

NZ Abortion Legislation Act 2020 = EXPLAINED!

* All law excerpts taken from Abortion Legislation Act 2020 from the website www.legislation.govt.nz

10 Provision of abortion services to women not more than 20 weeks pregnant

A qualified **health practitioner** may provide abortion services to a woman who is not more than 20 weeks pregnant.

“Qualified health practitioner” = does NOT need to be a doctor, can be a nurse midwife etc

- No referral needed = ie women can self refer, doesn't need any reason for abortion
- No requirement to be done at hospital, women can take EMA pills at home

11 Provision of abortion services to women more than 20 weeks pregnant

(1) A qualified health practitioner may only provide abortion services to a woman who is **more than 20 weeks** pregnant if the health practitioner **reasonably** believes that the abortion is **clinically appropriate** in the circumstances.

“More than 20 weeks” = NO upper gestational limit, so nothing preventing up to birth

- 2025 Abortion Report stated 168 abortions happened after 20 weeks,

“Reasonably” & “Clinically appropriate” = subjective criteria relying on individual judgment

(2) In considering whether the abortion is clinically appropriate in the circumstances, the qualified health practitioner must—

(a) **consult** at least 1 other qualified health practitioner; and

(b) **have regard to—**

(i) all relevant legal, professional, and ethical standards to which the qualified health practitioner is subject; and

(ii) the woman's—

(A) physical health; and

(B) mental health; and

(C) overall **well-being**; and

(iii) the gestational age of the fetus.

“Consult” = NOT required to agree, so “consult” could simply be telling another practitioner about the case, not required to change their decision based on what other practitioner says

“Have regard to” = Very vague, could simply be to acknowledge or notice e.g. “the gestational age of the fetus is 24 weeks,” not required to change decision based on this

“Well-being” = Again not an objective criteria

12 Counselling

- (1) A health practitioner must **advise** a woman of the **availability** of counselling services if the woman—
- (2) A qualified health practitioner may **not**, as a condition of providing abortion services to a woman, require the woman to attend counselling before or after the provision of those services.

“Advise on the availability” = No requirement for women to attend, practitioner can fulfill this by simply saying “counselling is available”

- 2024 Abortion Report showed only 15% of women accessed counselling re their abortion

14 Conscientious objection

- (1) This section applies to a person (A) who is requested by another person (B) to provide, or assist with providing, any of the following services:
 - (a) contraception services:
 - (b) sterilisation services:
 - (c) abortion services:
 - (d) information or advisory services about whether to continue or terminate a pregnancy.
- (2) If A has a conscientious objection to providing, or to assisting with providing, to B the service requested, A **must tell** B at the earliest opportunity—
 - (a) of their conscientious objection; and
 - (b) how to access the contact details of another person who is the closest provider of the service requested.

“Must tell” = Even if you have an objection you are still required to help them access abortion! ie “I have a conscientious objection so won’t perform your abortion but here is someone who will”





In Summary

- People can self-refer to an abortion service provider
- A wider range of health practitioners can provide abortions
- No longer a requirement for abortions to be performed in licensed premises
- For an abortion before 20 weeks: no clinical or statutory requirements
- For an abortion post 20 weeks: vague & subjective criteria
- Counselling must be offered, but is not mandatory
- No specific safeguards against coercion, sex-selective, or disability-based abortions

Reality = Abortion is in effect available on demand up to birth, giving NZ one of the most liberal abortion laws in the world!

Proposed but Rejected Amendments

**bills.parliament.nz/v/6/bc5987e1-3de9-47e8-989c-64635c28b6e4*

Amendment Description	Proposer	Supplementary Order Paper (AKA Amendment number)	Result
 Explicitly ban abortion on the basis of sex or disability	Melissa Lee	SOP 459	✗ Rejected
 Requirement for pain relief for preborn babies during post-20 week abortions	Agnes Loheni	SOP 460–468 (related cluster of late-term safeguard SOPs)	✗ Rejected
 Requirement to provide medical assistance for babies born alive after failed abortions	Simon O'Connor / Agnes Loheni	SOP 461–463 (born-alive safeguard amendments cluster)	✗ Rejected
 Requirement to provide protection against coercion or pressure into abortion by partner/family	Various MPs (incl. National Party MPs)	SOP 469–474 (consent/coercion safeguard amendments cluster)	✗ Rejected

Safe Areas Amendment Act 2022

** All law excerpts taken from www.legislation.govt.nz/act/public/2022/8/en/latest/#LMS378596*

13A Certain behaviour prohibited in **safe areas**

(1) A person must not—

“Safe Area” = up to 150 metres from the perimeter of the abortion provider premises

- (i) **advise or persuade** A to refrain from accessing or providing abortion services (unless the advice or persuasion is by a person who is, with the consent of A, accompanying A):
- (ii) **inform** A about matters related to the provision of abortion services, other than during the course of providing those services, or assisting with provision of those services (unless the information is provided by a person who is, with the consent of A, accompanying A):
- (iii) **engage in protest** about matters relating to the provision of abortion services.

“Advise, inform, engage in protest” = Very broad and subjective criteria

(2) A person who contravenes this section commits an offence and is liable on conviction to a fine not exceeding **\$1,000**.