



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

**HEALTH LEGISLATION
AMENDMENT (MIDWIVES AND
NURSE PRACTITIONERS) BILL 2009**

**MIDWIFE PROFESSIONAL
INDEMNITY (COMMONWEALTH
CONTRIBUTION) SCHEME BILL 2009**

**MIDWIFE PROFESSIONAL
INDEMNITY (RUN-OFF COVER
SUPPORT PAYMENT) BILL 2009**

Second Reading

SPEECH

Thursday, 20 August 2009

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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Questioner
Speaker Neumann, Shayne, MP

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Mr NEUMANN (Blair) (12.21 pm)—I would remind the member for Dickson that in October 2007 the Institute of Health and Welfare handed down a report, a damning critique of the Howard government's tenure on the Treasury benches when it came to health and hospital reform in this country. Even the member for Warringah, the former Minister for Health and Ageing, had to concede that he did not attend—at a time when he was available—a debate on health and hospital reform with the shadow opposition spokesperson, the now Minister for Health and Ageing. He had to concede that they had effectively defunded the health and hospital system in this country compared to the states and territories and the private sector, which took up the slack for the failure of the Howard government.

The Howard government occupied the Treasury benches in this House from about March 1996 to November 2007. The real crisis when it came to midwives in this country developed in about 2001. We were not in office at that time. The Howard government had six years or more to resolve these issues. Did we hear any speeches from the member for Dickson in relation to the resolution of the issues concerning insurance, Medicare and PBS assistance for midwives and nurse practitioners? I cannot recall a speech on those issues during that time by the member for Dickson in relation to that. Due to the collapse of the insurance market after 9-11 and a landmark obstetrics birth injury case involving a payout of \$11 million in 2002, this became a big crisis for midwives. With just over 200 privately practising midwives paying about \$800 a year for insurance, there simply was not a large enough pool to fund a payout of that sort of magnitude. It is a bit rich for the member for Dickson to criticise us when those opposite did nothing for nearly 12 years to resolve these issues. It is almost like the slate has been wiped clean and the member for Dickson cannot understand what happened during that time.

This is a good reform that we are seeing today. I did not know whether the member for Dickson was supporting this legislation, the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and cognate bills, or whether he had some concrete amendments he wanted to put to the House. We heard a lot of huff and bluff but we did not see much by way of reform. (*Quorum formed*) It must be a pretty sorry state for the LNP in Queensland when the National Party have to protect them. Ignorance and idleness: that is what the tenure of the Howard government was when it came to assistance to midwives. I was just talking about the failures of the member for Dickson and putative member for McPherson at that time. He really does need to have a look at geography in Queensland if he wants to think about where to stand at the next election. He does not stand firmly on the side of midwives here. He might not be sure where he is standing geographically at the next election but he does not stand on the side of midwives. Midwives are supporting the three bills that are before the House.

I have spoken to members of the Maternity Coalition in Queensland. I have spoken to a number of people involved in this industry—people like Teresa Walsh, a constituent of mine. I have met with a lot of midwives and other people who are involved in homebirths in this country. I also had the privilege of serving on the local health community council with Cas McCullough, a very prominent person involved with the Maternity Coalition in Queensland.

We have taken decisive action and early action in assisting midwives and nurse practitioners. It was the Rudd Labor government, in fulfilment of what we said we would do, that commissioned a report. In June 2008 the Minister for Health and Ageing directed the Commonwealth Chief Nurse and Midwifery Officer, Rosemary Bryant, to conduct a review into the delivery of maternity services in Australia. I talked about this when I spoke to the local Maternity Coalition people in the Barry Jones Auditorium in Ipswich, in my electorate, some many months ago.

I support and have always supported the right of women to self-determination when it comes to issues of pregnancy and their birthing experiences. I believe, as a father of daughters, that it is my daughters' right to choose in the circumstances what they do with their bodies and how they control their decision making concerning pregnancy and the birth of children. I have always taken that view because I believe it is important that we give women as much autonomy and self-determination as we possibly can.

When it comes to this issue of midwives and the assistance given to them, the report of the Maternity Services Review, which was released in February 2009, noted that Australia is one of the safest countries in the world in which a woman can give birth. There were many submissions to the review. The AMA expressed very strong views in its submission, saying that if support for funding arrangements for midwives were to be expanded it would need to be done on the basis that the services and assistance were in a medically supervised model. Many other organisations made submissions, as did many women who are involved in midwifery and nursing. The review made a number of recommendations such as the interesting one found on pages 20 and 21 of the report. There the review advised against premature support for homebirths to avoid 'polarising the professions' and noted that insurance premiums would be very high—and that is the reality.

In the budget we committed \$120.5 million over four years to maternity services reform and \$59.7 million over four years to expand the role of nurse practitioners because we believe nurse practitioners fulfil an important role in the delivery of primary health care. The bills before the House will establish a professional indemnity scheme for eligible midwives, which we believe is critical to ensuring assistance by way of MBS and PBS arrangements. We believe strongly that this will improve efficiency, capacity and productivity when it comes to our health workforce and that it is important for health and hospital reform, particularly in rural and regional areas and places like my electorate of Blair.

Nurse practitioners provide healthcare services already and prescribe medications in a number of jurisdictions. However, the legislation will enable their clients to access MBS and PBS subsidised services and medications. For midwives to be eligible to participate in the new arrangements, they will need to meet advanced practising requirements and be involved in collaborative arrangements with medical practitioners. We expect around 700 eligible midwives will participate over the next four years. We have listened to what the stakeholders, including doctors and the AMA, have said. We have taken note of their submissions and are following the recommendations of the review. We are not making homebirths unlawful and the various pieces of legislation before the House do not say that we are. But we are, as the minister said on 24 June this year in a speech to this House, removing barriers to the provision of care and we are ensuring that we improve services and the community's access to services. We believe this is very important to enable our nursing and midwife workforce to be able to access the kind of assistance that will ensure they operate successfully in consultation with medical practitioners and the medical workforce, including in regional and rural areas. We have looked at a number of models of care and we think that being involved in a collaborative teamwork approach—particularly with obstetricians and GP obstetricians—is the best way to go forward. We think it is important to listen to what the doctors had to say on this and to take note of the more than 800 submissions. As the minister said in her speech, we have 'listened to the collective voice of Australia's mothers' and also look forward to the viewpoints of midwives across the country.

We are changing the laws to benefit women across the country, and I think an insurance scheme is very important. We see insurance schemes for all kinds of professional organisations: for example, lawyers, engineers and doctors have professional insurance schemes. One of the bills before the House, the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill, is important in providing insurance, as there has been no professional indemnity insurance product for midwives since about 2001. The legislation sets out thresholds that apply in claims against eligible midwives. For claims more than \$100,000 but less than \$2 million, the government will contribute 80c in the dollar and for claims of more than \$2 million the government will contribute 100c in the dollar. That is important to ensure that people who have been injured or become ill as a result of, say, negligence by midwives get access to insurance. As someone who was a practising lawyer for a long time, I was involved in many medical negligence cases over the years. I can say that getting access to insurance funds and insurance assistance is critical in personal injury cases. This is particularly so where a child is injured during its birth. Such instances can have catastrophic long-term effects for the child and involve a lot of very costly care. That child may suffer not just pain and suffering but also economic loss of a catastrophic nature. For example, houses in which that child may need to be cared for will need modifications and very specific requirements.

There are issues concerning homebirths, and I have been one who has advocated strongly for homebirths in the past. My wife and I chose to have our children in a hospital setting, but I recognise the right of women to choose their own birthing experience. The Maternity Coalition in Queensland has provided me with some information concerning the rate of homebirths. According to the *Australian Mothers and Babies* report, in 2006 there were about 708 homebirths in Australia, but that report noted that homebirths are not always recorded. There were about 20,548 homebirths in the UK in 2007, which represents about 2.7 per cent of all births, according to the UK Office of National Statistics. The homebirth rate in New Zealand is estimated by the New Zealand College of Midwives at seven per cent and the rate of homebirths in the Netherlands is approximately 30 per cent.

The situation is that women have the right to choose, and I believe that is the case. The minister has publicly said on numerous occasions that she recognises that a very small proportion of women would like to have homebirths, and she is currently investigating some way that this can be provided as an option, making it possible without making the indemnity insurance unaffordable. I urge the minister to work with all stakeholders to ensure that this issue can be resolved.

The shadow minister, the member for Dickson, raised a number of issues outside the scope of this particular series of bills that is before the House. I have no intention of discussing those in the middle of this speech, but what I will say is this: this is a very significant reform by the Rudd Labor government. Despite nearly seven years of the Howard government knowing about the issue of insurance and knowing about the troubles and travails in this industry they did absolutely nothing, so it is a bit galling for the shadow minister to come in here and give us lectures in relation to this particular issue. I urge the minister to continue to work with stakeholders, with midwives, with women who want a homebirth and with doctors and nurse practitioners across the country to ensure that women have the option and the right to determine how they will undertake what is honestly a beautiful experience, the sort of experience that they will cherish for the rest of their lives—giving birth to their children. Those of us who are parents in this place can remember and will always remember, however long we live, those occasions when our children were born—holding a young baby in our arms and realising the responsibility that we have for that child.

This is a sensitive and delicate issue and it needs a lot of attention and care. I commend the minister for this very significant reform and I urge further consultation to resolve any currently unresolved issues in relation to the matter.