No 471

House of Representatives

Supplementary Order Paper

Tuesday, 10 March 2020

Abortion Legislation Bill

Proposed amendments

Louisa Wall, in Committee, to move the following amendments:

Clause 6A

Replace *clause 6A* (page 5, lines 3 to 14) with:

6A Section 5 amended (Supply of contraceptives to sexual violation complainants)

Replace section 5 with:

5 Duty of constable to call health practitioner following sexual violation complaint

(1) If a person complains of sexual violation to a constable, that constable or another constable must call a health practitioner to consult with the complainant unless that person expresses a contrary wish.

(2) In this section and **section 5A**, **sexual violation** means any sexual encounter that the complainant considers—

(a) involved, or may have involved, the penetration of the complainant's genitalia by a penis; and

(b) was non-consensual.

5A Supply of contraceptives to sexual violation complainants

(1) This section applies if:

(a) a constable calls a health practitioner to consult with the complainant under **section 5**; or

(b) a person complains of sexual violation to a health practitioner (whether or not that person also makes a complaint of sexual violation to the Police).

(2) The health practitioner must—

(a) advise the complainant of a contraceptive she may receive in order to avoid the risk of pregnancy; and

(b) administer to her any contraceptive for that purpose or authorise the administration to her of any contraceptive for that purpose.

(3) However, **subsection (2)** does not apply if—

(a) the complainant expresses a wish that she does not want the advice or services described in **subsection (2)**; or

(b) the advice or services described in **subsection (2)** are not within the scope of practice of the health practitioner.

(4) If the advice or services described in **subsection (2)** are not within the scope of practice of the health practitioner, the health practitioner must, at the earliest opportunity, assist the complainant to arrange an appointment with a health practitioner who can provide the advice and services.

(5) **Section 19** does not apply if this section applies.

(6) Without limiting anything in Part 4 of the Health Practitioners Competence Act 2003, every health practitioner who fails to comply with this section is guilty of professional misconduct, and must be dealt with under that Act accordingly.

Clause 7

In *clause 7, new section 20A*, insert as *new subsection (2)* (page 10, after line 38):

(2) The obligation in **subsection (1)(a)(i)** includes ensuring that the other party to a Crown funding agreement has appropriate arrangements in place to ensure that the exercise of conscientious objection under **section 19** does not act as a barrier for people seeking access to the services specified in **section 19(1)**.

Explanatory note

This Supplementary Order Paper amends the Abortion Legislation Bill and seeks to ensure that someone who informs the police or a health practitioner that they have been raped can access emergency contraception within the appropriate time frames for each method of contraception. If given quickly, emergency contraception is highly effective at preventing unwanted pregnancy, and can therefore reduce the need for abortions.

The changes will confirm that the right of a rape victim to access emergency contraceptive services overrides the conscientious objection of a health practitioner.

Further information about emergency contraception

There are currently 2 methods of emergency contraception:

- the copper intrauterine device (IUD), or coil, which is the most effective type of emergency contraception, and
- the emergency contraceptive pill, or morning-after pill.

Emergency contraception prevents pregnancy after unprotected sex has already occurred. Both types of emergency contraception are effective at preventing pregnancy if they are used soon after unprotected sex.

All women who need emergency contraception should be offered the copper IUD (if appropriate or acceptable), as it is the most effective form of emergency contraception. Trials suggest the failure rate for the IUD as emergency contraception is lower than 0.1%. This means less than 1 woman in 1,000 using the IUD as emergency contraception will become pregnant. The IUD must be fitted by a healthcare professional within 5 days (120 hours) of having unprotected sex.

The emergency contraceptive pill has to be taken within 72 hours (3 days) of unprotected sex and is most effective if taken within 12 hours.

(source: https://www.nhs.uk/conditions/contraception/how-effective-emergency-contraception/)

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