both truth and compassion. While we do not speak for every later abortion patient and do not pretend to represent everyone who seeks this care, we can speak for ourselves and our families.
>
> The stories we hear being told about later abortion…are not our stories. They do not reflect our choices or experiences. These hypothetical patients don't sound like us or the other patients we know.

> The barbarous, unethical doctors in these scenarios don't sound like the people who gave us compassionate care.
>
> Our cases, the ones that would be affected by [banning later abortions] constitute a relatively small number of abortions.
>
> So while these cases are incredibly rare and specific to each patient's unique circumstances, they are being broadly misrepresented and are playing an outsized role on the [American] national stage.
>
> The decision to terminate a pregnancy is never a political one, it is a personal one.

They conclude with the words that have rung in my ears many a time as I have heard mischaracterisations of these people who are in the most difficult situation that we will ever see a person face:

> We are not monsters. We are your family, your neighbours, someone you love. We are you, just in different circumstances.

None of us here would want to be them, but all of us here, I would hope, will now support them. This decision is a personal one and the parliament, of course, is a political institution, but in passing this legislation we trust these people and we trust their medical professionals and that is something I wholeheartedly welcome today.

The Hon. I. PNEVMATIKOS: I just want to make a few comments. I have made previous comments and thanked people in this chamber, so I will not do that again, but what I will do is make some comments and observations about what I saw in the other place and in particular following the debate that occurred in the other place. It was certainly an interesting experience, to say the least.

From the outset, it was clear that there was a group of members who supported the bill without amendments, those who wanted to provide constructive amendments and debate and a group of members who were diametrically opposed to all aspects of the bill other than the notion of decriminalisation. I would like to acknowledge the Attorney-General (the member for Bragg), the member for Port Adelaide, the member for Hurtle Vale and the member for Cheltenham for their contribution in the debate. There were others who contributed as well.

The disparity in quality and level of debate in both houses was enlightening. At best, the debate in the other place was spreading misinformation and at its worst, it was misguided and verging on ignorant. Members blatantly provided the chamber with unfounded facts and ignored the medical and scientific expert opinion. They also moved the debate away from the health and rights of women to a debate about the rights of the unborn. Most of the members' comments on issues such as sex selection, counselling, alternative options to abortions, the term 'medically appropriate' and foetal tissue being used on the black market were fanciful to say the least.

Also, a majority of those members were men. Strangely enough, it is women who give birth. It is predominantly women who care for and educate their children, and it is women who become further disadvantaged without proper and adequate health care. I do not see those members standing up for the unborn, actively progressing any of those interrelated issues.

This debate has proved that women are being listened to but not heard—ignoring both the community and social mores calling for the bill to be passed, as well as the science and health experts' advice on abortion. If babies and children are those members' main focus in this debate, I look forward to them fearlessly advocating and standing up for youth unemployment; youth homelessness; the gender pay gap; drug and alcohol issues; youth mental health; underage gambling; education, training and job opportunities for young people; child protection; childcare; period poverty; domestic violence against women and children; and the list goes on.

The supporters of this bill were pushed to compromise in order to ensure the legislative outcome for women and healthcare practitioners. I would again like to thank the Attorney for her resilience in at times facing unrelenting nonsense from opponents and her endeavours to maintain the integrity of the bill. Even though there were some compromises made, a fair outcome was reached that did not denigrate from the intent of the bill.

I also extend thanks to the Attorney's staff and other staff who have been involved in supporting this endeavour, professionals assisting in the making of this bill, parliamentary counsel, SA Health and professors. Your tireless work has been incredible, and as a consequence we have

achieved a great outcome for South Australians. I would also like to acknowledge the South Australian Abortion Action Coalition—I note that some of them join us in this chamber today—for their tireless work, providing research, sharing personal experiences and constantly inspiring us to keep going and fight the good fight. This would not have been possible without you.

The Hon. M.C. PARNELL: I will be very brief. I was somewhat concerned at the amendments that were passed in the other place. I was not sure how this bill would progress today when it came back to us, but I took great comfort from the letter that was written to me, and I expect to other members, from the South Australian Abortion Action Coalition. I want to put their position on the record. Others have summarised it. It is only a few paragraphs. They say:

> We write to ask that you vote in support of the Termination of Pregnancy Bill 2020 as amended by the House.
>
> We ask that you vote to pass the Bill in its current form so that abortion is decriminalised and regulated as health care.

They then go on to describe some of the improvements that the bill will make to South Australians. It concludes:

> While the Bill was amended in the House of Assembly in ways which the South Australian Abortion Action Coalition did not support, the significant and historic changes and improvements which this Bill will create lead us to ask you to vote for it in its current form.
>
> Further delay of the decriminalisation of abortion and continuation of our outdated and restrictive current laws would mean that abortion is not treated as the health care procedure it is. This is critical and life changing reform.

That is under the hand of Ms Brigid Coombe and Dr Barbara Baird, the co-conveners of the South Australian Abortion Action Coalition. I thought I would put that on the record. That was very helpful to me, so that we had some advice and assistance from those who have been working on this issue for so many years. They were prepared to accept the compromises, and I think we should too.

The Hon. D.G.E. HOOD: I will be relatively brief; I made a reasonably substantial contribution at the second reading of this matter when we dealt with it the first time. I will summarise very quickly my feelings and my decision on this bill, which members will not be surprised to hear: I will not be supporting it, even in the amended form. The Book of Jeremiah, chapter 1, verse 5, reads:

> Before I formed you in the womb I knew you...

As a Christian it is not just this verse but many others that help form my views on these matters. I would point out—and I think it is important for members to know—that it is not just the church, the scripture or any of these religious teachings or texts that form the basis for my opinion on these matters. I also believe that, aside from what you might call spiritual or philosophical reasons for one's position, there are good practical reasons to try to at least reduce abortion numbers in our community. I think it was Bill Clinton who said that abortion should be safe, legal and rare, and most of us, if not all of us, would agree with that.

One of those practical reasons that I have always thought requires further investigation or consideration on this issue is that we have an ageing population in South Australia; indeed, the Western world has an ageing population, by and large. One of the reasons for that of course is that medical advancements have enabled people to live longer, and as a result you get an ageing population.

Also, in South Australia, using our specific numbers, another contribution to that ageing population is that we have over 4,000 abortions a year, and that is 4,000 babies who do not make it to living, if you like. If they did, over a 50-year period they would grow into adults, some of them would have children and the average age of our population would therefore decline. That is good for everyone: it is good for our economy, it is good for our health system, it is good for our society, you would argue. That is one practical thing that bears consideration in this issue.

Another is the declining fertility rates we experience that are also prevalent in our community. Members may recall that I gave an account of the experience that my wife and I had with IVF when trying to conceive our daughter some years ago now. It was difficult. My wife was diagnosed with a certain condition, which meant that falling pregnant was going to be almost impossible. In fact, two doctors said to us that we should give up on it and that it was not going to happen, but we pursued the IVF path and in the end our little miracle, Madeline, was there.

We have declining fertility rates, and the point is that, when we were going through that process, like many other South Australian couples we would literally have cut off our arm to have access to a newborn baby, ideally a locally born baby. We looked into the potential for adoption overseas and, frankly, it was bureaucratically almost impossible.

They are two practical considerations that members may wish to ponder in reaching their final position, if they have not already, on this issue. We do have an ageing population and we do have declining fertility rates, and those things seem to run contrary to at least not wanting to reduce abortion numbers.

In the other place a number of amendments were passed, of which members would be aware—they have been given to us in this list of amendments that we all received today as part of the message. In very general terms, they seek to outlaw sex selection abortions. Members will remember that I moved an amendment to that effect in this place when we had the debate and, whilst the amendment was lost 11 votes to 10, I am pleased it passed the other place.

Another amendment ensures a duty of care to any babies born alive after an attempted abortion. Another group incorporates detailed guidelines as to matters to be considered by doctors in assessing whether late-term abortion should occur at all—I certainly agree with that. Another amendment requires the provision of information about counselling to the woman considering the abortion—I certainly agree with that. Another makes changes to the conscientious objection provisions, which a number of doctors contacted me about. Whilst it does not go far enough, clearly it is an improvement to the bill, from their perspective and also from mine.

I support all of those amendments. If they had all been tabled in this place (and most of them were, but not at all), I would have supported them, and in fact did, in the case of the ones that were tabled, and if I were in the other place I would have supported them all. I am pleased to see they have made their way into the bill.

Just couple of final comments: this bill has been framed as a central attempt to remove abortion from the criminal code and place it into the health code. I support that. I think that that is not at all unreasonable in this day and age, and I suspect every single member of parliament would have supported that if that is all the bill had done, and this would have been a very simple passage of a bill that had unanimous support. But it goes so much further, and I guess there will be speakers who will outline some of the reasons they cannot support it.

Fundamentally, from my perspective, in this bill there is no clear upper limit on gestation at which an abortion can occur, and I simply cannot bring myself to support the bill because of that. Neither could 99 per cent of the correspondence I received. I do not have the exact numbers here, but I literally did a tally and it was 98.6 or 98.7, or something close to that. Let's say 98.6 per cent of correspondence that I received was against the bill. I think it is important that people acknowledge that was probably similar across the parliament. There may be slight variations on those numbers, but I suspect everyone would have received at least 90 per cent against the bill or thereabouts. For the reasons I have outlined, I simply cannot support this bill.

The Hon. N.J. CENTOFANTI: Like many of my colleagues, I will be very brief with my comments on the amended Termination of Pregnancy Bill 2020. I am grateful that my colleagues in the other place were somewhat more successful in the passing of several amendments. As the Hon. Dennis Hood has just spoken about in this chamber, these amendments sought to outlaw sex selection abortions, ensure protection for babies born live resulting from a failed abortion procedure, make changes to conscientious objection provisions, require doctors to provide information on counselling prior to late-term abortions and incorporate detailed guidelines as to the matters to be considered by doctors in the assessment of late-term abortions.

More specifically, there was an amendment to clause 6 by the member for Lee requiring mandatory considerations for medical practitioners performing terminations after 22 weeks and six days. I am heartened by this amendment in particular, as it provides guidelines to practitioners around the circumstances for late-term abortions. I am also appreciative of the rest of the amendments, including those of the member for Davenport regarding conscientious objection and care for persons born after a failed termination. It is also pleasing to see an amendment from the Attorney-General on sex selection.

However, in saying this, I still cannot support this bill, as whilst these amendments improve the bill significantly from its original form, it still allows for a wide variety of situations in which late termination can occur—too wide in my view. For that reason, although I support decriminalisation of abortion laws, I cannot support this bill.

My only other concern is that according to these amendments we inherit three clauses 6A; however, I am sure that the good people of parliamentary counsel will attend to this when the bill is finalised to avoid any future confusion.

The Hon. C.M. SCRIVEN: Certainly the bill that we have before us is something of an improvement over the previous bill. However, throughout much of this debate the human rights of the unborn child have been downplayed or ignored altogether. In seeking to show compassion for women, this bill instead allows for entirely healthy unborn babies who are capable of being delivered early with a strong likelihood of a healthy life to instead be aborted. I acknowledge there are members here who sincerely believe that will not occur, but a belief is not the law, and it is the law that does nevertheless allow it, if this bill passes today.

Proponents of abortion often characterise it as the rights of a woman against the rights of a foetus, as they will call the unborn baby. This ignores the fact that, while a pregnancy significantly affects a woman's life, an abortion ends the life of the unborn child. What has been particularly tragic in this debate is that in late-term abortions there need be no conflict between the woman and the unborn child. A healthy baby can be delivered early, have a high chance of survival and continued health and the woman will still be no longer pregnant.

The Hon. Ms Lensink described the abortion to birth aspect as a false message, but this has ignored the message from Victoria, which showed abortion at 36 weeks occurring for psychosocial reasons, and the evidence of medical practitioners who say that they know of it occurring interstate and they know of people who will do it here without what I think most of the community would consider to be appropriate reasons at that late-term stage.

In existing law—that is, without this change which we are expecting to pass today—no-one is guilty of a felony if they have an abortion. No woman in South Australia has been prosecuted in over 50 years for procuring an abortion. However, that is the basis on which this bill was presented.

I would like to thank the many people who worked to oppose this bill and who sought to amend the bill. I point out that supporters of the various amendments in the other place were from a variety of backgrounds, many of whom have worked over many years to improve workplace conditions, to improve social conditions and to improve our society. It is inaccurate to imply otherwise.

I would like to especially thank the brave doctors, midwives and other health practitioners who spoke out about the deficiencies in this bill. They were willing to point out that bodies such as the AMA and the ANMF had not surveyed their members to gauge their support or to get feedback. They were willing to risk the pressure from their peers and, indeed, sometimes those higher up in the hierarchy to nevertheless stand up for what they thought was right for our state.

I would like to thank the over 5,000 people who joined the Walk for Life, in contrast to the roughly 200 who rallied in support of the bill. I would like to especially thank those women who have had abortions—those women who have had abortions and who spoke out against this bill because they knew that, whatever the intent of abortion legislation, their experience with reality was a betrayal of women and their babies. You were brave and you were inspirational. I am very sad that your voices were ignored, and I am sorry that this parliament has failed you.

The Hon. C. BONAROS: I rise to very briefly associate myself with the contributions of my colleagues the Minister for Human Services, the Minister for Health and Wellbeing, the Hon. Tammy Franks, the Hon. Irene Pnevmatikos and the Hon. Mark Parnell, and to formally thank all the amazing people who worked so tirelessly behind the scenes to get us here today. Never underestimate the contribution you have made in this debate, particularly in terms of the votes that have taken place on the floor of these chambers.

This has been an exceptionally difficult debate for all of us for myriad reasons, and I am exceptionally grateful for all the support that we have received both personally and professionally

throughout the course of the debate. Once again, thank you to all those amazing people for all their tireless work.

The Hon. F. PANGALLO: I just want to read some emails from the people of South Australia, emails that were passed on to me by FIVEaa announcer Andrew Reimer. Andrew told his listeners that he would give them to me either to be tabled or to be read out. In doing this I am making no judgement of the members on either side, and I hope they give me the same courtesy because all I am doing here is giving a voice to South Australians in their parliament, to have their say about what they think about this legislation.

I concur with the words of the Hon. Dennis Hood and the Hon. Nicola Centofanti and I would have supported those amendments but I, too, agree that perhaps they do not go far. I want to give you an example, and these are the words of the people of South Australia, the people who vote for us. I think it is only fair that we at least hear what they have to say about this legislation. This one is from Sandy George:

> I sent letters to every MP and got 3 responses…only of receipt of my correspondence.
>
> Even my own local MP in Norwood seat of Dunstan-Premier Stephen Marshall, didn't even acknowledge receiving my correspondence let alone a reply to ask him to vote against this Bill.
>
> Every MP who votes in favour of this Bill…their names will go down in the history books as contributing to the next 'stolen generation' will have blood on their hands, allowing mothers and doctors to 'murder' viable babies.

Sandy goes on to say that she does not support abortion to birth for any reason:

> I believe that all babies capable of being born alive should be allowed to live. I do not believe it should be made legal to take a viable human being's life. I also oppose the introduction of private providers for abortions. This opens the gates to profiting from abortions and therefore those providing abortions pressuring women into having them so the provider can make money…There is a lot of loving support out in the community to help women considering abortion so close to term of the baby being born, to help them not terminate their pregnancy. There are so many couples also who can't have children willing to adopt.

That was Sandy George. Geraldine Whiting wrote:

> The following is my opinion, if people don't agree don't have a go at me, give their opinion. How many women have had an abortion and have not told their husband/partner. It does happen. It is a woman's choice if she has an abortion, after all she is the one carrying the baby. If men could have babies all reproduction would stop. It is a woman's choice not to continue the pregnancy not the man.

Anonymous wrote:

> I've only just started listening [to the debate] so don't know if this has been brought up. I am sadly in the position to know a few close friends who have had to have late term terminations due to medical reasons not picked up until the pregnancy is considered viable. The babies had complex medical issues and whilst they may have been born alive medical advice was to terminate as the quality of life would have been very low. A life full of surgeries hospital admissions and constant hardships on both the baby and the family. The process to get a late term abortion is not a nice one to go through, parents need to get multiple medical opinions then explain themselves to a board of directors at hospital. To do this usually just days after learning that your much loved much wanted baby won't be coming home won't be having 1st smiles 1st words 1st steps is a horrible thing for parents to have to go through and just another cruel blow to parents who are already at their lowest point. To hear them being called murderers breaks my heart. 95% of the population won't make this decision easily or irresponsibly. So as long as there are appropriate protections put in place, I think to make the process less traumatic for parents already going through what is undoubtedly the worst time in their life isn't necessarily a bad thing.

These are the words of the people of South Australia. Neil Cox writes:

> I am appalled at the proposed abortion bill and implore our members of state parliament to maintain the status quo regarding the abortion laws.
>
> Why…
>
> Proponents of the bill say they want the abortion limit permitted well beyond 6 months to almost full term. However, lawyers interpret the bill to mean up to full term. Full term is the moment of birth. Does the wider community really want to abort babies at the moment of birth? I do not think so. That any bill could be put to parliament as law and be worded so loosely that it can be interpreted so differently is itself a great concern.
>
> In the late 1960s, when abortion became legally available, medical science was far less advanced than today. Many pre-term babies were not viable, and the gestation limits on abortion were set appropriately.

However, to legalise abortion from 6 months onwards denies some basic realities of 21st century medical care in 1st world countries such as ours. The realities are:

- 66% of babies born at 6 months and admitted into Natal Intensive Care Units (NICUs) live to go home, and
- 98% of babies born at 7½ months gestation survive.

To be clear, what this means is, at 6 months 66% of these babies are viable human beings, because we now have the medical science and medical facilities available to provide the majority of the pre-terms a viable future.

The ethical issues with the 98% of babies who would be viable at 7½ months should be even more clear cut and obvious to everyone.

The intent of this bill would take society far beyond what the existing laws permit.

I believe the majority of South Australians would consider the existing laws to be acceptable and reasonable, and not requiring change. Since the 1980s and to this day Australians have taken an essentially non-partisan approach to abortion laws. Understand this well, this means the majority of the voting public have been non-partisan, and a minority have been partisan. This bill will satisfy only a minority of the voting public.

I implore you to maintain the status quo regarding the abortion laws, and not to vote for the proposed bill for abortion that is being considered in Parliament.

Any member of our state parliament who votes in favour of this bill does not deserve any support at the next election.

Yours Sincerely,

Neil Cox

Libby Mills talks about Mr Reimer, who shared his own story at the grief of losing his own child. Libby goes on to say:

I would like to say that I have been involved with Genesis pregnancy support and Love Adelaide and would like to emphasise there is help for women and men who are faced with unplanned pregnancies.

The proposed new law only seeks to get rid of a so-called problem and does not offer real help or choice for women. 95% of women undergo abortion for mental health reasons and yet the mental health problems often get worse post abortion. What about real solutions. With late term abortion it seems the humanity of the child is also ignored. To pass this law will open the flood gates to more abortions, sex selections abortions, private providers with a profit motive and offer no real help or choices for women and totally ignores the humanity of unborn children.

Thanks for the opportunity to express our views.

Libby Mills

Again, the voice of South Australians who wish to be heard—

The CHAIR: The Hon. Mr Pangallo, I recognise that you are raising the voices of South Australians. I should remind you and the committee that the question we are dealing with is that the amendments from the House of Assembly be agreed to, not about whether the bill—

The Hon. F. PANGALLO: Okay.

The CHAIR: A number of these are about the status quo.

The Hon. F. PANGALLO: I will cut it short, Mr Chair.

The CHAIR: If you can.

The Hon. F. PANGALLO: I will not read any more of these, but I seek leave to table them, so at least these people who wanted to be heard are able to be heard.

Leave granted.

The Hon. F. PANGALLO: I will leave it at that, and as I said I pass no judgement. It is only because I, along with every other member in this place, have been contacted by thousands of South Australians wishing to have their voice heard. I think it is only appropriate that we have allowed that to happen today and I thank the chamber for actually being able to listen and not pass any judgement on any of the emails that I have read.

The CHAIR: I am going to proceed to put the question, and I remind members, as I just said, that the question we are dealing with is that the amendments be agreed to, because the bill has already passed this chamber and the bill has passed the lower house and the question is about whether the amendments be agreed to.

Motion carried.

MOTOR VEHICLES (MOTOR BIKE DRIVER LICENSING) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 17 February 2021.)

The Hon. K.J. MAHER (Leader of the Opposition) (16:24): This bill proposes welcome changes to motorcycle licensing that will make our roads safer. Ultimately, it may even save the lives of young and inexperienced riders. It lifts the age at which they can obtain a learner's permit from 16 to 18 and introduces a graduated licensing system. A full licence cannot be obtained until 19, and there are provisions for exceptions for those in regional areas.

While the opposition is prepared to support this bill without amendment, it notes that this bill and these issues have faced the same fate as many others under this government. Just like with sentencing discounts, an expert report recommended changes to motorcycle licences. Just like with guilty plea sentencing discounts, the expert report sat in a Liberal minister's office for many months and, just like the guilty plea sentencing discounts, the opposition moved legislation based on the sentencing report, and just like that the government voted against the legislation based on their own expert reports. Again, like the sentencing guilty plea discounts, the government then took months to move their own legislation through parliament.

Whilst this reform is welcome, it is coming too late. In offering support for this bill, I note the work of the member for Elizabeth in another place, who moved a similar bill in both 2019 and 2020. The work of this parliament is done by all of us and it is noted that without the opposition moving bills many of these issues may not have been acted on by the government. The Labor opposition encourages the government to move quickly on issues that present a risk to public safety, like this one and like with the guilty plea sentencing discounts.

The Hon. M.C. PARNELL (16:26): The Greens will support this bill to introduce measures aimed at enhancing safety on our roads, both for motorcyclists and for other road users. The bill makes sensible changes to the graduated licensing system for motorcyclists based on recommendations from Adelaide University's Centre for Automotive Safety Research, with a particular focus on novice riders.

New safety measures include increasing the minimum age for both the motorcycle learner's permit and the R-date intermediate licence, introducing restrictions on towing and pillion sidecar passengers, and a new night-time riding curfew. There are also some sensible exemptions for those in prescribed regional areas who require transport for the purposes of tertiary or vocational education, work and sporting participation.

I note that this bill will result in stricter requirements for motorcyclists than those that exist in some other Australian jurisdictions. However, it is my view that a stronger response, in line with that taken by Victoria, is justified from a public safety perspective. The Centre for Automotive Safety Research report maintains that such measures are necessary given the higher risk of serious injury or fatality for motorcyclists and the over-representation of younger riders in these numbers.

The report notes that in South Australia between 2012 and 2016 road fatalities were twice as likely for motorcyclists. Given the greater dangers posed by using a motorcycle, it makes sense to impose stricter licensing processes on novice riders who are at even greater risk. These amendments should go some way to curbing the statistics relating to motorcycle injuries and fatalities. The process for obtaining a motorcycle licence will be longer and more rigorous, ensuring that those who ride motorbikes on our roads are more prepared. This in turn will make the roads safer for riders and all other users.

I note that there is one set of amendments on file that I have in the name of the Hon. Connie Bonaros. I look forward to the committee stage of the debate. I will say that they look to be very sensible amendments, but I will listen to the debate and hear whether other members have different perspectives.

The Hon. C. BONAROS (16:29): I rise to speak on behalf of SA-Best on the bill, which we know incorporates a number of long overdue reforms to our motorbike Graduated Licensing Scheme. I say long overdue because far too many motorcyclists are dying or sustaining serious injuries on our roads. We need to tackle this from the ground up, starting with protecting and educating our young, inexperienced riders.

Between 2015 and 2019, motorcyclists made up 15 per cent of South Australian fatalities and 19 per cent of serious injuries, a significant over-representation considering that only about 4 per cent of registered vehicles were motorbikes. Of those, 19 were unlicensed and clearly doing the wrong thing—a cohort not within the scope of this particular bill—six fatalities had learner's permits and a further four held R-date licences.

Every single life lost on our roads is an absolute tragedy, but it is particularly heartbreaking for those parents who have to bury their children as a result of a road accident. I, for one, cannot begin to fathom that grief. The 2017 year was a particularly horrific year, when 24 South Australian motorcyclists lost their lives. It was the catalyst for the University of Adelaide's Centre for Automotive Safety Research review of the South Australian Graduated Licensing Scheme for motorcyclists.

Many of the review's recommendations are common sense and have, thankfully, been adopted in this bill. It is disappointing that it has taken so long for common sense to prevail, even when there was a bill introduced by the opposition in May 2019, but did not progress as the government did not support that bill. So here we are now, some two years later, finally trying to implement these changes. In the meantime, motorcyclists, young and old, have continued to die on our roads.

On 13 February, only a couple of weeks ago, a 16-year-old Barossa Valley teenager became the fifth motorcyclist to die on a South Australian road this year. Again, it is extraordinarily heartbreaking. At the time, motorcyclists represented a staggering 50 per cent of the death toll. There appears to be consensus that the current Graduated Licensing Scheme for novice motorbike drivers needs to be finetuned. We need to reduce the number of families who are on the receiving end of a life-changing knock at the door. It is one of my greatest fears and I know I am not alone amongst the parents, aunties, uncles and loved ones in terms of that fear.

We recognise absolutely that it is impossible to wrap teenagers in cotton wool but it is in our power to legislate for common sense. Raising the age of first-time riders, for me, is the obvious starting point. The current blanket 16-year-old minimum is, broadly speaking, far too young and I am glad that the bill sets a new minimum age at 18 for a learner's permit. A 17 year old will still be able to get a motorbike licence if they have a probationary car licence and a 16 year old living in a prescribed region will still be able to get their motorbike licence at 16 to use for certain purposes like employment, tertiary education and sport.

I appreciate there are broader psychological issues in restricting the mobility of regional teenagers who may be disadvantaged by the cost, availability and reliability of transport options. Personally, though, I still think it is too young, and the condition of some of our regional roads is not reassuring at all, but I understand that there is broad support for this proposal, especially from our regional members. I just hope that we are doing everything we can to ensure that we are equipping those drivers with the skills they need once they step foot on our roads.

Curiously, the exemption that has been carved out for the regional 16 year olds prohibits riding to school but not to sport. We did ask the question: if the sport was held at the same school they attend whether they would be able to drive to that sport and the answer was no, but if the sport was at a different location altogether then the answer would be yes, so there are some slight inconsistencies or loopholes or whatever you want to call them.

There are some things that I think we have tried as best we can to legislate for in this bill that probably could have been thought through a little bit more. Again, I acknowledge the reasons for this

and I do think this point requires some clarification when we work through the committee stage debate of this because any parent of a teenager can tell you that the lines can be easily blurred.

As I said, sport may be school-sponsored. It might be held immediately after the end of the school day, or it might be run by a sporting club on school grounds or held at a neighbouring high school. Based on the advice that I have been given, if it was held at another location it would be okay, but if it was held on the school location it would not. Again, I will be asking some questions on this in the committee stage for the benefit of this cohort to avoid any confusion going forward when those young people get on the roads.

The bill makes a number of other very practical enhancements to the current scheme. I will not address all of them today. There have been some very thorough contributions in both places on the individual clauses, but I think what is seriously lacking in this bill is an overhaul of novice motorbike rider education and training. The stakeholders I have spoken to certainly share our concerns.

The Motorcycle Riders Association of South Australia has been calling for improvements for a number of years. The mother of 19-year-old Harry Taplin-Barton, who was tragically killed in October last year in the Adelaide Hills when his bike collided with a tree, has also been actively campaigning for reforms. I have met with and spoken to the RAA, which also would welcome improvements in this space.

We have, as the Hon. Mark Parnell has indicated, filed amendments seeking to address the inadequacy of the current scheme for new learner riders and returning riders who have not held a motorbike licence in the preceding five years. The amendments specifically refer to compliance with the motorbike training prescribed by the regulations. It will give the government room to adequately consult on how best to improve the training requirements.

I was keen to see that incorporated into this bill, but I will take the government at its word that it has been working on this for some time and it has not been part of the two-year consultation phase that they have undertaken, so they have opted to deal with that as a separate measure. I think, given that they have opted to deal with that as a separate measure, there is absolutely nothing preventing us from incorporating that into a set of regulations that this parliament can then review. That is what my amendments seek to achieve.

For those reasons, we did not want to see the bill delayed while we landed on specific training amendments. We recognise that every day it sits idle is a day another life could be lost on our roads and therefore we support this bill's swift passage. As I said, I understand from our briefing with the government they are already working on an improved scheme. Nevertheless, we have indicated we would like a firm undertaking on the record that this will be done and that it will not take another three years, God forbid. Literally, lives are depending on it.

Currently, a learner motorbike driver's training is limited to a $385 RiderSafe level 1 basic training course. Over a mere half day, basic skills such as braking, cornering and riding in a straight line are canvassed in a controlled, off-road environment. A 16 year old who completes this and the online hazard perception test can then set off solo on an approved motorbike at great risk to both themselves and other road users. They basically get their experience on-road amongst other motor vehicle users. In my view, the bill does not go far enough to require a learner motorbike licence holder to hold a probationary car licence as a prerequisite, as is the case in Queensland.

That is something I certainly would have liked to see. I do not think there is much appetite for that amongst stakeholders I have spoken to to date. I have to say, I was quite surprised to learn that there is no requirement to hold a motor vehicle learner's permit before you can actually make the application for a motorcycle licence. I strongly believe that spending a minimum of 75 hours on the road in a car with a supervising instructor, observing the Road Rules and experiencing different traffic and road conditions is a much better foundation for a novice motorbike rider. This is an example of the broader training requirements we hope to see in the regulations, obviously varied for the uniqueness of the motorbike.

I quickly mention there are other recommendations that were not adopted, that on the face of it also appear to be common sense, such as the requirement for learner riders to wear highly visible clothing. I note that this was in the opposition's bill but it is not one of the measures that was

picked up by the government. I was told that that is basically because there is not much of an appetite to have to wear a high-vis vest when you are on a motorbike and there is not much appetite to have to pay for a high-vis vest and there is not much direction about what kind of high-vis vest you would have to wear.

Frankly, I did not buy any of those arguments. I think that is one of the recommendations that we certainly should have been looking at and I am keen to see whether it will also make its way into those regulations, because there is no question that it would enhance visibility and further alert other road users to be cautious of learner riders' inexperience.

We need something to make us, as motor vehicle users, aware of someone's inexperience on the roads. The government has suggested that clearly defining what actually constitutes high-visibility clothing is problematic, as I have said, but frankly I am not convinced by that argument. It certainly has not prevented Victoria from legislating a high-visibility requirement. It certainly has not prevented a recommendation being made in the first place.

In any event, we are satisfied this bill is a positive first step. As I said, I will speak more to the amendments when I move them in terms of their actual purpose, because, in addition to novice riders, there are some other riders who I think need to fall within the realms of those regulations as well. We look forward to the support of this place for the SA-Best amendments that we hope will have some desired effect. Rest assured, if there is no action, we will bring this issue back before parliament. Right now, the ball is in the government's court to satisfy us all that that is unnecessary. With those words, I will seek to further clarify the amendments in relation to those rider groups when we get to them.

The Hon. D.G.E. HOOD (16:40): I rise today to speak to the Motor Vehicles (Motor Bike Driver Licensing) Amendment Bill 2020, as have the previous speakers. The bill will enable us to implement an improved Graduated Licensing Scheme (GLS) for motorcycle riders in South Australia. The importance of such a scheme is highlighted by the number of motorcyclist fatalities increasing from eight in 2016 to 24 in 2017—a 300 per cent increase. This terrible year for motorcycle riders on our roads prompted a report outlining key elements of an improved GLS, conducted by the University of Adelaide's Centre for Automotive Safety Research, or CASR because you need lots of acronyms.

It is alarming that between 2015 and 2019 the trend in young rider casualties, including fatalities and serious injuries, increased by an average of 12.5 per cent. This compares with the trend in young driver casualties decreasing by an average of 7.7 per cent over the same period. So young riders up 12.5 per cent; young drivers down 7.7 per cent. Research indicates that riders of motorcycles have a higher risk of injury and fatalities than other road users. It comes as no surprise that research also indicates that novice motorcyclists have a higher risk of crashing than more experienced riders, as one might expect.

This has led to an over-representation of motorcyclists losing their lives on our roads. Indeed, between 2015 and 2019, motorcycles on average accounted for 4 per cent of all registered vehicles; however, motorcycle riders accounted for some 15 per cent of all road fatalities and 19 per cent of serious injuries. Data also shows that young riders in the 16 to 19-year-old age group are particularly vulnerable. This age bracket accounted for approximately 5 per cent of the South Australian population, yet it also accounted for some 10.3 per cent of all the motorcyclist fatalities and serious injuries between 2015 and 2019, clearly an over-representation.

The GLS will introduce a staged approach to obtaining a full licence, with learners commencing in relatively low-risk situations. As the novice rider grows in knowledge, skills and on-road experience, restrictions are gradually lifted as they progress through to an intermediate stage and then on to their full licence.

The Marshall Liberal government's bill gives effect to many of the CASR recommendations and strengthens the motorcycle GLS, whilst providing exemptions for young people living in regional South Australia, as appropriate. A key component of keeping South Australians safe on the road is ensuring that road users have the necessary training and experience to be safe and responsible. An improved GLS for motorcycle riders will achieve this.

Novice riders need the time to accumulate the necessary skills and experience to be safe riders. The CASR found that young riders, whether new or fully licensed, have more crashes per distance travelled than older riders. CASR also found that age, irrespective of experience, is an important factor in determining the risk of crash. I think that is an important finding.

A key component of a GLS is to ensure that novice riders have the time to accumulate the necessary skills and experience to be safe riders. Therefore, CASR has recommended that the length of time taken to progress from a learner's permit to a full licence be three years. This will mean the minimum period a learner's permit must be held will be 12 months, regardless of age or any other licences held. Accordingly, the minimum age at which a person can obtain a provisional licence will be 19 years. A provisional licence must then be held for a minimum of two years. As a result of these requirements, the minimum age a person can obtain a full licence classification will be 21 years of age.

At 16, South Australia currently has the equal lowest minimum age for motorcycle learner permits in Australia, along with the Northern Territory and Western Australia. CASR therefore recommended that the minimum age at which a person can obtain a motorcycle licence permit be increased from 16 to 18 years of age. It is important to note that, unlike the Labor Party, the Marshall Liberal government acknowledges that young people in regional South Australia may have limited alternative transport options, compared with young people living in metropolitan Adelaide.

The bill also does not restrict the riding of a motorcycle on private land. Accordingly, the government's bill includes exemptions for young people in regional South Australia, where this may be appropriate. The priority of the reform is to ensure that novice riders have the necessary training and experience so that road safety outcomes are improved for them and other road users. This will go a long way to reducing young rider fatalities and serious injuries.

Tragically, we have already lost five motorcyclists' lives on our roads this year, and that is five too many. These instances have horrific impacts on the family and friends of victims, other first responders who attend the crash sites and of course other road users. This reform has been carefully considered, based on the recommendations through an expert report facilitated by the University of Adelaide. It is strengthened by input from key road safety stakeholders, motorcycle groups and industry representatives.

The Marshall Liberal government is determined to see this bill pass parliament as soon as possible to save lives. I believe the bill strikes the right balance and, most importantly, will make a difference for young riders whose lives it will impact and ideally save. I commend the bill to the council.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (16:46): I thank the Leader of the Opposition, the Hon. Mark Parnell, the Hon. Connie Bonaros and the Hon. Dennis Hood for their contributions. I also thank the Department for Infrastructure and Transport for their work in developing the bill.

As we have heard, the bill's initiatives aim to enhance the Graduated Licensing Scheme to improve the safety of novice motorcyclists, their passengers and other road users. The statistics are very concerning. On average in the past five years, 2015 to 2019, motorcycles accounted for around 4 per cent of all registered vehicles, but motorcyclists accounted for around 15 per cent of all lives lost on South Australian roads and 19 per cent of serious injuries.

During the same period, motorcycle riders aged 16 to 19 accounted for 10.3 per cent of all motorcycle rider fatality and serious injuries, with a total of seven lives lost and 66 serious injuries. Sadly, in 2020 alone, seven riders aged 16 to 19 lost their lives on our roads. Tragically, a 16-year-old rider also lost their life last month.

The bill reflects a balanced approach between mobility and road safety. Having listened to the needs of the community, and after careful consideration, the bill includes an exemption to allow young people who reside in regional South Australia to gain a motorcycle learner's permit prior to turning 18 years of age to attend tertiary education, vocational education and training, for work purposes or to participate in a sporting event. Holders of a provisional licence for a car will also be eligible to obtain a motorcycle learner's permit from 17 years of age.

The bill provides for a staged learning approach by adding a number of restrictions to motorcycle learner's permit holders, such as no passengers, no towing trailers and, for all permit holders under 25 years, night-time restrictions between midnight and 5am. It restricts the holder of a R-date licence classification from riding with any alcohol in their system, regardless of the type of licence they hold.

Broadly, the bill intends to create a genuine GLS for all novice riders with the restrictions gradually lifted through each stage prior to being able to ride a high-powered motorcycle. Whilst younger riders have been a focus in this bill, these initiatives will benefit novice riders of all ages and should contribute to a safer cohort of fully licensed riders once they have successfully completed the GLS.

I thank Ms Bonaros for her contribution and the comments regarding the importance of robust and improved rider training and assessment. Given the importance of these initiatives included in the bill, the government has decided to continue to work on improving novice rider training as a separate project to ensure the speedy passage of this bill. The government has therefore supported amendments to the bill to provide regulations to be made that set out the training required. The Department for Infrastructure and Transport will shortly begin a second stage of reform to progress enhancements to RiderSafe, which will include consultation with key stakeholders on key issues.

In summing-up, the initiatives included in this bill are about protecting motorcyclists. The bill does not replace the existing Graduated Licensing Scheme but enhances it to take into account the risks for motorcyclists and young riders in particular. We have had considerable success in strengthening the Graduated Licensing Scheme for car drivers. Our task now is to replicate this success for motorcycle riders. I commend the bill to the house.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. C. BONAROS: I hope I did not miss this, but I did indicate during my second reading contribution that I would be asking a question about or seeking clarification about school and sports. The advice given to us during the briefing was that an exemption could be granted to attend school, another exemption could be granted to attend sport, but where the sport is held at the person's school that would not come under the parameters of the exemption. I really think that anyone who is caught up in this is going to need some clarification as to whether they can attend sports that are conducted at their school grounds or any other school grounds for that matter.

The Hon. S.G. WADE: I am advised that the proposed definition of participation in a sporting activity is as follows:

> recognised sporting activity participation means participation in a sporting activity that is provided or organised by an association, club or other organisation (other than participation of a kind declared by the regulations to be excluded from this definition).

This definition is consistent with the current exemption provided for P1 drivers under 25 as part of the night-time driving restrictions when driving to participate in a sporting activity. I am advised that in the definition where it refers 'or other organisation' that would include a school.

The Hon. C. BONAROS: So it would include a school, which means you could attend the same school that you attend for education purposes to undertake the sporting activities?

The Hon. S.G. WADE: I am advised yes.

The Hon. C. BONAROS: Wonderful, thank you. That provides some clarity for everybody, then. My other question is specifically in relation to the high-visibility vest that we have discussed. I note again that that was one of the recommendations made by the University of Adelaide in the report, and it has also been incorporated into Victorian legislation.

Just by way of clarification, or confirmation, really, will the minister confirm that this is also one of the things that we will be considering as part of the subsequent work that they will be doing, which will be incorporated into regulations?

The Hon. S.G. WADE: I thought the honourable member was going to raise concerns about people impersonating COVID marshals but it is a completely different matter. The recommendation by the Centre for Automotive Safety Research to require learner riders to wear high-visibility clothing when riding is not being pursued at this time. This has been introduced in Victoria as part of its motorcycle Graduated Licensing Scheme and was one of the most contentious aspects for the community. The Department for Infrastructure and Transport will continue to monitor any safety outcomes in Victoria.

The Hon. C. BONAROS: I think they are all the questions I have at the moment.

Clause passed.

Clauses 2 to 6 passed.

Clause 7.

The Hon. C. BONAROS: I move:

Amendment No 1 [Bonaros–1]—

Page 3, after line 36—After subclause (1) insert:

(1a) Section 75A(2)(a)(v)—delete subparagraph (v) and substitute:

(v) has—

(A) in the case of an applicant for a learner's permit authorising the driving of a motor bike—completed the motor bike driver training prescribed by the regulations and complied any other requirements prescribed by the regulations; or

(B) in any other case—complied with any other requirements prescribed by the regulations in relation to the class of motor vehicle in respect of which the permit is sought; and

The amendment seeks to effectively replace the current provisions in 75A. There is already an existing provision there which allows for regulation-making powers but we have inserted a new (A) which is a separate set of regulations that will be prescribed specifically relating to the learner's permit authorising the driving of a motorbike. I think I have already outlined the reasons for this so I will not go into them again.

Amendment No. 2 is also a consequential amendment but I think it is important to note that as a package there are three issues that we are seeking to cover in terms of the regulation-making powers. I might just do that now: there is the issue of our learner drivers, there is the issue of our novice riders and then there is the issue of our return riders. In all three cases we have said that we need a regime around the level of experience or training that they need to receive before they are allowed on the road.

In terms of return riders, the proposal is that, depending on the length of time you have been off the road, if I had a licence at 18 to ride—I am not very good at these bike definitions—a small motorbike that you would normally get at 18 and then at 55 I suddenly decided to go and spend my savings on a Harley-Davidson—

An honourable member: A mid-life crisis.

The Hon. C. BONAROS: —a mid-life crisis I think it has been referred to as—then is it reasonable to assume or to expect that I will not have the requisite level of experience to ride a Harley, given that that is not the type of bike with the type of—what is the terminology? I am very bad at the terminology.

An honourable member: Horsepower.

The Hon. C. BONAROS: Horsepower. Clearly, this is not my area of expertise, but it is a commonsense issue. Can I jump on a Harley and ride it having had no experience whatsoever?

Return riders, who have ridden a bike previously, can get on the road and ride a bike 30 years later and there is absolutely nothing that will stand in their way. I have an issue with that and I think the general community will have an issue with that.

The other element of that, though, is that when you are issued a licence originally you might stop riding over that 30-year period but your licence is maintained. There is an assumption there that you have been riding for those 30 years and so for some reason you are qualified and experienced enough to jump onto a Harley and off you go. That is not necessarily the case in practice, so one of the regulations that we expect to see is that if I do start off on a small motorbike when I am 20 and I keep renewing my driver's licence for the next 30 years, that should not result in the automatic ability to go out and buy one. Well, you can go and buy it; you just should not be allowed on the road with it unless you have undertaken some form of training.

That is really what we are expecting to see in the regulations, because right now that is an automatic process. There is an assumption there that works in the favour of the licence holder, that they have been riding bikes throughout the course of their life, and that they can go out and buy a Harley and they will have ticked the appropriate box in terms of being able to ride that on the road. In a practical sense, that is just not a reflection of the reality.

I have a staff member who rode a bike when she was about 18. She has not ridden a bike since. She attended with a friend who wanted to buy a high-powered bike and the salesperson said to her friend, 'Let's see your licence.' Her friend did not qualify because she clearly did not have the right level of licensing. My staff member, who has not ridden a bike since she was 18 or 19, qualified for the purchase of that very high-powered motorbike. That is the anomaly that we are trying to address. It should not be an automatic process. There should be some level of retraining, or training, required before that person can get on a bike.

Novice riders are the other group, and that obviously applies to those people who do not need to hold a motorbike licence at all because of the horsepower of the bike involved. Should they be able, just because they hold a driver's licence, to jump onto the back of a motorbike and off they go, because it is not a high-powered vehicle? Those are two groups we are trying to address by the regulations.

The other one, obviously, is the requirement around the level of supervision and so forth that a learner should have before they are allowed on the road. Personally, as I have said before, I have an issue with them not having a driver's licence to begin with. I actually thought that was a requirement. It turns out that it is absolutely not, and so I would expect that they have to get some more appropriate level of training before they can go from the half-day session off road to driving for a full year on road before they sit the P test.

They are the three groups that we are seeking to address in these regulations. If the minister can confirm, based on our briefings and discussions, that those are the groups that the government is willing to address in their regulations, then I will be satisfied that we have effectively addressed the issues that we have highlighted.

The Hon. S.G. WADE: I thank the honourable member. I feel somewhat targeted because I am one of those people with an unrestricted motorcycle licence and I probably have not been on a bike for 30 years.

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: The honourable Leader of the Opposition reminds me that what I was sitting on was something with cc's, not with horsepower. I think I managed to get as high as 750, but I will give an undertaking, both to the honourable member and to my wife, that I will not be buying a Harley-Davidson.

The government recognises the importance of robust and improved rider training and of assessment for applicants seeking a learner's permit to ride a motorcycle. The government will shortly begin a second stage of reform to progress enhancements to RiderSafe, which will include consultation with key stakeholders on key issues. The government supports the amendment being put by the Hon. Connie Bonaros to provide a route for regulations to be made that set out the training requirements.

The Hon. C. BONAROS: I feel like a bit of a dill for saying 'horsepower' as opposed to 'cc's', if I can correct that for the record.

Amendment carried; clause as amended passed.

Clauses 8 and 9 passed.

Clause 10.

The Hon. C. BONAROS: I move:

Amendment No 2 [Bonaros–1]—

Page 8, line 19 [clause 10, inserted section 79A(3)(b)(ii)]—Delete 'examiner.' and substitute 'examiner; and'

That is a consequential amendment.

The Hon. S.G. WADE: The government also regards it as consequential and will support it.

Amendment carried.

The Hon. C. BONAROS: I move:

Amendment No 3 [Bonaros–1]—

Page 8, after line 19 [clause 10, inserted section 79A(3)]—Insert:

(c) in the case of an applicant for a licence authorising the driving of a motor bike—the applicant has completed the motor bike driver training prescribed by the regulations.

This is the one that is really intended to target the novice and the return riders and the unrestricted licence holders, again in a scheme that is to be prescribed by regulation.

The Hon. S.G. WADE: The government supports the amendment.

Amendment carried; clause as amended passed.

Remaining clauses (11 to 13) and title passed.

Bill reported with amendment.

Third Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (17:07): I move:

That this bill be now read a third time.

Bill read a third time and passed.

CORONERS (INQUESTS AND PRIVILEGE) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 18 February 2021.)

The Hon. C. BONAROS (17:08): I rise to speak in support of the government's Coroners (Inquests and Privilege) Amendment Bill 2020, inclusive of course of amendments that have been filed in my name. A 2009 bill introduced by the then opposition was negatived in 2012 during the Fifty-Third Parliament, so it is pleasing to see that the Attorney-General and the Minister for Health and Wellbeing have taken up the baton again, albeit a decade later. It is certainly my hope that we can all work together in a multipartisan approach to pass this bill, inclusive of amendments that have been proposed, with the support of the now government, opposition and crossbenchers.

The amendments I have filed arise from the private member's bill I introduced last year, the Coroners (Miscellaneous) Amendment Bill 2020. I will speak to my amendments later. I will also speak to Labor's amendments as they are dealt with, and I am pleased my bill has focused the government's attention on the seriously overdue need for reform of the Coroners Act 2003. As Oscar Wilde famously said, 'Imitation is the highest form of flattery,' and I am pleased the government has now acted.

Members interjecting:

The PRESIDENT: Order! I am having difficulty hearing the Hon. Connie Bonaros because there is too much audible noise in the chamber and towards its rear. I call the Hon. Ms Bonaros.

The Hon. C. BONAROS: But I am disappointed that it has not taken up from where it left off in opposition. The bill is a very much impoverished version of the then opposition's 2009 bill. It is a shadow of its former self and a retreat from several of the principles espoused by the government when in opposition. I have undertaken extensive consultation in developing my private member's bill and in considering the government's bill. This has included meeting with the past Coroner, the court's constituents, legal practitioners, academics and families of deceased persons, both here and interstate. They all agree that our Coroners Act needs to be brought into the 21st century.

As the Treasurer noted in his second reading explanation, without reform there is 'a real risk that the Coroner will not be able to conduct full and thorough inquests'. It has been very obvious for a very long time that this has been the case. The protections against self-incrimination and penalty privilege in the current legislation have too often resulted in the Coroner being unable to obtain critical information from witnesses. This has adversely impacted on the Coroner's ability to fully execute the role and exercise his powers. Consequently, Coroner's inquests have sometimes failed to meet community expectations that the Coroner will get to the bottom of the matter.

For many families, their motivation for calling for these changes is not to seek punishment—in fact, far from it—or retribution but rather to get answers and to prevent further deaths occurring in the same circumstances to that of their loved ones. The Bell v Deputy Coroner of South Australia [2020] SASC 59 matter confirmed the pressing need for this bill to give the Coroner the powers he needs and to ensure there is no doubt about his remit. It is an important provision in the government's bill.

As I have acknowledged, the government's bill is welcome, but I think it is very narrow in scope. Indeed, the second provision of the government's bill is to further limit the deaths a Coroner must investigate. It redefines a reportable death and when a Coroners inquest will not be held. It carves out where a death is to be excluded from the definition of a death in custody and thus does not require the Coroner to investigate it. The death of a person outside a psychiatric institution who has been subject to an order under the Guardianship and Administration Act or the Mental Health Act 2009 will not be investigated unless the Coroner exercises his discretion to do so.

I reflect on a discussion I had earlier today about the level of trust that we place in our Coroners. To date, we have been very fortunate that we have been able to trust that our Coroner will exercise his discretion favourably in terms of when those inquests ought to occur. However, there is always the very real risk that with a discretion there can arise opportunities where a death that the community might have expected would result in an inquest under this bill could not result in an inquest at all.

There has been some criticism of these provisions as a retrograde step, but by the same token I appreciate what it is that the government has been trying to achieve in this provision. This is probably the most problematic provision that I have with this bill. The death of the most vulnerable and least protected people in our community who live under these orders have been under the umbrella of the Coroners Act for a long time now and there have been many valid arguments as to why these provisions should be maintained.

Like the government's previous minor amendments to the Coroners Act, which concerned deaths by natural causes, reducing the circumstances in which the Coroner must conduct an inquest is frankly all about containing costs and limiting resourcing to the court. I have spoken at length in this place about the issues that the Coroners Court has had over years in terms of a lack of appropriate resourcing.

I think I moved a motion on this last year, indicating the lengths that the Coroners Court has previously gone to to save money: writing on folders in pencil instead of pen so they can erase them and reuse them, and asking families to bring in their own paper to print on, rather than having to provide them with paper when they are provided with reports and documents. There are all manner of tiny cost-saving measures that the Coroners office has undertaken for a very long time because

they themselves have reiterated time and time again that the resourcing and funding available to the Coroners Court has been woefully inadequate.

The amendment of section 23 of the act is consistent with my private member's bill, which confirmed when legal privilege exists. Although worded slightly differently, the provisions in this bill regarding the privilege against self-incrimination and penalty provisions do the same work as my private member's bill proposed. They allow for the Coroner to compel a witness to answer a question if it is in the interest of justice, even where the answer tends to incriminate them or expose them to a penalty. The Coroner can then issue the witness with a certificate of indemnity from prosecution in other proceedings.

This provision is absolutely and well and truly overdue and very welcome. It brings South Australia in line with every other Australian jurisdiction. For many years, I have shared the frustration and disappointment of families of deceased persons when those responsible have been able to claim these privileges and the Coroners inquest has been effectively nobbled.

I want to now touch on the amendments. Amendment No. 1 clarifies that an event includes matters relating to or arising from an event or its aftermath. Jurisdiction has been a common ground of challenges run in the courts, including the recent SASC Bell v Deputy Coroner case, which found that an incident includes the aftermath and the Coroner can investigate post-incident actions, such as reporting. The amendment legislates the findings in Bell.

Amendment No. 2 clarifies the jurisdiction of the Coroners Court to identify those involved in the event being investigated where it appears they may have caused or contributed to a death or require those persons, agencies or organisations to provide information so the Coroner can assess the accountability or responsibility of that party involved in the event. Previously, the Coroner was very limited in his jurisdiction and often found himself unable to fully perform his role. The recent chemotherapy bungle helped clarify the current law in regard to that jurisdiction. Again, my amendment means these powers are legislated and are beyond doubt.

Amendment No. 2 goes on to provide full legal representation for the senior next of kin in families of the person to whom the Coroners proceedings relate to appear, to examine and cross-examine any witness testifying in the proceedings. At present, family members have to apply and satisfy the court that they have sufficient interest in the subject or result of the proceedings. This has often been narrowly interpreted and my amendment puts it beyond doubt that the family has a right to legal representation. This is not a free-for-all for family members; it is limited to senior next of kin or, in the case of Aboriginal families, a culturally appropriate definition of family.

The Coroner can still exercise his discretion to allow for more legal representation of parties. The Coroner manages his own court and who he hears from. To be clear, the amendment notes that the cost of that legal representation can be applied for via the Legal Services Commission, with the usual LSC eligibility criteria to be applied by the LSC. It does not—and this is very important—compel the LSC or the Crown to provide this funding. It also does not remove the Attorney-General's discretion to approve funding for family members to be represented in the Coroner's jurisdiction, which is currently the practice.

At the moment, an application is made. If that family, for whatever reason, needs funding then they make a separate application to the Attorney. The Attorney then has the discretion to provide that funding. Nothing in this bill changes that, it just adds another layer of eligibility in terms of LSC funding as well. I should note also that this provision was one of the recommendations of our former Coroner, who said that there is a clear need for this to be enshrined in our legislation.

Amendment No. 3, findings on inquest, contains reforms the Hon. Stephen Wade vigorously pursued while in opposition. It is extremely important that they be passed as part of this suite of reforms as they are not in the 2021 version of the government's Coroners bill. There have been issues in the past where it was alleged that the Coroner did not have the power to make findings and recommendations that he did in a matter, which has constrained the Coroner from making key findings and recommendations that contribute to saving lives and preventing avoidable deaths in the future.

This amendment seeks to amend the scope of recommendations that the Coroner is permitted to make in relation to an investigation. It is an extremely important amendment. The

amendment means that the Coroner can look at the quality of care, of treatment and of supervision of the deceased person prior to their death. The Coroner can also identify systemic issues and practices or policies or the administration of justice that could be addressed and thereby prevent future deaths. Such recommendations could be vital in preventing future deaths and injuries. This will bring the South Australian Coroners Act in line with all other Australian jurisdictions, where the power to investigate issues incidental to a death have existed for many years.

Amendment No. 3 also improves government accountability in the same way it was contemplated in the government's bill some nine years ago. The minister must, within six months of receiving the Coroners recommendation, lay on the table of both houses of parliament, within eight sitting days of the date, a report addressing concerns raised in a Coroners report, including details of any action taken or proposed and, if no action is to be taken, the reasons for this. The Coroner can also request a supplementary report within the same time lines. This is a crucial amendment because it means the Coroners recommendations have to be reported on by government. Coroners recommendations will no longer have good intent but no legislative muscle.

This is off the back of campaigning by Julie Wilson, who tragically lost her son and has found herself to this day still waiting for the implementation of recommendations that were scathing in terms of the police complaints handling processes in South Australia, and really were the catalyst for the bill that my former boss, Nick Xenophon, introduced in this place and that I took carriage of when I became a member of this place.

I cannot emphasise enough that we do all this work and put the resources that we do to the coronial jurisdiction and they do a huge body of work and then successive governments just ignore the recommendations: they just lay there and we do not do anything with them. At the very least, those families who have lost a loved one deserve to know the reasons that a government is not going to implement the recommendations of the Coroner, and that is precisely what this amendment seeks to achieve. The potential benefits of recommendations from a Coroners inquest will be fully realised, which, as I have noted, has been a very high priority of the Coroner, families of the deceased and the broader South Australian public.

On a recent episode of *Australian Story* on the ABC, entitled 'Landmines in the lounge room', Peter De Waard, counsel assisting the Queensland Coroner in the inquest into the death of a child from ingesting a button battery, expressed his frustration that five years after the death another child had died in similar circumstances. I am happy to say for the record that I have had ongoing discussions about that particular matter with the Attorney and I am pleased that she is looking at it. He said at the time, and I quote:

> When I heard that there'd been another girl that died in circumstances that were almost a carbon copy to Summer's death, I was pissed off. Those organisations could have picked up these recommendations and run with them over five years ago. It wouldn't have taken a lot. What cost do you place on the lives of children?

In late 2020, the federal government said it would introduce safety and information standards for button batteries and products that contain them. These mandatory laws are a world first.

This amendment ensures that recommendations made by our Coroner, like the ones that apply to button batteries, would have to be reported upon by the South Australian government. If they are not implemented, then the government will need to provide the justification as to why they are not going to implement the recommendations. While they will not all be the same as the button battery example, they will nevertheless be brought to government's attention and require a response detailing what action, if any, is to be taken; and, if not, why not?

Finally, I am not going to move amendment No. 3—I am telling members this in the lead-up to the debate that is going to take place—in the form that it was filed on 1 March 2021. I do have an alternative amendment that I hope will be supported by the council. It provides that the Coroner may accord very limited, specific, basic rights of access to a file only by the senior next of kin of a deceased person where there has not been an inquest—so there have been inquiries but there has not been an inquest. While families are sometimes given visual access to a file under the current section 37 of the Coroners Act, others continue to be denied access.

One senior next of kin constituent who has been attempting to gain such access for decades is still waiting for a response to their most recent correspondence to the Coroners office, sent in

October 2020, but I will speak to that more when we get to the amendment during the committee stage debate.

As many families and friends who have had the deaths of a loved one investigated by the Coroner have told me over the years, they just want to know what happened. I think that is a very fair ask. Just as crucially, they want to ensure that the same tragedy does not happen to anyone else and that no other family has to suffer as they have. They want to satisfy themselves the Coroner's decision to not conduct an inquest was sound.

The one aspect of the Coroners Court I have not been able to address in the amendments but have and will continue to work on is of course the lack of adequate resourcing, which I have already mentioned. Again, there is an absolute urgent need to better resource the Coroners Court and Forensic Science SA to address long delays in providing post-mortem reports and conducting and concluding Coroners inquests. There is also an urgent need for another Coroner in South Australia. Other jurisdictions are much better resourced and staffed on a per head of population basis, but this bill is silent on that issue. I think it is going to be an argument that will have to wait for another day.

In regard to the bill before us, though, I have every confidence that, this having been pursued and supported by the then opposition, now government—previous government, now opposition—and my Greens colleagues on the crossbench in 2009, we can safely collaborate in 2021 to bring our act into the 21st century.

I have probably worked with somewhere in the order of 13 coronial inquests. They are absolutely devastating for the families that are involved and devastating for everybody involved. But those families go through those processes because, like I said, they want to know what happened, why their loved one died and, perhaps even more so, they want to prevent that from happening to another family. They do not want another family to go through what they went through.

I mentioned Julie Wilson because she was the first case. Andrea Madeley from Voice of Industrial Death, now a lawyer in Adelaide, is also one after the death of her son Danny. I cannot articulate enough in this place how much I admire those families in terms of the strength and courage they showed in the worst of worst circumstances when they have lost a child, a loved one, whatever the case may be.

As I have said before in this place, I have given my word to those families that, while I am here, I will do absolutely everything to ensure that our Coroners Act in South Australia lives up to those expectations. I will not speak anymore now. I will have more to say when we move to the amendments themselves, but again I commend the Attorney for her work on this bill, for her openness to considering the amendments that have been proposed. I know there are a couple in there that are extremely contentious still, but I am hoping members will consider them in a favourable fashion. With those words, I commend the government for introducing this bill and look forward to a robust debate of its provisions as we progress.

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

STATUTES AMENDMENT (FUND SELECTION AND OTHER SUPERANNUATION MATTERS) BILL

Second Reading

Adjourned debate on second reading.

(Continued from 3 December 2020.)

The Hon. C. BONAROS (17:31): I rise for the final time today to speak on the Statutes Amendment (Fund Selection and Other Superannuation Matters) Bill 2020, and in so doing commend to Treasurer on his commonsense approach to amending the current legislative regime. South Australia is the last jurisdiction blocking choice of super fund for public sector employees. I have spoken about this issue before in this place when I introduced a private member's bill that also deals with super fund selection, and I am actually rapt that the Treasurer thought it was a good enough proposal for the government to adopt.

The shortcomings of the current system in failing to accommodate for individuals' choice when it comes to their super simply do not make sense at all. Forcing workers to save money in super and then denying them any control over how it is managed is nonsensical. I know that many people are waiting in the wings, anxious for freedom of choice.

I have been keeping constituents who asked for this bill updated on developments as I have become aware of them, and I thank the Treasurer for keeping me in the loop. I think he has done an extraordinarily good job at trying to keep us updated at every step of what has been an extraordinarily complex process in terms of navigating this piece of legislation. It has been an enormous task of stakeholder engagement undertaken behind the scenes, but I think that that work means we can all be confident that the bill has both overwhelming support in terms of industry and stakeholder groups and is very well drafted.

Super SA is keen to grow as a modern and competitive fund by expanding its membership with a limited public offer. The fund will also be able to attract further contributions from existing members, such as healthcare workers who may be employed in both the public and private sectors, for example. This will ensure the sustainability of the fund going forward. Similarly, the shackles will be removed for members under the new portability rules, with members free to transfer their super benefits and make future contributions to another eligible fund of their choosing.

Members will have the freedom to make their own choices by weighing up factors most important or applicable to them. I have personally spoken to a public sector employee who would like his super invested in a fund that gives primary consideration to the environment and environmental factors when choosing where to invest. This is not available to him at the moment. There are many more, just like him, asking for more power to choose where their super is invested, according to their own individual circumstances. I have also been contacted by constituents requiring clarification in relation to self-managed super funds.

I would ask the Treasurer to confirm this, but I am pleased to confirm that we have been assured, earlier today in fact, that as long as the fund that the person is looking at is a complying, regulated fund, contributions can be made directly to that. So there is no limitation in terms of self-managed super funds other than that requirement for the other fund to be a regulated fund. As I have said before, this is absolutely a win-win for both Super SA and public sector employees.

A couple of points that honourable members might want to be aware of: police and ambulance workers unions did raise concerns during the consultation process, not because of any opposition to the bill but rather because of insurance issues. There was a concern that if they left their fund they would no longer have the benefit of insurance protection that they currently get under the state-based super scheme.

Again, we have managed to find a resolution to that issue and a resolution that suits the police and ambulance workers unions, and they have confirmed that they are happy with that. There is an exemption via regulations for these higher risk members. They will nevertheless be able to reap the benefits of portability by transferring some of their balances into another fund, should they choose to. They might do this once a year, keep a $20,000 balance in Super SA and transfer or port the rest of their super into their choice of fund. So we have dealt with the issue on behalf of those two groups that we had concerns about.

One of the other issues that no doubt we will hear more about from the opposition is this notion of constitutional protection. Concerns have been raised, I understand predominantly by the opposition, in relation to constitutional protection, and we have sought lengthy details from the government and from the department about ensuring that we are not doing anything here to compromise that constitutional protection. The very firm advice—and I understand the government has Crown law advice on this, which they will no doubt share with us—is that nothing in this bill increases the risk of our constitutional protection. There is nothing in this bill that puts that protection at risk.

There is always a risk when it comes to constitutional protection. We are not inserting or removing any provisions that heighten that risk in any way. That is the firm advice we have had in relation to this bill. There is confirmation that members will continue to benefit tax wise from the fund being treated as property of the Crown with the passing of this bill.

I will not speak any longer on this at this stage. We can confirm some of these things when we get to the committee stage debate. But I would like once again to thank the Treasurer for his very thorough consultation on the bill in working towards our common goal of ensuring South Australians will no longer be dudded when it comes to their super choice and to thank all those individuals in the background who have done a mountain of work to ensure that this bill sees the light of day and that we move forward, as every other jurisdiction has done in Australia. With those words, I look forward to the smooth passage of this bill through this place.

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

Parliamentary Committees

ENVIRONMENT, RESOURCES AND DEVELOPMENT COMMITTEE

The House of Assembly informed the Legislative Council that it had appointed Mr Knoll to the committee in place of Mr Ellis (resigned).

LEGISLATIVE REVIEW COMMITTEE

The House of Assembly informed the Legislative Council that it had appointed Mr Treloar to the committee in place of Mr Ellis (resigned).

At 17:40 the council adjourned until Wednesday 3 March 2021 at 14:15.

Answers to Questions

COVID-19 HOTEL QUARANTINE WORKERS

In reply to **the Hon. E.S. BOURKE** (2 February 2021).

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. As at 6 February 2021, there had been 17 breaches of protocol since 27 November 2020, mainly relating to the incorrect use of personal protective equipment. All incidents were corrected at the time and were classified as low risk.

2. None.

RAIL STAFF INCENTIVE OFFERS

In reply to **the Hon. J.A. DARLEY** (2 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Minister for Infrastructure and Transport has advised:

All redeployment opportunities and voluntary separation payments are in line with the redeployment, retraining and redundancy provisions set out within the Rail Commissioner Rail Operations Enterprise Agreement 2020 (the agreement).

In the event an employee receives written advice of being declared an excess employee, where an employee has elected to become a redeployee (i.e. has decided not to accept an offer of a voluntary separation package), the redeployee will be assigned a case manager and will participate in the redeployment/retraining program.

The agreement requires that a redeployment plan will be established in consultation with the affected employee, with the objective of identifying an alternative ongoing role within the public sector.

PLANNING AND DESIGN CODE

In reply to **the Hon. M.C. PARNELL** (2 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Attorney-General as the Minister for Planning has advised:

1. During the additional six-week period of public consultation (conducted from 4 November 2020 to 18 December 2020), a total of 578 submissions were received.

2. The State Planning Commission (commission) has already released a series of 'What we have heard reports' and 'Engagement reports' that outline the changes made to the Planning and Design Code (code) following consultation on phase 1 (outback areas) and phase 2 (rural areas). An interim report was also released following the first round of consultation on phase 3 (urban areas). These reports are publicly available on the PlanSA website.

The remaining changes to the code in response to the further six weeks of consultation on phase 3 (urban areas) will be incorporated into the final engagement report on the entirety of the phase 3 code changes.

Pursuant to section 73(7) of the Planning, Development and Infrastructure Act 2016 (the act), the commission must then furnish a copy of the engagement report to the minister for her consideration prior to the adoption of the code.

3. The act states that within five business days after taking action under section 73(10)(c) of the act, the minister must publish on the SA Planning Portal (PlanSA) a copy of any final advice furnished to the minister by the State Planning Commission for the purposes of section 73 of the act (being the engagement report).

As the minister has announced that the date for implementation of the new planning system is 19 March 2021, the window in which the engagement report must be made public is between 15 and 26 March 2021, which is five working days either side of the implementation date.

This is consistent with the information that is currently provided on the website that the engagement report will be made public in the first quarter of 2021.

SOUTH EASTERN FREEWAY EXPIATION NOTICES

In reply to **the Hon. F. PANGALLO** (2 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Minister for Police, Emergency Services and Correctional Services has advised:

1. The assessment of South Australia Police (SAPOL) was that there was no reasonable prospect of conviction.

2. While the Supreme Court in Woolmer v Police considered different facts, this matter was considered by SAPOL in the decision to withdraw the South Eastern Freeway prosecutions.

3. Yes.

4. The matters that have been expiated are considered finalised by SAPOL.

SOUTH EASTERN FREEWAY EXPIATION NOTICES

In reply to **the Hon. F. PANGALLO** (2 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Minister for Infrastructure and Transport has advised:

4. Pursuant to section 81BC(2) of the Motor Vehicles Act 1959 (the act), the Registrar of Motor Vehicles (on becoming aware that a person has expiated an offence for exceeding the relevant speed limit by 10km/h or more, or failing to use low gear on the down-track of the South Eastern Freeway) must issue a notice of disqualification (where applicable), disqualifying the person from holding or obtaining a licence for the relevant period.

There is no discretion available to either the Registrar of Motor Vehicles or the Minister for Infrastructure and Transport under the act in relation to the licence disqualification once the expiation notice has been paid. A notice of licence disqualification may only be withdrawn in very limited circumstances, for example if the notice is issued in error, is defective or there is other proper cause for which the notice should not have been given.

ADULT SAFEGUARDING UNIT

In reply to **the Hon. F. PANGALLO** (3 February 2021).

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. Following receipt of concerns in relation to Kindred Living Aged Care Facility, the Adult Safeguarding Unit (ASU) contacted the director, South Australia/Western Australia/Northern Territory Complaints Operations Group, Aged Care Quality and Safety Commission (commission). The commission confirmed they had received the concerns and were taking all matters raised by Kindred Living staff seriously.

The commission provided further reassurance to the ASU that a broad audit of the facility was being undertaken, which included an unannounced visit to the site. The ASU committed to ensuring any further concerns were forwarded to the commission for their action.

2. Two.

3. Anyone with concerns about abuse or neglect of older people or people living with a disability can contact the SA Abuse Prevention Phone Line service for advice, information, or to make a report to the ASU. Callers can remain anonymous and their information will not be disclosed unless required by law.

The Ageing and Adult Safeguarding Act 1995 includes victimisation provisions that ensure a level of protection for people providing information.

In addition, the Public Interest Disclosure Act 2018, which replaced the Whistleblowers Protection Act 1993, protects the identity of informants and allows people to pass on information to the relevant authorities without fear of reprisal.

DRUG DRIVING LAWS

In reply to **the Hon. C. BONAROS** (3 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Attorney-General has advised:

The laws that are specifically concerned with drug driving are primarily contained in the Road Traffic Act 1961 and the Motor Vehicles Act 1959, which fall within the portfolio of the Minister for Infrastructure and Transport.

However, the Criminal Law (Clamping, Impounding and Forfeiture of Vehicles) Act 2007 within the Attorney-General's portfolio does already allow the South Australia Police to clamp or impound a vehicle if a person has been charged with or arrested for a prescribed offence.

Prescribed offences are listed in the Criminal Law (Clamping, Impounding and Forfeiture of Vehicles) Regulations 2007, and do include driving with a prescribed drug in oral fluid or blood (i.e. 'drug driving').

In certain circumstances following conviction of a prescribed offence, the offender's vehicle may also be forfeited to the Crown by court order.

DRUG DRIVING LAWS

In reply to **the Hon. C. BONAROS** (3 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Minister for Police, Emergency Services and Correctional Services has advised:

South Australia Police (SAPOL) actively enforce drug driving laws through the random testing of drivers, the testing of drivers involved in vehicle collisions and drivers committing driving offences.

In 2018, drug driving laws were strengthened with increased penalties and the introduction of a mandatory loss of licence for a first drug driving offence.

The Statutes Amendment (Transport Portfolio) Bill 2020 is also currently being debated before parliament.

DRUG DRIVING LAWS

In reply to **the Hon. C. BONAROS** (3 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Minister for Infrastructure and Transport has advised:

The state government is committed to improving safety on our roads and is currently developing South Australia's Road Safety Strategy to 2031. This new 10-year strategy is being developed in consultation with the public and key stakeholders. Working in conjunction with South Australia Police (SAPOL), the Department for Infrastructure and Transport is also reviewing and considering proposals to address unsafe driving behaviour in the interim.

The Statues Amendment (Transport Portfolio) Bill 2020 introduced into parliament last year includes a range of amendments aimed at improving road safety and was developed in consultation with SAPOL and Forensic Science South Australia. Included in this legislation is to allow drug test screening to support police searches. This amendment will allow the results of a positive drug screening test to be used by police officers as an additional factor in forming 'reasonable suspicion' and therefore the power to search the person or their vehicle in relation to an offence against the Controlled Substances Act 1984.

Further amendments include enabling nurses to take blood samples in metropolitan Adelaide which will assist SAPOL and other authorised officers to facilitate the taking of samples within the required time; and allowing the use of de-identified blood and oral fluid samples for research purposes, including research into other types of drugs that may affect a person's ability to safely operate a vehicle.

PERSONAL MOBILITY DEVICES

In reply to **the Hon. M.C. PARNELL** (4 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Minister for Infrastructure and Transport has advised:

An electric personal transporter is terminology used in the relevant South Australian legislation to refer to a broad range of personal mobility devices (PMDs), including e-scooters, e-skateboards, and other lightweight motorised devices.

In order to operate legally in South Australia, use of e-scooters is currently approved under limited trial conditions, by the Minister for Infrastructure and Transport under section 161A of the Road Traffic Act 1961 (driving certain light vehicles subject to Ministerial approval).

While e-scooters are treated as light vehicles, they are exempt from the requirement to be registered under the Motor Vehicles Act 1959. Consequently, they are not covered by compulsory third-party insurance. A policy of public liability insurance indemnifying the owner and any authorised rider, in an amount of at least $20 million in relation to death or bodily injury, must be in force.

The current e-scooter trials have been made possible through partnerships between local councils and council-approved fleet operators. Fleet operators have previously demonstrated to both the Department for Infrastructure and Transport (DIT) and local council the ability to adhere to the strict conditions of use under trial for example by placing speed-limiting firmware onto the devices to ensure they cannot exceed 15 km/h, and by holding a policy of public liability insurance in an amount of at least $20 million.

DIT cannot be certain that private users of e-scooter devices can adhere to the same conditions as set under the current council run trials. Therefore, the use of privately owned e-scooters on public road infrastructure is not permitted under the current trial arrangements.

The National Transport Commission (NTC) published a Decision Regulatory Impact Statement in December 2020 which proposed a nationally agreed framework for the safe use of PMDs such as e-scooters. The goal of this framework is to provide a nationally consistent approach under the Australian Road Rules to assist in the regulation of these devices to enable safe mobility for all road users.

The outcome of the proposed NTC regulatory framework, together with the trials that have been initiated in South Australia, will be used to inform future regulatory development for the use of PMDs, including e-scooters. This includes investigating options to enable greater use of these devices for commercial fleet and/or personal use.

With respect to people allegedly using unapproved PMDs on the South Australian road network and public infrastructure, riding a non-trial approved e-scooter or other personal mobility devices on public infrastructure in South Australia is an offence under the Road Traffic Act 1961. Riders may be issued a fine of $381 for driving a vehicle without ministerial approval. Riders may also be fined $1,314 for driving an unregistered and uninsured motor vehicle.

DIT has worked with Consumer and Business Services to communicate information directly to retailers to ensure that consumers are aware of the current rules that privately owned PMDs are currently not permitted to be used on public infrastructure.

KANGAROO ISLAND PROPERTY REVALUATION

In reply to **the Hon. J.A. DARLEY** (4 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Attorney-General has advised:

1. As advised by the Valuer-General to the Hon. John Darley MLC at the Budget and Finance Committee hearing on 12 October 2020, valuation adjustments to 435 properties directly impacted by the Kangaroo Island bushfire were made as at the date the bushfire event commenced – being 10 December 2019.

Those valuation adjustments were communicated to Kangaroo Island Council on 27 March 2020 to adopt at their discretion in accordance with the Local Government Act 1999.

The Valuer General is currently undertaking the 2021-22 general valuation, with a dated valuation of 1 January 2021 and coming into effect 1 July 2021.

2. The Valuer-General confirms that adjustments were made for both Cudlee Creek and the South-East as at the date of fire. The Office of the Valuer-General is currently working with Land Services SA in regard to the more recent bushfire event at Cherry Gardens.

DEVELOPMENT APPLICATION REGISTER

In reply to **the Hon. M.C. PARNELL** (16 February 2021).

The Hon. R.I. LUCAS (Treasurer): The Attorney-General has advised:

1. The PlanSA portal covers a wide range of planning services and information for the community, industry and planning practitioners. Each day there are 1450 unique users accessing the PlanSA portal comprising of approximately 245 individual web pages.

The matter arising was in relation to the IT security certificate, which is largely an administrative process, and in no way compromises the security of the PlanSA portal. The issue was rectified on 17 February 2021.

2. The PlanSA website was updated on 17 February 2021 to record the details of the five new proposals called-in by the State Coordinator-General since 7 January 2021. This brings the total amount of call-ins since commencement of the call-in process being 145 (up from 140), to a total estimated cost of $3.942 billion.

The State Coordinator-General call-in process has not been carried over into the Planning, Development and Infrastructure Act 2016 and will be repealed with the commencement of the Planning and Design Code.

PADDY'S LAW

In reply to **the Hon. C. BONAROS** (16 February 2021).

The Hon. R.I. LUCAS (Treasurer): I have been advised:

SafeWork SA and my office have received no notifications in relation to any other deaths or injuries in South Australia caused by inhaling LPG over the last 12 months.