

19 March 2025

The Hon. Chris Minns  
52 Martin Place  
SYDNEY NSW 2000  
*By email to [premier@dpc.nsw.gov.au](mailto:premier@dpc.nsw.gov.au)*

Dear Premier,

**Re: Abortion Law Reform Amendment (Health Care Access) Bill 2025**

I am writing to express the grave concerns Women's Forum Australia, our supporters and the NSW community have about Greens MP Amanda Cohn's [Abortion Law Reform Amendment \(Health Care Access\) Bill 2025](#) (see also **attached** our piece in today's Daily Telegraph highlighting our concerns).

**Background**

In 2019, in the face of immense community backlash and the grave concerns of women's and children's advocates, faith groups, and health professionals, NSW passed one of the most extreme abortion laws in the world. The [Abortion Law Reform Act 2019](#) removed longstanding safeguards for both women and unborn children, legalising abortion at any stage, for any reason (I have **attached** copies of our 2019 policy note and submission to the Legislative Council's inquiry on this issue, for further context regarding our concerns about abortion and the 2019 law reforms, many of which are relevant to this Bill).

The Greens have made their radical views on abortion and commitment to free (taxpayer funded) abortions throughout the country, without restriction, abundantly clear.

Not satisfied with the 2019 law reforms, the NSW Greens want to:

- force hospitals and doctors who do not wish to participate in abortion for ethical or religious reasons to be involved in ensuring access to abortion at any stage, for any reason;
- remove some of the few remaining safeguards for women by expanding who can undertake abortions, including dangerous medical abortions; and
- get rid of legal data collection requirements.

I will address our concerns about each below.

**Attack on freedom of conscience**

NSW – and Australia more broadly – is a pluralistic society where individuals with different faiths, cultures, social backgrounds and values have the freedom to believe in different things, and similarly respect that freedom in others, even when others' beliefs are different from their own.

It is not unreasonable that, due to risks of physical and psychological harm to the mother and the deliberate ending of a baby's life, some medical professionals may be opposed to abortion on the basis that it falls outside their conception of medicine as a healing profession, or on the basis of other ethical or religious beliefs.

Last year, through South Australia's debate on the *Termination of Pregnancy (Termination and Live Births) Amendment Bill 2024* and [Queensland's inquiry](#) into the *Termination of Pregnancy (Live Births) Amendment Bill 2024*, the Australian public heard tragic testimonies from midwives about the devastating toll of dealing with neonatal death and stillbirth in an abortion setting, particularly with regard to babies being born alive after late term abortions. It's no wonder that despite funding and liberalised abortion laws, there is a shortage of healthcare workers and clinics willing to facilitate abortion.

Nevertheless, Cohn's Bill seeks to force hospitals and other public health organisations – including Catholic and Christian ones – to provide abortions against their beliefs, and to force health practitioners with a conscientious objection to be involved in the abortion process.

Section [2] of the Bill provides that “The Minister must ensure that abortion services are provided throughout the State within a reasonable distance of residents’ homes” and that to ensure this “the Minister may give directions to...a public health organisation”, which “must comply”.

The effect of this section will be to allow the Minister to mandate hospitals that do not currently perform abortions for medical, ethical, or religious reasons, to perform them. Those hospitals or other public health organisations with a strong objection to providing abortions will likely be forced to close, rather than provide them. The closure of such hospitals will only further cripple an already overwhelmed health care system in NSW.

Sections [9] and [10] of the Bill remove sections 9(3)(a) and 9(4) of the 2019 Act, which allow a health practitioner with a conscientious objection to abortion to give information about how to locate or contact a practitioner who they believe does not have a conscientious objection, rather than being involved with the abortion themselves. As a result, health practitioners with a conscientious objection will be forced to directly refer patients to a health practitioner who they believe will perform the abortion, as per section 9(3)(b) of the Act.

This is an egregious affront to freedom of conscience. For health practitioners who oppose abortion because they believe it intentionally ends the life of a living human being with inherent dignity and rights, or poses significant harm to women, sending a patient to another practitioner who they know will perform the abortion is to be complicit in harm and would contradict their objection. It is akin to forcing a health practitioner who believes that biological sex is immutable, and that medical transitioning is causing irreversible damage to young people, to be involved in cutting off the breasts of a teenage girl who identifies as a boy, as part of ‘gender affirming care’ – another highly contested area of ‘health care’.

The effect of removing freedom of conscience protections and forcing health practitioners to refer for abortions, is that health practitioners will be forced to violate their conscience or leave their job. The latter is the more likely outcome, and as with the forced closure of hospitals, would also place great strain on NSW's struggling health care system.

The Greens' proposed removal of freedom of conscience protections is inconsistent with the recommendation of the [‘Report on the Statutory Review of the Abortion Reform Act 2019’](#)

released in September 2024 and tabled in Parliament in February 2025. The report recommended that the Ministry of Health explore ways to increase understanding and awareness of the Act's conscientious objection provisions in order to balance the rights of health practitioners and the rights of women. For all its shortcomings (i.e. handpicked stakeholders, stakeholder contributions not made public, minimalist approach etc) the report aptly advised that legislative change was not appropriate to address this, but instead recommended training and the development of new policy documents, because as noted by the NSW Health Safe Access to Abortion Care Working Group, "changes to the Act will not change attitudes towards conscientious objection".

This sums up in a nutshell why the Greens' bid to force health practitioners to violate their conscience is not only authoritarian, but futile.

### **Removing safeguards for women by expanding who can perform abortions**

[In her speech on 13 November 2024](#) foreshadowing her Bill, Cohn described her experience as an abortion provider before entering Parliament as "one of joy and empowerment".

Unfortunately, this is not the experience for many women who undergo abortions, forced to seek abortion because they feel it is their only choice due to any number of difficult social circumstances, and which involves risks of both physical and psychological harm. Instead of simply pushing for more abortion, the Greens would better serve women if they addressed the underlying issues that drive women to seek abortion in the first place, like a lack of financial, practical or emotional support, inflexible work/study arrangements, domestic violence and so on.

While under the current Act, only a medical practitioner may perform an abortion, sections [3] to [5] of the Bill amend section 5 of the Act to allow a 'prescribed health practitioner' to perform an abortion on a woman who is not more than 22 weeks pregnant. A 'prescribed health practitioner' includes a medical practitioner, an endorsed midwife, a nurse practitioner, or another registered health practitioner of a kind prescribed by the regulations.

While the provision of medical abortions by nurses and midwives is one of Cohn's key goals as expressed in her [second reading speech](#), and while this was short-sightedly supported by the report on the statutory review, these can only be performed up to nine weeks. Her Bill, however, allows nurses and midwives to perform abortions up to 22 weeks.

Removing the requirement that a medical practitioner perform an abortion, removes safeguards for women and increases the risk of adverse outcomes following complications, especially for women in rural, regional and remote areas – the exact women Cohn says her Bill is meant to help. This is especially the case when it comes to [medical abortions](#), which nurses and midwives will be able to provide without medical input under the Greens' Bill.

Complications following a medical abortion [include](#) haemorrhage, infection and incomplete abortions – all of which require urgent medical attention. Expanding access to medical abortion, particularly in rural, regional and remote areas with underqualified health practitioners and a lack of hospitals and clinics equipped to deal with serious adverse events, puts women's lives at risk.

Safety concerns about allowing health practitioners (other than medical practitioners) to perform medical abortions were also raised by stakeholders who participated in the statutory review of the 2019 Act:

*'the diagnosis and exclusion of ectopic pregnancy prior to medical abortion is absolutely vital, but it can be difficult, and if missed prior to medical abortion being commenced, severe, potentially fatal complications may result. We believe that the clinical management of women undergoing medical abortion is beyond the scope of practice for nurses [and endorsed midwives]'*.

This is to say nothing of the psychological impact of abortion. Research shows that women who have undergone an abortion experience an [increased risk](#) of mental health problems, including depression, anxiety, substance use and suicidal behaviours. This will be exacerbated in rural and regional areas where there is greater social isolation and less mental health support services.

Concerns regarding psychological harm are particularly acute in the case of medical abortion, which is a much more drawn-out process and where women may have to deal with the above-mentioned complications alone. They may also be confronted and traumatised by the experience of seeing the foetus being expelled.

To quote [Edouard Sakiz](#), the former chairman of Roussel-Uclaf, the French company that developed abortion drug RU486: "As abortifacients procedures go, RU486 is not at all easy to use... a woman who wants to end her pregnancy has to live with her abortion for at least a week using this technique. It's an appalling psychological ordeal."

### **Removing critical data collection requirements**

Contrary to the recommendation of the report on the statutory review of the 2019 Act, section [11] of the Greens' Bill seeks to remove requirements for medical practitioners to provide information about abortions. Despite absurd claims by stakeholders in the review that reporting requirements are onerous ([the brief form](#) has only four basic questions) and are an unnecessary barrier to access (it is unclear how), the report considered that in the absence of reliable data collection through other methods, the reporting requirement is an important mechanism for obtaining data about abortion. Indeed, it recommended that the Ministry of Health better ensure that data is consistently reported and of sufficient quality.

### **Conclusion**

If passed, the NSW Greens' Bill will endanger women, will create more victims of abortion – both children and women – and will force hospitals to close and health practitioners to leave their jobs, which would devastate NSW's already strained health care system. However, while the Bill may belong to the Greens, it only passes the Parliament with Labor's support.

Premier, it is your responsibility to lead your party in rejecting this anti-women, anti-children, anti-freedom legislation.

I would welcome the opportunity to discuss this issue further with you.

Yours sincerely,



**Rachael Wong**  
Chief Executive Officer  
Women's Forum Australia