2023

THE LEGISLATIVE ASSEMBLY  
FOR THE AUSTRALIAN CAPITAL TERRITORY

(As presented)

(Minister for Human Rights)

Voluntary Assisted Dying Bill 2023

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2023

THE LEGISLATIVE ASSEMBLY  
FOR THE AUSTRALIAN CAPITAL TERRITORY

(As presented)

(Minister for Human Rights)

Voluntary Assisted Dying Bill 2023

A Bill for

An Act to regulate access to voluntary assisted dying, and for other purposes

The Legislative Assembly for the Australian Capital Territory enacts as follows:

Part 1 Preliminary

1 Name of Act

This Act is the *Voluntary Assisted Dying Act 2023*.

2 Commencement

This Act commences 18 months after its notification day.

Note The naming and commencement provisions automatically commence on the notification day (see [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), s 75 (1)).

3 Dictionary

The dictionary at the end of this Act is part of this Act.

Note 1 The dictionary at the end of this Act defines certain terms used in this Act, and includes references (signpost definitions) to other terms defined elsewhere in this Act.

For example, the signpost definition ‘health record—see the [Health Records (Privacy and Access) Act 1997](http://www.legislation.act.gov.au/a/1997-125), dictionary.’ means that the term ‘health record’ is defined in that dictionary and the definition applies to this Act.

Note 2 A definition in the dictionary (including a signpost definition) applies to the entire Act unless the definition, or another provision of the Act, provides otherwise or the contrary intention otherwise appears (see [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), s 155 and s 156 (1)).

4 Notes

A note included in this Act is explanatory and is not part of this Act.

5 Offences against Act—application of Criminal Code etc

Other legislation applies in relation to offences against this Act.

Note 1 Criminal Code

The [Criminal Code](http://www.legislation.act.gov.au/a/2002-51), ch 2 applies to all offences against this Act (see Code, pt 2.1).

The chapter sets out the general principles of criminal responsibility (including burdens of proof and general defences), and defines terms used for offences to which the Code applies (eg conduct, intention, recklessness and strict liability).

Note 2 Penalty units

The [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), s 133 deals with the meaning of offence penalties that are expressed in penalty units.

Part 2 Objects, principles and important concepts

6 Objects of Act

The objects of this Act are to—

(a) give individuals who are suffering and dying the option of requesting assistance to end their lives; and

(b) establish a process for individuals to exercise the option to request assistance to end their lives if they have been assessed as meeting the requirements to access voluntary assisted dying under this Act; and

(c) establish mechanisms to—

(i) ensure that voluntary assisted dying is accessed only by individuals who—

(A) want to exercise the option to request assistance to end their lives; and

(B) have been assessed as meeting the requirements to access voluntary assisted dying under this Act; and

(ii) protect individuals from coercion and exploitation; and

(d) provide protection for health practitioners who choose to assist, or not assist, individuals to exercise the option of ending their lives in accordance with this Act; and

(e) provide for the monitoring and enforcement of compliance with this Act.

7 Principles of Act

The following principles are to be taken into account by a person in exercising a function under this Act:

(a) human life is of fundamental importance;

(b) every individual has inherent dignity and should be treated with compassion and respect;

(c) an individual’s autonomy, including autonomy in relation to end of life choices, should be respected;

(d) every individual approaching the end of their life should be provided with high quality, person-centred care and treatment, including palliative care, to minimise their suffering and maximise their quality of life;

(e) an individual should be supported in making informed decisions about treatment and end of life choices;

(f) individuals should be protected from coercion and exploitation;

(g) an individual’s personal, cultural and religious beliefs and values should be respected.

8 Voluntary assisted dying not suicide

For the purposes of a territory law, and for the purposes of a contract, deed or other instrument entered into in the ACT or governed by a territory law, an individual who dies as the result of the administration of an approved substance by or to the individual in accordance with this Act—

(a) does not die by suicide; and

(b) is taken to have died from the condition mentioned in section 11 (1) (b).

9 No obligation to continue with request to access voluntary assisted dying

(1) If an individual starts a request to access voluntary assisted dying, the individual may, at any time, decide not to take any further steps in relation to the request.

(2) However, the individual does not need to start a new request if the individual later decides to take further steps in relation to the request.

10 When individual may access voluntary assisted dying

An individual may access voluntary assisted dying only if—

(a) the individual has made a first request; and

(b) the individual’s coordinating practitioner has decided that the individual meets the eligibility requirements; and

(c) the individual’s consulting practitioner has decided that the individual meets the eligibility requirements; and

(d) the individual has made a second request; and

(e) the individual has made a final request; and

(f) the individual’s coordinating practitioner has decided that the individual meets the final assessment requirements; and

(g) the individual has made an administration decision; and

(h) if the individual has made a self‑administration decision—the individual’s contact person appointment has taken effect.

11 Meaning of eligibility requirements

(1) For this Act, an individual meets the eligibility requirements if—

(a) they are an adult; and

(b) they have been diagnosed with a condition that, either on its own or in combination with 1 or more other diagnosed conditions, is advanced, progressive and expected to cause death (the relevant conditions); and

(c) they are suffering intolerably in relation to the relevant conditions; and

(d) they have decision-making capacity in relation to voluntary assisted dying; and

(e) their decision to access voluntary assisted dying is made voluntarily and without coercion; and

(f) they have—

(i) lived in the ACT for at least the previous 12 months; or

(ii) been granted an exemption under section 151.

(2) However, an individual does not meet the eligibility requirement mentioned in subsection (1) (b) only because they have a disability, mental disorder or mental illness.

(3) For subsection (1) (c), an individual is suffering intolerably in relation to their relevant conditions if—

(a) persistent suffering (whether physical, mental or both) is being caused to them by—

(i) 1 or more of the following matters:

(A) the relevant conditions;

(B) the combination of the relevant conditions and any other condition or conditions they have been diagnosed with (the other conditions);

(C) treatment they have received for the relevant conditions;

(D) the combination of treatments they have received for the relevant conditions and the other conditions; or

(ii) the anticipation or expectation, based on medical advice, of suffering that will or might be caused by a matter mentioned in subparagraph (i); or

(iii) a medical complication that will or might result from, or be related to, a matter mentioned in subparagraph (i); and

(b) the persistent suffering is, in their opinion, intolerable.

(4) In this section:

advanced—an individual’s relevant conditions are advanced if—

(a) the individual’s functioning and quality of life have declined; and

(b) any treatments that are available and acceptable to the individual lose any beneficial impact; and

(c) the individual is in the last stages of their life.

condition means a disease, illness or other medical condition.

disability—

(a) has the same meaning as it has in the [Discrimination Act 1991](http://www.legislation.act.gov.au/a/1991-81), section 5AA (1); but

(b) does not include the meaning in that Act, section 5AA (2).

mental disorder—see the [Mental Health Act 2015](http://www.legislation.act.gov.au/a/2015-38), section 9.

mental illness—see the [Mental Health Act 2015](http://www.legislation.act.gov.au/a/2015-38), section 10.

progressive—an individual’s condition is progressive if their condition is deteriorating and will continue to deteriorate.

12 Meaning of decision-making capacity

(1) For this Act, an individual has decision‑making capacity in relation to voluntary assisted dying if they can—

(a) understand the facts that relate to a decision about accessing voluntary assisted dying; and

(b) understand the main choices available to them in relation to the decision; and

(c) weigh up the consequences of the main choices; and

(d) understand how the consequences affect them; and

(e) on the basis of paragraphs (a) to (d), make the decision; and

(f) communicate the decision in whatever way they can.

(2) An individual must be assumed to have decision-making capacity in relation to voluntary assisted dying unless it is established that they do not have decision‑making capacity in relation to voluntary assisted dying.

(3) In deciding whether an individual has decision‑making capacity in relation to voluntary assisted dying, the following must be taken into account:

(a) an individual’s decision-making capacity is particular to the decision they are to make;

(b) an individual is capable of making a decision if they are capable of making the decision with adequate and appropriate support;

(c) an individual must not be treated as not having decision‑making capacity unless all practicable steps to support them to make decisions have been taken;

(d) an individual must not be treated as not having decision‑making capacity only because they—

(i) make an unwise decision; or

(ii) have impaired decision‑making capacity under another Act, or in relation to another decision;

(e) an individual who moves between having and not having decision‑making capacity must, if practicable, be given the opportunity to consider matters requiring a decision at a time when they have decision-making capacity.

Part 3 Request and assessment process for access to voluntary assisted dying

Division 3.1 First request, coordinating practitioner and first assessment

13 Making first request

(1) An individual may make a request for access to voluntary assisted dying to a health practitioner (a first request).

(2) The request must be—

(a) clear and unambiguous; and

(b) made personally by the individual.

(3) The request may be made in writing or orally, or by communicating in any other way the individual can.

14 Health practitioner must accept or refuse to accept first request

(1) Within 2 working days after the day an individual makes a first request, the health practitioner must—

(a) decide to accept or refuse to accept the request; and

(b) tell the individual about the decision.

(2) The health practitioner—

(a) must refuse to accept the first request if they do not meet the coordinating practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to accept the first request if they are unable or unwilling to exercise the functions of a coordinating practitioner.

Note A health practitioner may refuse to accept a first request if they have a conscientious objection (see s 94).

(3) When telling the individual about the health practitioner’s decision, the health practitioner must—

(a) if the health practitioner accepts the first request—give the individual any information prescribed by regulation; and

(b) if the health practitioner refuses to accept the first request—

(i) tell the individual that other health practitioners may be able to assist the individual with their request; and

(ii) give the individual information about—

(A) another health practitioner who they believe is likely to be able to assist the individual with their request; or

(B) the approved care navigator service.

(4) If the health practitioner accepts the first request, they become the coordinating practitioner for the individual.

15 Recording first request in individual’s health record

If an individual makes a first request, the health practitioner must record the following information in the individual’s health record:

(a) that the first request was made;

(b) the health practitioner’s decision to accept or refuse to accept the first request;

(c) if the health practitioner refused to accept the first request—the steps taken by the health practitioner to comply with section 14 (3) (b).

16 Coordinating practitioner to undertake first assessment

(1) An individual’s coordinating practitioner must undertake an assessment (a first assessment) to decide whether the individual meets the eligibility requirements.

(2) However, the coordinating practitioner must not start the first assessment unless the coordinating practitioner is satisfied that the individual understands the information given to them under section 14 (3) (a).

(3) For subsection (2), in deciding whether an individual understands information given to them, the following must be taken into account:

(a) an individual is capable of understanding the information if they are capable of understanding the information with adequate and appropriate support;

(b) an individual must not be treated as not understanding the information unless all practicable steps to support them to understand the information have been taken;

(c) an individual must not be treated as not understanding the information only because they have impaired decision‑making capacity under another Act or in relation to another matter;

(d) an individual who moves between understanding and not understanding information must, if practicable, be given the opportunity to consider the information at a time when they are most likely to understand it.

(4) The coordinating practitioner may take the following into account when undertaking the first assessment:

(a) any relevant information about the individual that has been prepared by another person who has the appropriate skills and training to provide the information;

(b) if the coordinating practitioner refers the individual to another person for advice under section 17—any advice given by the other person.

17 Referral for advice about eligibility requirements

(1) If an individual’s coordinating practitioner is unable to decide whether the individual meets an eligibility requirement, the coordinating practitioner must refer the individual to another person who has the appropriate skills and training to provide advice about whether the individual meets the eligibility requirement.

(2) The coordinating practitioner must not refer the individual to a person who the coordinating practitioner knows or believes—

(a) is a family member of the individual; or

(b) is a beneficiary under the will of the individual; or

(c) may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to the referral) from—

(i) assisting the individual to access voluntary assisted dying; or

(ii) the death of the individual.

18 Notifying individual and board about outcome of first assessment

(1) Within 2 working days after the day the coordinating practitioner decides whether the individual meets the eligibility requirements, the coordinating practitioner must—

(a) prepare a written report of the first assessment (a first assessment report) that includes—

(i) the coordinating practitioner’s decision in relation to the first assessment; and

(ii) any other information prescribed by regulation; and

(b) give the board a copy of the first assessment report; and

(c) tell the individual about their decision and give the individual a copy of the first assessment report.

Maximum penalty (paragraph (b)): 20 penalty units.

(2) The coordinating practitioner may attach a copy of any document relevant to their decision to the first assessment report.

(3) An offence against this section is a strict liability offence.

19 Referral for consulting assessment

(1) If an individual’s coordinating practitioner decides that the individual meets the eligibility requirements, the coordinating practitioner must refer the individual to another health practitioner (the first referral practitioner) for a consulting assessment.

(2) The referral must be made within 2 working days after the day the coordinating practitioner decides the individual meets the eligibility requirements.

(3) If the first referral practitioner refuses to accept the referral, the coordinating practitioner must—

(a) take reasonable steps to find another health practitioner who will accept a referral under subsection (1); and

(b) if the coordinating practitioner is unable to find another health practitioner—refer the individual to the approved care navigator service.

Division 3.2 Consulting referral, consulting practitioner and consulting assessment

20 Health practitioner must accept or refuse to accept consulting assessment referral

(1) Within 2 working days after the day a health practitioner receives a referral under section 19 or section 26, the health practitioner must—

(a) decide to accept or refuse to accept the referral; and

(b) tell the individual’s coordinating practitioner about the decision.

(2) The health practitioner—

(a) must refuse to accept the referral if they do not meet the consulting practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to accept the referral if they are unable or unwilling to exercise the functions of a consulting practitioner.

Note A health practitioner may refuse to accept a referral if they have a conscientious objection (see s 94).

(3) As soon as practicable after the health practitioner tells the coordinating practitioner about their decision, the coordinating practitioner must—

(a) tell the individual about the decision; and

(b) tell the health practitioner that they have told the individual.

21 Recording referral in individual’s health record

If an individual is referred to a health practitioner under section 19 or section 26, the health practitioner must record the following information in the individual’s health record:

(a) the referral;

(b) the health practitioner’s decision to accept or refuse to accept the referral.

22 Notifying board about decision to accept or refuse to accept referral

(1) This section applies if an individual is referred to a health practitioner under section 19 or section 26.

(2) The health practitioner must give the board written notice of their decision within 2 working days after the day the coordinating practitioner tells the health practitioner that the coordinating practitioner has told the individual about the decision.

Maximum penalty: 20 penalty units.

(3) An offence against this section is a strict liability offence.

(4) If the health practitioner accepts the referral, they become the consulting practitioner for the individual when they give the board notice under subsection (2).

(5) If the health practitioner accepts the referral and has given the board notice under subsection (2), they must give the individual any information prescribed by regulation.

23 Consulting practitioner to undertake consulting assessment

(1) An individual’s consulting practitioner must undertake an assessment (a consulting assessment) to decide whether the individual meets the eligibility requirements.

(2) However, the consulting practitioner must not start the consulting assessment unless the consulting practitioner is satisfied that the individual understands the information given to them under section 22 (5).

(3) For subsection (2), in deciding whether an individual understands information given to them, the following must be taken into account:

(a) an individual is capable of understanding the information if they are capable of understanding the information with adequate and appropriate support;

(b) an individual must not be treated as not understanding the information unless all practicable steps to support them to understand the information have been taken;

(c) an individual must not be treated as not understanding the information only because they have impaired decision‑making capacity under another Act or in relation to another matter;

(d) an individual who moves between understanding and not understanding information must, if practicable, be given the opportunity to consider the information at a time when they are most likely to understand it.

(4) The consulting practitioner’s consulting assessment and decision in relation to the consulting assessment must be undertaken and made independently of the individual’s coordinating practitioner.

(5) The consulting practitioner may take the following into account when undertaking the consulting assessment:

(a) any relevant information about the individual that has been prepared by another person who has the appropriate skills and training to provide the information;

(b) if the consulting practitioner refers the individual to another person for advice under section 24—any advice given by the other person.

24 Referral for advice about eligibility requirements

(1) If an individual’s consulting practitioner is unable to decide whether the individual meets an eligibility requirement, the consulting practitioner must refer the individual to another person who has the appropriate skills and training to provide advice about whether the individual meets the eligibility requirement.

(2) The consulting practitioner must not refer the individual to a person who the consulting practitioner knows or believes—

(a) is a family member of the individual; or

(b) is a beneficiary under the will of the individual; or

(c) may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to the referral) from—

(i) assisting the individual to access voluntary assisted dying; or

(ii) the death of the individual.

(d) is a family member of the individual.

25 Notifying individual, coordinating practitioner and board about outcome of consulting assessment

(1) Within 2 working days after the day the consulting practitioner decides whether the individual meets the eligibility requirements, the consulting practitioner must—

(a) prepare a written report of the assessment (a consulting assessment report) that includes—

(i) the consulting practitioner’s decision in relation to the consulting assessment; and

(ii) any other information prescribed by regulation; and

(b) as soon as practicable, tell the individual about their decision and give the individual a copy of the consulting assessment report; and

(c) give a copy of the consulting assessment report to—

(i) the board; and

(ii) the individual’s coordinating practitioner.

Maximum penalty (paragraph (c) (i)): 20 penalty units.

(2) The consulting practitioner may attach a copy of any document relevant to their decision to the consulting assessment report.

(3) An offence against this section is a strict liability offence.

26 Referral for further consulting assessment

(1) If an individual’s consulting practitioner (the original consulting practitioner) decides that the individual does not meet the eligibility requirements, the individual’s coordinating practitioner may refer the individual to another health practitioner for a further consulting assessment.

(2) If the other health practitioner accepts the referral, the original consulting practitioner stops being the consulting practitioner for the individual when the other health practitioner gives the board notice under section 22 (2).

Division 3.3 Second request

27 Making second request

(1) This section applies if—

(a) an individual’s coordinating practitioner decides that the individual meets the eligibility requirements; and

(b) the individual’s consulting practitioner decides that the individual meets the eligibility requirements.

(2) The individual may make another request for access to voluntary assisted dying (a second request).

(3) The request must—

(a) be in writing; and

(b) state that—

(i) the request is made voluntarily and without coercion; and

(ii) the individual understands the nature and effect of the request; and

(c) be signed by the individual, or another individual on their behalf (an agent), in the presence of 2 eligible witnesses; and

(d) be given to the individual’s coordinating practitioner.

(4) However, an agent may sign the second request on behalf of the individual only if—

(a) the individual—

(i) is unable to sign the request; and

(ii) asks the agent to sign the request; and

(b) the agent—

(i) is an adult; and

(ii) is not a witness to the signing of the request; and

(iii) is not the individual’s coordinating practitioner or consulting practitioner; and

(iv) signs the request in the presence of the individual.

(5) If an individual makes a second request with the assistance of an interpreter, the interpreter must certify on the second request that the interpreter provided a true and correct translation of any material translated.

Note It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](http://www.legislation.act.gov.au/a/2002-51), pt 3.4).

(6) For this section:

eligible witness means someone who is not an ineligible witness.

facility—see section 96 (1).

ineligible witness means someone who—

(a) is not an adult; or

(b) knows or believes they are a beneficiary under the will of the individual; or

(c) knows or believes they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services as a witness) from—

(i) assisting the individual to access voluntary assisted dying; or

(ii) the death of the individual; or

(d) is an owner, or is responsible for the management, of a facility where the individual is a resident; or

(e) is the individual’s coordinating practitioner or consulting practitioner.

resident, of a facility—see section 96 (1).

28 Certification of witness

(1) Each witness to the signing of an individual’s second request must certify in writing that—

(a) if the request was signed by the individual making the request—

(i) the request was signed by the individual in the presence of the witness; and

(ii) the individual appeared to sign the request voluntarily and without coercion; and

(b) if the request was signed by an agent in the presence of the witness—

(i) the individual appeared to ask, voluntarily and without coercion, the agent to sign the request; and

(ii) the request was signed by the agent; and

(c) the witness is not knowingly an ineligible witness.

Note It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](http://www.legislation.act.gov.au/a/2002-51), pt 3.4).

(2) In this section:

agent—see section 27 (3) (c).

ineligible witness—see section 27 (6).

29 Recording second request in individual’s health record

If an individual gives their coordinating practitioner a second request, the coordinating practitioner must record the following information in the individual’s health record:

(a) the day the second request was made;

(b) the day the second request was given to the coordinating practitioner.

30 Notifying board about second request

(1) Within 2 working days after the day an individual’s coordinating practitioner receives a second request, the coordinating practitioner must give the board a copy of the request.

Maximum penalty: 20 penalty units.

(2) An offence against this section is a strict liability offence.

Division 3.4 Final request and final assessment

31 Meaning of final assessment requirements

For this Act, an individual meets the final assessment requirements if—

(a) the individual has decision-making capacity in relation to voluntary assisted dying; and

(b) the individual’s decision to access voluntary assisted dying is made voluntarily and without coercion.

32 Making final request

(1) An individual who has made a second request may make a further request to their coordinating practitioner for access to voluntary assisted dying (a final request).

(2) The request must be—

(a) clear and unambiguous; and

(b) made personally by the individual.

(3) The request may be made in writing or orally, or by communicating in any other way the individual can.

33 Recording final request in individual’s health record

If an individual makes a final request, the individual’s coordinating practitioner must record the day the final request was made in the individual’s health record.

34 Notifying board about final request

(1) Within 2 working days after the day an individual makes a final request, the individual’s coordinating practitioner must—

(a) prepare a written report of receiving the final request (the final request report) that includes any information prescribed by regulation; and

(b) give the board a copy of the final request report.

Maximum penalty (paragraph (b)): 20 penalty units.

(2) An offence against this section is a strict liability offence.

35 Coordinating practitioner to undertake final assessment

As soon as practicable after an individual makes a final request, the individual’s coordinating practitioner must undertake an assessment to decide whether the individual meets the final assessment requirements (a final assessment).

36 Notifying individual and board about outcome of final assessment

(1) As soon as practicable after deciding whether the individual meets the final assessment requirements, the coordinating practitioner must tell the individual about the decision.

(2) If the coordinating practitioner decides that the individual meets the final assessment requirements, the coordinating practitioner must prepare a written report (a final assessment report) that includes—

(a) the coordinating practitioner’s decision in relation to the final assessment; and

(b) any other information prescribed by regulation.

(3) The coordinating practitioner may attach a copy of any document relevant to their decision to the final assessment report.

(4) The coordinating practitioner must give a copy of the final assessment report to—

(a) the board within 2 working days after the day they decide that the individual meets the final assessment requirements; and

(b) the individual as soon as practicable after preparing it.

Maximum penalty (paragraph (a)): 20 penalty units.

(5) An offence against this section is a strict liability offence.

Division 3.5 Transfer of coordinating practitioner functions

37 Transfer request made by coordinating practitioner

(1) This section applies if an individual’s coordinating practitioner (the original practitioner) is unable or unwilling to exercise their functions as coordinating practitioner.

(2) The original practitioner must ask another health practitioner to become the individual’s coordinating practitioner (a transfer request) if the individual consents to the request being made.

(3) Within 2 working days after the day the original practitioner makes a transfer request, the other health practitioner must tell the original practitioner whether the other health practitioner accepts or refuses to accept the request.

(4) The other health practitioner—

(a) must refuse to accept the transfer request if they do not meet the coordinating practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of a coordinating practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 94).

(5) If the other health practitioner accepts the transfer request, the original practitioner must—

(a) tell the individual that the request has been accepted; and

(b) record the request acceptance in the individual’s health record; and

(c) give the board written notice of the request acceptance as soon as practicable, but not later than 2 working days after the day the original practitioner tells the individual that the request has been accepted; and

(d) tell the other health practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.

Maximum penalty (paragraph (c)): 20 penalty units.

(6) An offence against this section is a strict liability offence.

(7) When the original practitioner gives the board notice under subsection (5) (c)—

(a) the other health practitioner becomes the individual’s coordinating practitioner (the new practitioner); and

(b) the functions of the original practitioner transfer to the new practitioner.

(8) The original practitioner must refer the individual to the approved care navigator service if the original practitioner is unable to transfer their functions after taking reasonable steps to do so.

38 Transfer request made by individual

(1) This section applies if an individual’s coordinating practitioner is unable or unwilling to transfer their functions under section 37.

(2) The individual may ask another health practitioner to become their coordinating practitioner (a transfer request).

(3) Within 2 working days after the day the individual makes a transfer request, the other health practitioner must—

(a) tell the individual whether the other health practitioner accepts or refuses to accept the request; and

(b) if the consulting practitioner refuses to accept the request—refer the individual to the approved care navigator service.

(4) The other health practitioner—

(a) must refuse to accept the transfer request if they do not meet the coordinating practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of a coordinating practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 94).

(5) If the other health practitioner accepts the transfer request, the other health practitioner must—

(a) tell the individual’s coordinating practitioner about their acceptance of the request; and

(b) give the board written notice of the request acceptance as soon as practicable, but not later than 2 working days after the day the other health practitioner tells the individual that they accept the request.

Maximum penalty (paragraph (b)): 20 penalty units.

(6) An offence against this section is a strict liability offence.

(7) When the other health practitioner gives the board notice under subsection (5) (b)—

(a) the other health practitioner becomes the individual’s coordinating practitioner (the new practitioner); and

(b) the coordinating practitioner functions transfer to the new practitioner.

39 Decisions of previous coordinating practitioner remain valid despite transfer of coordinating practitioner functions

(1) This section applies if—

(a) the functions of an individual’s coordinating practitioner are transferred under this division; and

(b) a previous coordinating practitioner for the individual has made—

(i) a decision under section 16 that the individual meets the eligibility requirements; or

(ii) a decision under section 35 or section 59 (1) (f) (i) that the individual meets the final assessment requirements.

(2) The decision of the previous coordinating practitioner continues to have effect despite the transfer of functions.

Division 3.6 Miscellaneous

40 Offence—inducing making or revocation of request for access to voluntary assisted dying

(1) A person commits an offence if the person, dishonestly or by coercion, induces an individual into making a request for access to voluntary assisted dying.

Maximum penalty: imprisonment for 7 years.

(2) A person commits an offence if the person, dishonestly or by coercion, induces an individual into revoking a request for access to voluntary assisted dying.

Maximum penalty: 100 penalty units.

(3) In this section:

dishonest—a person’s conduct is dishonest if—

(a) the person’s conduct is dishonest according to the standards of ordinary people; and

(b) the person knows that the conduct is dishonest according to those standards.

request for access to voluntary assisted dying means—

(a) a first request; or

(b) a second request; or

(c) a final request.

Part 4 Accessing voluntary assisted dying and death

Division 4.1 Administration decision

41 Application—div 4.1

This division applies if an individual’s coordinating practitioner has prepared a final assessment report for the individual under section 36 (2).

42 Making administration decision

(1) The individual may decide that—

(a) they will self-administer an approved substance (a self‑administration decision); or

(b) an approved substance will be administered to them by a health practitioner (a practitioner administration decision).

(2) The decision—

(a) must be—

(i) clear and unambiguous; and

(ii) made personally by the individual; and

(b) may be made in consultation with, and on the advice of, the individual’s coordinating practitioner.

(3) The decision—

(a) may be made in writing or orally, or by communicating in any other way the individual can; and

(b) takes effect when the individual tells their coordinating practitioner about the decision.

(4) The individual’s coordinating practitioner must—

(a) record the decision in the individual’s health record; and

(b) give the board written notice of the decision within 2 working days after the day the individual tells the coordinating practitioner about the decision.

Maximum penalty (paragraph (b)): 20 penalty units.

(5) An offence against this section is a strict liability offence.

43 Changing administration decision

(1) An individual who has made an administration decision may, at any time—

(a) if the individual made a self‑administration decision—change their decision to a practitioner administration decision; or

(b) if the individual made a practitioner administration decision—change their decision to a self‑administration decision.

(2) The change of decision—

(a) must be—

(i) clear and unambiguous; and

(ii) made personally by the individual; and

(b) may be made in consultation with, and on the advice of, the individual’s coordinating practitioner.

(3) The change of decision—

(a) may be made in writing or orally, or by communicating in any other way the individual can; and

(b) takes effect when the individual tells their coordinating practitioner about the change of decision.

(4) The individual’s coordinating practitioner must—

(a) record the change of decision in the individual’s health record; and

(b) give the board written notice of the change of decision within 2 working days after the day the individual tells the coordinating practitioner about the change of decision.

Maximum penalty (paragraph (b)): 20 penalty units.

(5) An offence against this section is a strict liability offence.

(6) If the individual changes their administration decision under subsection (1) (a), any contact person appointment in effect ends when the decision is changed.

(7) If an individual changes their administration decision under subsection (1) (b), the individual must appoint a contact person under section 51.

44 Administering practitioner

(1) An individual may ask their coordinating practitioner or another health practitioner (the requested practitioner) to act as their administering practitioner if the individual—

(a) has made a practitioner administration decision; or

(b) has changed their administration decision to a practitioner administration decision under section 43 (1) (a).

(2) Within 2 working days after the day the individual makes a request, the requested practitioner must—

(a) decide to act or refuse to act as the individual’s administering practitioner; and

(b) tell the individual about the decision.

(3) The requested practitioner—

(a) must refuse to act as the individual’s administering practitioner if they do not meet the administering practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to act as the individual’s administering practitioner if they are unable or unwilling to exercise the functions of an administering practitioner.

Note The coordinating practitioner or health practitioner may refuse to act as the individual’s administering practitioner if they have a conscientious objection (see s 94).

(4) The requested practitioner becomes the administering practitioner for the individual when they tell the individual that they agree to act as the individual’s administering practitioner.

(5) If the requested practitioner agrees to act as the individual’s administering practitioner, the practitioner must give the board written notice of their decision within 2 working days after the day they tell the individual about the decision.

Maximum penalty: 20 penalty units.

(6) An offence against this section is a strict liability offence.

(7) If the requested practitioner refuses to act as the individual’s administering practitioner, the practitioner must—

(a) tell the individual that other health practitioners may be able to assist the individual with their request; and

(b) give the individual information about—

(i) another health practitioner who they believe is likely to be able to assist the individual with their request; or

(ii) the approved care navigator service.

(8) The requested practitioner must record the following information in the individual’s health record—

(a) that the request was made;

(b) the practitioner’s decision;

(c) if the practitioner refused to act as the individual’s administering practitioner—the steps taken by the practitioner to comply with subsection (7).

45 Revocation of administration decision

(1) The individual may revoke an administration decision at any time by—

(a) for a self‑administration decision—telling their coordinating practitioner that they have decided not to proceed with the self‑administration of an approved substance; or

(b) for a practitioner administration decision—

(i) if the individual has an administering practitioner—telling their administering practitioner that they have decided not to proceed with the administration of an approved substance; or

(ii) in any other case—telling their coordinating practitioner that they have decided not to proceed with the administration of an approved substance.

(2) An administration decision may be revoked in writing or orally, or by communicating in any other way the individual can.

(3) If the individual revokes an administration decision under subsection (1) (a) or (b) (ii), their coordinating practitioner must—

(a) record the revocation in the individual’s health record; and

(b) give the board written notice of the revocation within 2 working days after the day the individual tells the coordinating practitioner about the revocation.

Maximum penalty (paragraph (b)): 20 penalty units.

(4) If the individual revokes an administration decision under subsection (1) (b) (i), their administering practitioner must—

(a) record the revocation in the individual’s health record; and

(b) if the administering practitioner is not the individual’s coordinating practitioner—give the individual’s coordinating practitioner written notice of the revocation within 2 working days after the day the individual tells the administering practitioner about the revocation; and

(c) give the board written notice of the revocation within 2 working days after the day the individual tells the administering practitioner about the revocation.

Maximum penalty (paragraph (c)): 20 penalty units.

(5) An offence against this section is a strict liability offence.

46 Transfer of administering practitioner functions—transfer request made by administering practitioner

(1) This section applies if—

(a) an individual has an administering practitioner; and

(b) the administering practitioner (the original practitioner) is unable or unwilling to exercise their functions as administering practitioner.

(2) The original practitioner must ask another health practitioner to become the individual’s administering practitioner (a transfer request) if the individual consents to the request being made.

(3) Within 2 working days after the day the original practitioner makes a transfer request, the other health practitioner must tell the original practitioner whether the other health practitioner accepts or refuses to accept the request.

(4) The other health practitioner—

(a) must refuse to accept the transfer request if they do not meet the administering practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of an administering practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 94).

(5) If the other health practitioner accepts the transfer request, the original practitioner must—

(a) tell the individual that the request has been accepted and give the other health practitioner’s name and contact details to the individual; and

(b) record the request acceptance in the individual’s health record; and

(c) give the board written notice of the request acceptance as soon as practicable, but not later than 2 working days after the day the original practitioner does the things mentioned in paragraph (a); and

(d) tell the other health practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.

Maximum penalty (paragraph (c)): 20 penalty units.

(6) An offence against this section is a strict liability offence.

(7) When the original practitioner gives the board notice under subsection (5) (c)—

(a) the other health practitioner becomes the individual’s administering practitioner (the new practitioner); and

(b) the functions of the original practitioner transfer to the new practitioner.

(8) The original practitioner must refer the individual to the approved care navigator service if the original practitioner is unable to transfer their functions after taking reasonable steps to do so.

47 Transfer of administering practitioner functions—transfer request made by individual

(1) This section applies if an individual’s administering practitioner is unable or unwilling to transfer their functions under section 46.

(2) The individual may ask another health practitioner to become their administering practitioner (a transfer request).

(3) Within 2 working days after the day the individual makes a transfer request, the health practitioner must—

(a) tell the individual whether the health practitioner accepts or refuses to accept the request; and

(b) if the consulting practitioner refuses to accept the request—refer the individual to the approved care navigator service.

(4) The health practitioner—

(a) must refuse to accept the transfer request if they do not meet the administering practitioner requirements under section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner); and

(b) may refuse to accept the transfer request if they are unable or unwilling to exercise the functions of an administering practitioner.

Note A health practitioner may refuse to accept a transfer request if they have a conscientious objection (see s 94).

(5) If the health practitioner accepts the transfer request, the health practitioner must—

(a) tell the individual and the individual’s administering practitioner about their acceptance of the request; and

(b) if the individual’s coordinating practitioner is not the individual’s administering practitioner—tell the coordinating practitioner about the request acceptance; and

(c) give the board written notice of the transfer within 2 working days after the day the health practitioner tells the individual that they accept the request; and

(d) tell the original practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.

Maximum penalty (paragraph (c)): 20 penalty units.

(6) An offence against this section is a strict liability offence.

(7) When the health practitioner gives the board notice under subsection (5) (c)—

(a) the health practitioner becomes the individual’s administering practitioner; and

(b) the administering practitioner functions transfer to the health practitioner.

48 Coordinating practitioner functions do not transfer on transfer of administering practitioner functions

(1) This section applies if—

(a) the functions of an individual’s administering practitioner (the original practitioner) are transferred to another health practitioner under section 46 or section 47; and

(b) the original practitioner is the individual’s coordinating practitioner when the administering practitioner functions are transferred.

(2) The original practitioner remains the coordinating practitioner for the individual.

Note The functions of a coordinating practitioner may be transferred under s 37 or s 38.

49 Offence—inducing making or revocation of administration decision

(1) A person commits an offence if the person, dishonestly or by coercion, induces an individual into making an administration decision.

Maximum penalty: imprisonment for 7 years.

(2) A person commits an offence if the person, dishonestly or by coercion, induces an individual into revoking an administration decision.

Maximum penalty: 100 penalty units.

(3) In this section:

dishonest—a person’s conduct is dishonest if—

(a) the person’s conduct is dishonest according to the standards of ordinary people; and

(b) the person knows that the conduct is dishonest according to those standards.

Division 4.2 Contact person

50 Application—div 4.2

This division applies if a self-administration decision is in effect for an individual.

51 Appointment of contact person

(1) The individual must appoint 1 person to be the individual’s contact person.

(2) A person can be appointed as the contact person for an individual only if the person—

(a) is an adult; and

(b) consents to being appointed as the contact person for the individual.

(3) Without limiting who can be appointed as the contact person, the individual may appoint their coordinating practitioner, their consulting practitioner or another health professional.

(4) The appointment must—

(a) be in writing; and

(b) be prepared by—

(i) the individual; or

(ii) if the individual is unable to prepare the appointment—another person who is an adult and is asked by the individual to prepare it; and

(c) include any information prescribed by regulation.

(5) The appointment takes effect when the individual gives their coordinating practitioner the appointment.

(6) The individual’s coordinating practitioner must give the board a copy of the appointment within 2 working days after the day the coordinating practitioner receives the appointment.

Maximum penalty: 20 penalty units.

(7) An offence against this section is a strict liability offence.

52 Coordinating practitioner must give information to contact person

Within 2 working days after the day the individual’s coordinating practitioner gives the board a copy of the appointment under section 51 (6), the coordinating practitioner must give the contact person information about—

(a) the functions of a contact person under this Act; and

(b) the support services available to assist the contact person to comply with their obligations; and

(c) any other information prescribed by regulation.

53 Ending contact person appointment

(1) The appointment of a contact person may be ended by—

(a) the individual giving the contact person written notice that they no longer want the person to be their contact person; or

(b) the contact person giving the individual written notice that they no longer want to be the individual’s contact person.

(2) A notice under subsection (1) (a) or (b) must include any information prescribed by regulation.

(3) If a contact person appointment is ended under this section, the individual must—

(a) tell their coordinating practitioner that the appointment has ended; and

(b) make another appointment under section 51.

(4) Within 2 working days after the day the individual tells their coordinating practitioner about the appointment ending, the coordinating practitioner must give the board written notice about the appointment ending.

Maximum penalty: 20 penalty units.

(5) An offence against this section is a strict liability offence.

54 Effect of revocation of administration decision on contact person appointment

(1) This section applies if an individual—

(a) either—

(i) changes their self-administration decision to a practitioner administration decision under section 43 (1) (a); or

(ii) revokes a self-administration decision; and

(b) has a contact person appointment in effect when the self‑administration decision is changed or revoked.

(2) The contact person appointment is taken to end when the self‑administration decision is changed or revoked.

Division 4.3 Dealing with approved substances

55 Definitions—div 4.3

(1) In this division:

possess, an approved substance—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 24.

prescribe, an approved substance, means issue a prescription for the approved substance.

prescription, in relation to an approved substance, means a written direction (other than a purchase order, requisition or standing order) to an approved supplier to dispense the approved substance.

supply, an approved substance—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 24.

(2) In this section:

purchase order—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), dictionary.

requisition—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), dictionary.

standing order—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), dictionary.

56 Approved substances

(1) The director‑general may approve a medicine for use under this Act for the purposes of causing an individual’s death.

(2) In this section:

medicine—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 11 (1).

57 Approved suppliers and disposers

(1) The director-general may approve a health practitioner to—

(a) supply an approved substance under this Act; or

(b) dispose of an approved substance under this Act.

(2) However, the director-general must not approve a health practitioner under subsection (1) unless the health practitioner meets the eligibility requirements prescribed by regulation.

(3) An approval is a notifiable instrument.

58 Prescribing approved substances—first prescription

(1) This section applies if—

(a) an individual has made an administration decision; and

(b) if the individual has a self‑administration decision in effect—the individual’s contact person appointment has taken effect; and

(c) if the individual has a practitioner administration decision in effect—the individual has an administering practitioner; and

(d) the individual’s coordinating practitioner has given the individual any information prescribed by regulation.

(2) The coordinating practitioner may prescribe 1 or more approved substances that, either alone or in combination, are of a sufficient dose to cause the death of the individual.

(3) A prescription must include any information prescribed by regulation.

(4) Within 2 working days after prescribing an approved substance under subsection (2), the individual’s coordinating practitioner must give the board written notice of the prescription.

Maximum penalty: 20 penalty units.

(5) An offence against this section is a strict liability offence.

59 Prescribing approved substances—subsequent prescription

(1) This section applies if—

(a) an individual has made an administration decision; and

(b) if the individual has a self‑administration decision in effect—the individual’s contact person appointment has taken effect; and

(c) if the individual has a practitioner administration decision in effect—the individual has an administering practitioner; and

(d) the individual’s coordinating practitioner has issued a prescription under section 58, or previously under this section; and

(e) the individual’s coordinating practitioner is satisfied that it is appropriate to issue another prescription; and

(f) the coordinating practitioner has—

(i) undertaken a new assessment to decide whether the individual meets the final assessment requirements (a further final assessment); and

(ii) decided that the individual meets the final assessment requirements.

(2) The coordinating practitioner may prescribe 1 or more approved substances that, either alone or in combination, are of a sufficient dose to cause the death of the individual.

(3) A prescription must include any information prescribed by regulation.

(4) Within 2 working days after prescribing an approved substance under subsection (2), the individual’s coordinating practitioner must give the board written notice of the prescription.

Maximum penalty: 20 penalty units.

(5) An offence against this section is a strict liability offence.

(6) Section 36 (Notifying individual and board about outcome of final assessment) applies to a further final assessment as if a reference to a final assessment were a reference to a further final assessment.

60 Possessing, preparing and supplying approved substances—approved suppliers

(1) An approved supplier may possess an approved substance.

(2) If an approved supplier receives a prescription for an approved substance, the supplier may do any of the following:

(a) prepare the substance for the purpose of supplying it in accordance with paragraph (b);

(b) supply the substance to—

(i) for an individual who has made a self-administration decision—the individual or their contact person; or

(ii) for an individual who has made a practitioner administration decision—the individual’s administering practitioner.

(3) However, an approved supplier must not supply an approved substance under subsection (2) (b) unless—

(a) the prescription was issued—

(i) for any part of the prescription relating to an approved substance that is a controlled medicine—not more than 6 months before the day the supplier supplies the substance; or

(ii) in any other case—not more than 12 months before the day the supplier supplies the substance; and

(b) the supplier is satisfied about—

(i) the authenticity of the prescription; and

(ii) the identity of the coordinating practitioner who issued the prescription; and

(iii) the identity of the individual, contact person or administering practitioner to whom the approved substance is being supplied; and

(c) the supplier has labelled the substance in accordance with any substance labelling requirements prescribed by regulation; and

(d) the supplier complies with any other requirements about the supply of an approved substance prescribed by regulation.

(4) Also, if an approved substance has previously been supplied for an individual under a prescription, an approved supplier must not supply an approved substance for the individual under a subsequent prescription unless the supplier is satisfied that the previously supplied substance has been—

(a) given to an approved disposer; or

(b) reported as lost or stolen in accordance with the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 39.

(5) If an approved supplier supplies an approved substance under subsection (2) (b), the supplier must—

(a) within 2 working days after the day they supply the substance, give the director-general written notice of the supply that includes any information prescribed by regulation; and

(b) prepare a written record of the supply (a supply record) that includes any information prescribed by regulation; and

(c) give the board a copy of the supply record within 2 working days after the day they supply the substance; and

(d) keep the supply record for at least 2 years after the day they supply the approved substance.

Maximum penalty (paragraph (c)): 20 penalty units.

(6) An offence against this section is a strict liability offence.

(7) In this section:

controlled medicine—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 11 (2).

61 Receiving, possessing, preparing and administering approved substances—individuals and other people

(1) This section applies if—

(a) a self-administration decision is in effect for an individual; and

(b) the individual’s coordinating practitioner has prescribed an approved substance under section 58 or section 59.

(2) The individual may do the following in relation to the approved substance:

(a) receive the substance from an approved supplier;

(b) receive the substance from their contact person if the contact person has received the substance from an approved supplier;

(c) give the substance to another individual for a purpose mentioned in subsection (6);

(d) possess the substance for a purpose mentioned in paragraph (e) or (f);

(e) prepare the substance;

(f) self-administer the substance.

(3) The individual’s contact person may do the following in relation to the approved substance:

(a) receive the substance from an approved supplier;

(b) possess the substance for the purpose of giving it to the individual;

(c) give the substance to the individual.

(4) Within 2 business days after the day the contact person gives an approved substance to the individual under subsection (3) (c), the contact person must, by written notice, tell the following entities that they have given the substance to the individual:

(a) the board;

(b) the director-general.

Maximum penalty (paragraph (a)): 20 penalty units.

(5) An offence against this section is a strict liability offence.

(6) If the individual asks an adult (the assisting person), to prepare the approved substance for the individual, the assisting person may do the following:

(a) receive the substance from the individual;

(b) possess the substance for a purpose mentioned in paragraph (c) or (d);

(c) prepare the substance;

(d) give the substance to the individual.

Example

The individual asks their contact person to dissolve an approved substance so that the individual can self-administer the substance. The contact person may receive the substance from the individual, dissolve the substance and return the prepared mixture to the individual.

(7) In this section:

give, for an approved substance, does not include administer.

receive, for an approved substance, does not include receive by administration.

62 Giving approved substances to administering practitioner after change of administration decision—individuals

(1) This section applies if—

(a) an individual changes their administration decision to a practitioner administration decision under section 43 (1) (a); and

(b) the individual is in possession of an approved substance when a health practitioner becomes their administering practitioner.

(2) The individual must give the approved substance to their administering practitioner as soon as practicable after the health practitioner becomes their administering practitioner.

(3) Within 2 working days after the day an individual gives an approved substance to their administering practitioner under subsection (2), the administering practitioner must, by written notice, tell the following entities that they have received the substance from the individual:

(a) the board;

(b) the director-general.

Maximum penalty (paragraph (a)): 20 penalty units.

(4) An offence against this section is a strict liability offence.

63 Receiving, possessing and administering approved substances—administering practitioner

(1) This section applies if—

(a) a practitioner administration decision is in effect for an individual; and

(b) the individual’s coordinating practitioner has prescribed an approved substance under section 58 or section 59.

(2) The individual’s administering practitioner may do the following:

(a) receive the approved substance from an approved supplier for a purpose mentioned in paragraph (c) or (d);

(b) possess the approved substance for a purpose mentioned in paragraph (c) or (d);

(c) prepare the approved substance;

(d) administer the approved substance to the individual.

(3) However, the individual’s administering practitioner must not administer the approved substance to the individual unless satisfied, immediately before administering the substance, that the individual—

(a) has decision‑making capacity in relation to voluntary assisted dying; and

(b) is acting voluntarily and without coercion.

(4) If the individual changes their administration decision to a practitioner administration decision under section 43 (1) (a), the administering practitioner may receive an approved substance from the individual for a purpose mentioned in subsection (2) (b), (c) or (d).

(5) If the administering practitioner functions are transferred under section 46 or section 47 and the original administering practitioner is in possession of the approved substance when the transfer takes effect—

(a) the original administering practitioner must give the substance to—

(i) the new administering practitioner; or

(ii) an approved disposer; and

(b) if the original administering practitioner gives the substance to the new administering practitioner—the new administering practitioner may receive the substance for a purpose mentioned in subsection (2) (b), (c) or (d).

(6) Within 2 working days after the day the original administering practitioner gives an approved substance to the new administering practitioner under subsection (5) (a), the original administering practitioner must, by written notice, tell the following entities that they have given the substance to the new administering practitioner:

(a) the board;

(b) the director-general.

Maximum penalty (paragraph (a)): 20 penalty units.

(7) An offence against this section is a strict liability offence.

64 Giving, receiving and possessing approved substances—change in contact person

(1) This section applies if—

(a) a self-administration decision is in effect for an individual; and

(b) an approved supplier has supplied an approved substance under section 60; and

(c) the appointment of the individual’s contact person ends and the contact person (the original contact person) is in possession of the approved substance when their appointment ends.

(2) Within 14 days after the day the appointment ends, the individual may ask the original contact person to give the approved substance to—

(a) the individual; or

(b) if the individual has appointed another contact person (a new contact person)—the new contact person.

(3) The original contact person must comply with a request under subsection (2) within 2 days after the day it is made.

Maximum penalty: 100 penalty units.

(4) The new contact person may receive the approved substance from the original contact person for a purpose mentioned in section 61 (3) (b) or (c).

(5) Within 2 business days after the day the original contact person gives an approved substance to another person under subsection (2), the original contact person must, by written notice, tell the following entities that they have given the substance to the other person:

(a) the board;

(b) the director-general.

Maximum penalty (paragraph (a)): 20 penalty units.

(6) An offence against this section is a strict liability offence.

65 Giving approved substances to approved disposer if individual dies or contact person appointment ends—contact person

(1) This section applies if—

(a) a self-administration decision is in effect for an individual; and

(b) an approved supplier has supplied an approved substance under section 60; and

(c) either—

(i) the appointment of the individual’s contact person ends and the contact person is not required to give the approved substance to the individual or a new contact person under section 64; or

(ii) the individual dies from any cause; and

(d) the contact person is in possession of the approved substance at the time of the appointment ending or the individual dying.

(2) The contact person must give any remaining approved substance to an approved disposer as soon as practicable, but not later than 14 days after the day of the event mentioned in subsection (1) (c).

Maximum penalty: 100 penalty units.

66 Giving approved substances to approver disposer—administering practitioner

(1) This section applies if—

(a) a practitioner administration decision is in effect for an individual; and

(b) the individual’s administering practitioner is in possession of an approved substance; and

(c) any of the following happen:

(i) the individual revokes the practitioner administration decision;

(ii) the individual dies from any cause;

(iii) the administering practitioner is satisfied that the substance is not suitable for administration to the individual.

(2) The administering practitioner—

(a) may possess the approved substance for the purpose mentioned in paragraph (b); and

(b) must give the approved substance to an approved disposer.

Maximum penalty (paragraph (b)): 100 penalty units.

67 Giving expired approved substances to approved disposer

(1) This section applies if—

(a) an approved supplier has supplied an approved substance under section 60; and

(b) the approved substance is not used before it expires; and

(c) the individual or another person is in possession of the substance.

(2) The individual or other person must give the approved substance to an approved disposer as soon as practicable but not later than 14 days after the day they become aware that the substance has expired.

Maximum penalty: 100 penalty units.

68 Disposal of approved substances by approved disposer

(1) This section applies if an approved disposer receives an approved substance from a person.

(2) The approved disposer—

(a) must do the following within 2 working days after the day they receive the approved substance:

(i) give the board written notice of receiving the substance;

(ii) give the director-general written notice of receiving the substance that includes any information prescribed by regulation; and

(b) may possess the approved substance for the purpose of disposing of it; and

(c) must, as soon as practicable after receiving the approved substance, dispose of it in accordance with any disposal requirements prescribed by regulation.

Maximum penalty (paragraph (a) (i)): 20 penalty units.

(3) If an approved disposer disposes of an approved substance, the disposer must, within 7 days after the day they dispose of the substance—

(a) give the director-general written notice of the disposal that includes any information prescribed by regulation; and

(b) prepare a written record of the disposal (a disposal record) that includes any information prescribed by regulation; and

(c) give the board a copy of the disposal record.

Maximum penalty (paragraph (c)): 20 penalty units.

(4) An offence against this section is a strict liability offence.

(5) The approved disposer must keep the disposal record for at least 2 years after the day they dispose of the approved substance.

69 Storage of approved substances

A person who possesses an approved substance under this division must store the substance in accordance with any storage requirements prescribed by regulation.

70 Offence—unauthorised administration of approved substance

A person commits an offence if the person—

(a) administers an approved substance to an individual; and

(b) is not authorised to administer the approved substance to the individual under section 63 (Receiving, possessing and administering approved substances—administering practitioner).

Maximum penalty: imprisonment for 7 years.

71 Offence—inducing self-administration of approved substance

(1) A person commits an offence if the person, dishonestly or by coercion, induces an individual into self‑administering an approved substance.

Maximum penalty: imprisonment for 7 years.

(2) In this section:

dishonest—a person’s conduct is dishonest if—

(a) the person’s conduct is dishonest according to the standards of ordinary people; and

(b) the person knows that the conduct is dishonest according to those standards.

Division 4.4 Notifications about death

72 Application—div 4.4

This division applies if an individual dies while an administration decision is in effect for them.

73 Contact person to tell coordinating practitioner about death

(1) This section applies if—

(a) an individual dies of any cause; and

(b) there is a contact person appointment in effect when the individual dies.

(2) The individual’s contact person must, within 2 business days after the day they become aware of the individual’s death, tell the individual’s coordinating practitioner about the death.

74 Coordinating practitioner to notify board and director-general about death

(1) This section applies if the individual dies of any cause.

(2) Within 2 working days after the day the individual’s coordinating practitioner becomes aware of the individual’s death, the coordinating practitioner must give written notice of the death to—

(a) the board; and

(b) the director‑general.

Maximum penalty (paragraph (a)): 20 penalty units.

(3) An offence against this section is a strict liability offence.

75 Administering practitioner to notify board, coordinating practitioner and director-general about death

(1) This section applies if—

(a) the individual dies of any cause; and

(b) there is a practitioner administration decision in effect when the individual dies; and

(c) the individual’s administering practitioner is not—

(i) the individual’s coordinating practitioner; or

(ii) required to give the board an administration certificate under section 76.

(2) Within 2 working days after the day the administering practitioner becomes aware of the individual’s death, the administering practitioner must—

(a) give written notice of the death to—

(i) the board; and

(ii) the director-general; and

(b) if the administering practitioner is not the individual’s coordinating practitioner—tell the coordinating practitioner about the death.

Maximum penalty (paragraph (a) (i)): 20 penalty units.

(3) An offence against this section is a strict liability offence.

76 Administration certificate

(1) This section applies if an individual dies after their administering practitioner administers an approved substance to them.

(2) The administering practitioner must give the director‑general written notice of the death within 2 working days after the day the individual dies.

(3) The administering practitioner must prepare a written certificate (an administration certificate) certifying—

(a) that the individual made a practitioner administration decision; and

(b) that the individual did not revoke the practitioner administration decision before the approved substance was administered; and

(c) that the administering practitioner is satisfied that, immediately before administering the approved substance to the individual—

(i) the individual had decision‑making capacity in relation to voluntary assisted dying; and

(ii) the individual was acting voluntarily and without coercion; and

(d) any other matter prescribed by regulation.

Note It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](http://www.legislation.act.gov.au/a/2002-51), pt 3.4).

(4) The administering practitioner must give the board a copy of the administration certificate within 2 working days after the day the administering practitioner administers the approved substance to the individual.

Maximum penalty: 20 penalty units.

(5) An offence against this section is a strict liability offence.

77 Notice of death if individual dies following administration of an approved substance

(1) This section applies if a health practitioner—

(a) is required to give the registrar-general written notice of the death and cause of death of an individual under the [Births, Deaths and Marriages Registration Act 1997](http://www.legislation.act.gov.au/a/1997-112), section 35; and

(b) knows or reasonably believes that the individual died after an approved substance was administered by or to the individual under this Act.

(2) In the notice, the health practitioner—

(a) must state that the individual’s cause of death was the condition mentioned in section 11 (1) (b); and

(b) must not include any reference to voluntary assisted dying as the cause of death.

(3) The health practitioner must also give the registrar-general written notice that the individual’s manner of death was the administration of an approved substance by or to the individual under this Act.

78 Health practitioner to notify board about death

(1) This section applies if a health practitioner—

(a) is required to give the registrar‑general notice under section 77; but

(b) is not required to give the board notice of the individual’s death under section 74, section 75 or section 76.

(2) Within 2 working days after the day the health practitioner becomes aware of the individual’s death, the health practitioner must give written notice of the death to—

(a) the board; and

(b) the director‑general.

Maximum penalty (paragraph (a)): 20 penalty units.

(3) An offence against this section is a strict liability offence.

79 Board may request information from coordinating practitioner or contact person

(1) This section applies if an individual’s coordinating practitioner gives the board notice of the individual’s death under section 74 or section 78.

(2) The board may ask the following people to give the board information about the individual’s death:

(a) the coordinating practitioner;

(b) if the individual had a contact person appointment in effect when they died—the individual’s contact person.

(3) A request under subsection (2) must—

(a) be in writing; and

(b) state the information the board requires; and

(c) state a reasonable period for the coordinating practitioner or contact person to comply with the request; and

(d) state that the coordinating practitioner or contact person may seek an extension of the period mentioned in paragraph (c) before or after the period ends.

(4) The board may extend the period for the coordinating practitioner or contact person to comply with a request under subsection (2) before or after the period ends.

(5) The coordinating practitioner or contact person must comply with a request under subsection (2).

Maximum penalty: 20 penalty units.

Note 1 It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (see [Criminal Code](http://www.legislation.act.gov.au/a/2002-51), pt 3.4).

Note 2 The [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), s 170 and s 171 deals with the application of the privilege against self-incrimination and client legal privilege.

(6) An offence against this section is a strict liability offence.

Division 4.5 Miscellaneous

80 Director-general must keep register about supply, possession and disposal of approved substances

(1) The director-general must keep a register of approved substances that includes the information prescribed by regulation.

(2) The register may also contain any other information the director‑general considers appropriate.

(3) The director-general may correct any mistake, error or omission in the approved substances register.

(4) The director-general may give information in the register to the board if—

(a) the board requests the information; and

(b) the director-general is satisfied that the information is relevant to the exercise of the board’s functions.

Part 5 Requirements for coordinating practitioners, consulting practitioners and administering practitioners

Division 5.1 General

81 Definitions—pt 5

In this part:

authorised administering practitioner means a health practitioner authorised as an authorised administering practitioner under section 87 (a).

authorised consulting practitioner means a health practitioner authorised as an authorised consulting practitioner under section 87 (a).

authorised coordinating practitioner means a health practitioner authorised as an authorised coordinating practitioner under section 87 (a).

Division 5.2 Authorised practitioners

82 Meaning of authorised practitioner—div 5.2

In this division:

authorised practitioner means—

(a) an authorised coordinating practitioner; or

(b) an authorised consulting practitioner; or

(c) an authorised administering practitioner.

83 Application for authorisation

(1) A health practitioner may apply to the director‑general for authorisation as 1 or more of the following:

(a) a coordinating practitioner;

(b) a consulting practitioner;

(c) an administering practitioner.

(2) An application must—

(a) be in writing; and

(b) include any information prescribed by regulation.

(3) The director‑general may refuse to consider an application that does not comply with subsection (2).

84 Eligibility for authorisation

A health practitioner is eligible for authorisation as an authorised administering practitioner, authorised coordinating practitioner or authorised consulting practitioner if the health practitioner meets the requirements prescribed by regulation.

85 Director-general may require more information

(1) The director-general may, in writing, require an applicant for authorisation to give the director-general information that the director-general reasonably needs to decide the application.

(2) If the applicant does not comply with a requirement under subsection (1), the director-general may refuse to consider the application further.

86 Change of information must be provided

If the information in an application for authorisation changes before the application is decided, the applicant must give the director‑general written notice of the details of the change.

87 Deciding applications

If a person applies for authorisation, the director‑general must, in writing—

(a) if the person is eligible for authorisation—authorise the person; or

(b) if the person is not eligible for authorisation—refuse to authorise the person.

88 Authorisation conditions

(1) An authorised practitioner’s authorisation is subject to the following conditions:

(a) any condition the director-general considers appropriate;

(b) any condition prescribed by regulation.

(2) However, before imposing a condition under subsection (1) (a), the director-general must—

(a) give the authorised practitioner a written notice that—

(i) states the condition the director-general proposes to impose; and

(ii) states the reason the director-general proposes to impose the condition; and

(iii) tells the practitioner that the practitioner may give a written response to the director-general about the matters stated in the notice not later than 28 days after the day the practitioner receives the notice; and

(b) consider any response given to the director-general in accordance with paragraph (a) (iii).

89 Notifying director-general about change in eligibility for authorisation

An authorised practitioner must give the director-general written notice about any of the following events or circumstances within 14 days after the day the practitioner becomes aware of the event or circumstance:

(a) a change to the authorised practitioner’s name;

(b) a change to the authorised practitioner’s contact details;

(c) a change to the authorised practitioner’s eligibility to be an authorised practitioner;

(d) any other event or circumstance prescribed by regulation.

90 Revocation of authorisation

The director-general may revoke an authorised practitioner’s authorisation if—

(a) the director-general is satisfied that the authorised practitioner is no longer eligible to be an authorised practitioner; or

(b) the practitioner asks, in writing, for the authorisation to be revoked.

91 Register of authorised practitioners

(1) The director-general must keep a register of authorised practitioners.

(2) The register must include the details prescribed by regulation.

(3) The register may also contain any other details the director-general considers appropriate.

(4) The director-general may correct any mistake, error or omission in the register.

(5) The director-general must give a copy of the register to—

(a) the approved care navigator service; and

(b) the board.

Division 5.3 Requirements for coordinating practitioners, consulting practitioners and administering practitioners

92 Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner

(1) A person may act as a coordinating practitioner for an individual only if they—

(a) are an authorised coordinating practitioner; and

(b) do not have a personal interest in relation to the individual.

(2) A person may act as a consulting practitioner for an individual only if they—

(a) are an authorised consulting practitioner; and

(b) do not have a personal interest in relation to the individual.

(3) However, the coordinating practitioner and the consulting practitioner for an individual must not both be nurse practitioners.

(4) A person may act as an administering practitioner for an individual only if they—

(a) are an authorised administering practitioner; and

(b) do not have a personal interest in relation to the individual.

(5) For this section, a person has a personal interest in relation to an individual if the person—

(a) is a family member of the individual; or

(b) knows or believes they are a beneficiary under the will of the individual; or

(c) knows or believes they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to their role as the coordinating practitioner, consulting practitioner or administering practitioner) from—

(i) assisting the individual to access voluntary assisted dying; or

(ii) the death of the individual.

93 Acting as coordinating practitioner, consulting practitioner or administering practitioner when requirements to act not met

A person commits an offence if the person—

(a) acts as the coordinating practitioner, consulting practitioner or administering practitioner for an individual; and

(b) does not meet the requirements in section 92 (Requirements for acting as coordinating practitioner, consulting practitioner or administering practitioner).

Maximum penalty: 100 penalty units, imprisonment for 12 months or both.

Part 6 Conscientious objections—health practitioners and health service providers

94 Conscientious objection by health practitioner or health service provider

(1) A health practitioner who has a conscientious objection to voluntary assisted dying may refuse to do any of the following:

(a) act as a coordinating practitioner, consulting practitioner or administering practitioner for an individual;

(b) provide advice to a coordinating practitioner in relation to a referral made under section 17 (Referral for advice about eligibility requirements);

(c) provide advice to a consulting practitioner in relation to a referral made under section 24 (Referral for advice about eligibility requirements);

(d) supply an approved substance;

(e) be present when an approved substance is administered by or to an individual.

(2) A health service provider who has a conscientious objection to voluntary assisted dying may refuse to do any of the following:

(a) participate in a request and assessment process;

(b) participate in an administration decision;

(c) be present when an approved substance is administered by or to an individual.

(3) In this section:

health service—see the [Health Act 1993](http://www.legislation.act.gov.au/a/1993-13), section 5.

health service provider means a person who—

(a) is a health service provider for the [Health Act 1993](http://www.legislation.act.gov.au/a/1993-13), section 7; or

(b) is prescribed by regulation as a health service provider.

95 Giving individual contact details for approved care navigator service

(1) This section applies if a health practitioner or health service provider refuses to do a thing mentioned in section 94 in relation to an individual.

(2) Within 2 working days after the day the health practitioner or health service provider refuses to do the thing, they must give the individual, in writing, the contact details for the approved care navigator service.

Maximum penalty: 20 penalty units.

(3) An offence against this section is a strict liability offence.

(4) In this section:

health service provider—see section 94.

Part 7 Obligations of facility operators

Division 7.1 General

96 Definitions—pt 7

(1) In this part:

care service means a health service, aged care service or personal care service.

facility means a place (other than an individual’s private residence) where a care service is provided to a resident of the facility, including—

(a) a hospital; and

(b) a hospice; and

(c) a nursing home, hostel, respite facility or other facility where accommodation, nursing or personal care is provided to individuals who, because of infirmity, illness, disease, incapacity or disability, have a need for accommodation, nursing or personal care; and

(d) a residential aged care facility.

facility operator means the entity that is responsible for the management of a facility.

resident, of a facility, means an individual who is staying at the facility on a temporary or permanent basis to receive accommodation, nursing or personal care.

Examples—resident

a permanent or temporary resident of a residential aged care facility, an in‑patient of a hospital, a resident of a hospice

(2) In this section:

disability—

(a) has the same meaning as it has in the [Discrimination Act 1991](http://www.legislation.act.gov.au/a/1991-81), section 5AA (1); but

(b) does not include the meaning in that Act, section 5AA (2).

health service—see the [Health Act 1993](http://www.legislation.act.gov.au/a/1993-13), section 5.

medicine—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 11 (1).

personal care service means assistance or support of a personal nature that is provided to an individual under a contract, agreement or other arrangement, and includes—

(a) assistance with bathing, showering, personal hygiene, toileting, dressing, undressing or meals; and

(b) assistance with mobility problems; and

(c) assistance or supervision in administering medicine; and

(d) the provision of substantial emotional support.

residential aged care facility means a residential facility that provides residential care to residents at the facility.

residential care—see the [Aged Care Act 1997](https://www.legislation.gov.au/Series/C2004A05206) (Cwlth), section 41-3.

Division 7.2 Information and access obligations

97 Application—div 7.2

This division applies if—

(a) an individual is a resident of a facility; and

(b) a relevant person is not available to the individual at the facility.

98 Definitions—div 7.2

(1) In this division:

deciding practitioner, for a decision about the transfer of an individual, means—

(a) if the individual has a coordinating practitioner—the coordinating practitioner; or

(b) in any case—a treating doctor of the individual.

relevant person means—

(a) for information about voluntary assisted dying—any person who can provide the information; and

(b) for a request to access voluntary assisted dying—a person who is necessary for the exercise of a function under part 3 (Request and assessment process for access to voluntary assisted dying) or part 4 (Accessing voluntary assisted dying and death) in relation to an individual’s request for access to voluntary assisted dying.

99 Giving individual contact details for approved care navigator service

(1) This section applies if the individual, or their agent, tells the facility operator, orally or in writing, that the individual wants—

(a) information about voluntary assisted dying; or

(b) to access voluntary assisted dying.

(2) Within 2 working days after the day the request is made, the facility operator must give the individual, in writing, the contact details for the approved care navigator service .

Maximum penalty: 30 penalty units.

(3) An offence against this section is a strict liability offence.

100 Giving individual reasonable access to relevant people

(1) This section applies if the individual, or their agent, tells the facility operator, orally or in writing, that the individual wants—

(a) information about voluntary assisted dying; or

(b) to access voluntary assisted dying.

(2) Unless the facility operator decides that it is not reasonably practicable to do so, the operator must, with the consent of the individual, allow a relevant person to have reasonable access to the individual at the facility.

Maximum penalty: 100 penalty units.

101 Facilitating transfer of individual

(1) This section applies if—

(a) the facility operator decides that it is not reasonably practicable for a relevant person to have access to the individual at the facility under section 100; and

(b) the individual, or their agent, asks to be transferred to and from a place to see the relevant person.

(2) The facility operator must ask the individual’s deciding practitioner to decide whether the transfer is reasonable in the circumstances.

(3) The individual’s deciding practitioner must take the following into account when deciding whether a transfer is reasonable in the circumstances:

(a) whether the transfer would be likely to cause serious harm to the individual;

Examples—serious harm

significant pain, a significant deterioration in the individual’s condition

(b) whether the transfer would be likely to adversely affect the individual’s access to voluntary assisted dying;

Example—adverse effect

the transfer would likely result in a loss of decision‑making capacity, including because of the effects of any pain relief or medication that would be required for the transfer

(c) whether the transfer would be likely to cause undue delay or prolonged suffering in accessing voluntary assisted dying;

(d) whether the place where it is proposed the individual would be transferred to is available to receive the individual;

(e) whether the individual would incur a financial loss or cost because of the transfer.

(4) The facility operator must, as soon as reasonably practicable, facilitate the transfer of the individual if—

(a) the deciding practitioner decides that the transfer is reasonable in the circumstances; and

(b) the individual consents to the transfer.

Maximum penalty: 100 penalty units.

(5) If the facility operator does not facilitate the transfer in accordance with subsection (4), the operator must give the board written notice stating—

(a) the reasons why the transfer did not happen; and

(b) the steps taken by the operator to try to facilitate the transfer.

Maximum penalty: 20 penalty units.

(6) An offence against subsection (5) is a strict liability offence.

102 Making access to relevant person reasonably practicable

(1) This section applies if—

(a) it is not reasonably practicable for a relevant person to have access to an individual at a facility under section 100; and

(b) the facility operator does not transfer the individual under section 101 because the individual’s deciding practitioner decides that the transfer is unreasonable in the circumstances.

(2) The facility operator must take reasonable steps to make it reasonably practicable for the relevant person to have access to the individual at the facility.

Maximum penalty: 100 penalty units.

Division 7.3 Other obligations

103 Facility operator must have policy

(1) A facility operator must have a policy that—

(a) sets out how the operator will comply with its obligations under division 7.2; and

(b) complies with any requirements prescribed by regulation.

Maximum penalty: 20 penalty units.

(2) The facility operator must publish its policy in a way that is likely to come to the attention of a resident of the facility, or an individual who may wish to become a resident of the facility in the future.

Maximum penalty: 20 penalty units.

Examples—publishing information in way likely to come to individual’s attention

1 including the policy in a brochure about the facility operator

2 including the policy on the facility operator’s website

3 displaying the policy on signs at the facility

(3) If a person asks the facility operator for its policy, the operator must make the policy available to the person within 2 working days after the day the person asks for it.

Maximum penalty: 20 penalty units.

(4) An offence against this section is a strict liability offence.

104 Facility operator must not withdraw or refuse to provide care service

A facility operator must not withdraw a care service from an individual, or refuse to provide a care service to an individual, only because the operator knows that—

(a) the individual or their agent has asked, or is likely to ask, for information about voluntary assisted dying; or

(b) the individual has made, or is likely to make, a request to access voluntary assisted dying.

Maximum penalty: 100 penalty units.

Part 8 Voluntary assisted dying oversight board

Division 8.1 Establishment of board

105 Establishment of board

The Voluntary Assisted Dying Oversight Board is established.

Division 8.2 Membership of board

106 Members of board

The board consists of at least 4, but not more than 7 members, including the chair and deputy chair (if one is appointed).

107 Appointment of members

(1) The Minister may appoint a person as a member of the board if satisfied the person—

(a) either—

(i) has knowledge and expertise in 1 or more relevant area; or

(ii) is likely to make a valuable contribution to the board because of the individual’s experience, knowledge and skills; and

(b) is not, and has not been, bankrupt or personally insolvent; and

(c) has not been convicted or found guilty of an indictable offence.

Note 1 A conviction does not include a spent conviction or an  
extinguished conviction (see [Spent Convictions Act 2000](http://www.legislation.act.gov.au/a/2000-48), s 16 (c) (i) and s 19H (1) (c) (i)).

Note 2 For laws about appointments, see the [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), pt 19.3.

(2) The Minister must ensure the membership of the board—

(a) includes people with a range of experience, knowledge and skills relevant to the work of the board; and

(b) takes into account the social, cultural and geographic characteristics of the ACT community and people who work or receive medical treatment in the ACT; and

(c) is not made up by a majority of members who are public employees.

(3) A member must be appointed for not longer than 3 years.

(4) The conditions of appointment of a member (other than a member who is a public servant) are the conditions stated in the appointment, subject to any determination under the [Remuneration Tribunal Act 1995](http://www.legislation.act.gov.au/a/1995-55).

(5) In this section:

relevant area means any of the following areas:

(a) medicine;

(b) nursing;

(c) pharmacy;

(d) psychology;

(e) social work;

(f) ethics;

(g) law;

(h) another area the Minister considers relevant to the performance of the board’s functions.

108 Appointment of chair

(1) The Minister must appoint a member of the board to be the chair of the board.

(2) The chair must be appointed for not longer than 3 years.

(3) The conditions of appointment of the chair (other than a chair who is a public servant) are the conditions stated in the appointment, subject to any determination under the [Remuneration Tribunal Act 1995](http://www.legislation.act.gov.au/a/1995-55).

109 Appointment of deputy chair

(1) The Minister may appoint a member of the board to be the deputy chair of the board.

(2) The deputy chair must be appointed for not longer than 3 years.

(3) The conditions of appointment of the deputy chair (other than a deputy chair who is a public servant) are the conditions stated in the appointment, subject to any determination under the [Remuneration Tribunal Act 1995](http://www.legislation.act.gov.au/a/1995-55).

110 Ending member appointments

The Minister may end the appointment of a member of the board (including the chair and any deputy chair) if the member—

(a) contravenes a territory law; or

(b) is absent from 3 consecutive meetings of the board, otherwise than on approved leave; or

(c) exercises the member’s functions other than in accordance with section 111; or

(d) fails to comply with section 112 without reasonable excuse; or

(e) has a physical or mental incapacity that substantially affects the exercise of the member’s functions; or

(f) is not eligible for appointment as a member.

111 Honesty, care and diligence of board members

In exercising the functions of a board member, a member must exercise the degree of honesty, care and diligence required to be exercised by a director of a corporation in relation to the affairs of the corporation.

112 Conflicts of interest by board members

A board member must take all reasonable steps to avoid being placed in a position where a conflict of interest arises during the exercise of the member’s functions.

113 Disclosure of interests by board members

(1) This section applies to a member of the board if—

(a) the member has a direct or indirect interest in an issue being considered, or about to be considered, by the board; and

(b) the interest could conflict with the proper exercise of the member’s functions in relation to the board’s consideration of the issue.

(2) As soon as practicable after the relevant facts come to the member’s knowledge, the member must disclose the nature of the interest to a meeting of the board.

(3) The disclosure must be recorded in the board’s minutes and, unless the board otherwise decides, the member must not—

(a) be present when the board considers the issue; or

(b) take part in a decision of the board on the issue.

Division 8.3 Functions of board and members

114 Functions of board

(1) The board has the following functions:

(a) to monitor the operation of this Act;

(b) to monitor requests for voluntary assisted dying;

(c) to refer issues identified by the board in relation to voluntary assisted dying to the following people if those issues are relevant to the person:

(i) the chief police officer;

(ii) the coroner;

(iii) the director‑general;

(iv) the human rights commission;

(v) the national agency;

(vi) the registrar-general;

(d) to record and keep any information prescribed by regulation in relation to a request for, or access to, voluntary assisted dying;

(e) to analyse information given to the board under this Act and research matters relating to the operation of this Act;

(f) to give the Minister advice in relation to—

(i) the operation of this Act; or

(ii) the board’s functions; or

(iii) the improvement of the processes and safeguards for voluntary assisted dying;

(g) any other function given to the board under this Act or another territory law.

(2) In exercising its functions, the board—

(a) must act independently and in the public interest; and

(b) except as provided by this Act or another territory law, is not subject to the direction and control of any person.

(3) In this section:

national agency means the national agency established under the Health Practitioner Regulation National Law (ACT), section 23.

Note The [Health Practitioner Regulation National Law (ACT) Act 2010](http://www.legislation.act.gov.au/a/2010-10), s 6 applies the Health Practitioner Regulation National Law set out in the [Health Practitioner Regulation National Law Act 2009](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045) (Qld), schedule as if it were an ACT law called the Health Practitioner Regulation National Law (ACT).

115 Functions of chair and deputy chair

(1) The chair has the following functions:

(a) to lead and direct the work of the board;

(b) to ensure the board exercises its functions appropriately;

(c) any other function given to the chair under this Act or another territory law.

(2) The deputy chair has the following functions:

(a) to act as the chair—

(i) during a vacancy in the office of the chair; and

(ii) during all periods when the chair is absent from duty or cannot exercise the functions of the chair for any other reason;

(b) any other function given to the deputy chair under this Act or another territory law.

116 Ministerial directions

(1) The Minister may give directions to the board about the exercise of its functions under this Act.

(2) However, a direction cannot be about the exercise of a function in relation to a particular person.

(3) The board must comply with a direction.

(4) A direction is a notifiable instrument.

117 Decisions of board

(1) A decision of the board on a question is valid if—

(a) at least 3 members vote on the question; and

(b) the question is decided by a majority of the votes of the members voting on the question.

(2) Each member has 1 vote on each question to be decided.

(3) However, if the votes on a question are equal, the chair has a casting vote.

Division 8.4 Miscellaneous

118 Board may request information from registrar-general

(1) If the board is given notice about the death of an individual under this Act, the board may ask the registrar-general for information recorded in the registrable events register about the individual’s death.

(2) If a request for information is made under subsection (1), the registrar‑general must give the board the requested information.

(3) In this section:

registrable events register means a register maintained under the [Births, Deaths and Marriages Registration Act 1997](http://www.legislation.act.gov.au/a/1997-112), section 39.

119 Delegation by board

The board may delegate its functions under this Act or another territory law to a public servant.

120 Director-general to give support to board

The director-general must provide administrative support and facilities to the board.

121 Arrangements for board staff and facilities

The board may arrange with the head of service to use—

(a) the services of a public servant; or

(b) territory facilities.

Note The head of service may delegate powers in relation to the management of public servants to a public servant or another person (see [Public Sector Management Act 1994](http://www.legislation.act.gov.au/a/1994-37), s 18).

122 Annual reporting of board

The board must prepare an annual report under the [Annual Reports (Government Agencies) Act 2004](https://www.legislation.act.gov.au/a/2004-8/).

Part 9 Protection from liability

123 Meaning of conduct—pt 9

For this part, conduct means an act or omission to do an act.

124 Board members and people assisting board

(1) A relevant person is not civilly liable for conduct engaged in honestly and without recklessness—

(a) in the exercise of a function of the board under this Act or another territory law; or

(b) in the reasonable belief that the conduct was in the exercise of a function of the board under this Act or another territory law.

(2) Any liability that would, apart from this section, attach to the relevant person attaches instead to the Territory.

(3) In this section:

relevant person means—

(a) a member of the board; or

(b) a person assisting the board to exercise its functions.

125 People assisting access to voluntary assisted dying or witnessing administration of approved substance

A person is not criminally liable only because the person, honestly and without recklessness—

(a) engages in conduct that assists an individual to access, or request access to, voluntary assisted dying in accordance with this Act; or

(b) is present when an approved substance is administered by or to an individual under this Act.

126 People engaging in conduct under Act

A person is not civilly or criminally liable for conduct engaged in honestly and without recklessness—

(a) under this Act; or

(b) in the reasonable belief that the conduct was engaged in under this Act.

127 Protection from liability for certain offences against Crimes Act 1900

To remove any doubt, a person who engages in conduct mentioned in section 125 or section 126 does not commit an offence against any of the following provisions of the [Crimes Act 1900](http://www.legislation.act.gov.au/a/1900-40):

(a) section 12 (Murder);

(b) section 15 (Manslaughter);

(c) section 17 (Suicide—aiding etc).

128 Health practitioners and ambulance service members

(1) This section applies if a health practitioner or ambulance service member, honestly and without recklessness, does not administer life sustaining treatment to an individual in the reasonable belief that the individual—

(a) has not requested the administration of life sustaining treatment; and

(b) is dying after self‑administering or being administered with an approved substance in accordance with this Act.

(2) The health practitioner or ambulance service member is not criminally or civilly liable for not administering life sustaining treatment to the individual.

(3) To remove any doubt, a health practitioner or ambulance service member who does not provide life sustaining treatment as mentioned in subsection (1) does not commit an offence against any of the following provisions of the [Crimes Act 1900](http://www.legislation.act.gov.au/a/1900-40):

(a) section 12 (Murder);

(b) section 15 (Manslaughter);

(c) section 17 (Suicide—aiding etc).

(4) In this section:

health practitioner means a person registered under the Health Practitioner Regulation National Law (ACT) to practise a health profession, including a student.

Note The [Health Practitioner Regulation National Law (ACT) Act 2010](http://www.legislation.act.gov.au/a/2010-10), s 6 applies the Health Practitioner Regulation National Law set out in the [Health Practitioner Regulation National Law Act 2009](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045) (Qld), schedule as if it were an ACT law called the Health Practitioner Regulation National Law (ACT).

member, of the ambulance service—see the [Emergencies Act 2004](http://www.legislation.act.gov.au/a/2004-28), dictionary.

129 Onus of proof if party to proceeding alleges person liable for conduct

(1) This section applies if a question arises in a proceeding about whether a relevant provision prevents a person from being found to be liable for conduct.

(2) The party alleging that the relevant provision does not prevent a finding of liability against a person bears the onus of proving that the person did not engage in the conduct in the circumstances mentioned in the relevant provision.

(3) In this section:

relevant provision means—

(a) section 125 (a); or

(b) section 126; or

(c) section 127.

130 Provisions of part do not affect complaints or referrals

Nothing in section 125, section 126 or section 127 prevents—

(a) the making of a notification about a person under the Health Practitioner Regulation National Law (ACT); or

Note The [Health Practitioner Regulation National Law (ACT) Act 2010](http://www.legislation.act.gov.au/a/2010-10), s 6 applies the Health Practitioner Regulation National Law set out in the [Health Practitioner Regulation National Law Act 2009](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045) (Qld), schedule as if it were an ACT law called the Health Practitioner Regulation National Law (ACT).

(b) the making of a complaint under the [Human Rights Commission Act 2005](http://www.legislation.act.gov.au/a/2005-40); or

(c) the referral of an issue to the human rights commission under section 114 (1) (c) (Functions of board).

Part 10 Review of coordinating practitioner, consulting practitioner and administering practitioner decisions

Division 10.1 General

131 Definitions—pt 10

In this part:

affected person, for a reviewable decision, means—

(a) the individual about whom the reviewable decision was made; or

(b) any other person who has a sufficient and genuine interest in the rights of the individual mentioned in paragraph (a) in relation to voluntary assisted dying.

decision‑maker, for a reviewable decision, means the person mentioned in schedule 1, column 4 in relation to the decision.

registrar—see the [ACT Civil and Administrative Tribunal Act 2008](http://www.legislation.act.gov.au/a/2008-35), dictionary.

reviewable decision means a decision mentioned in schedule 1, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

Division 10.2 Reviewable decision notices and applications for review of reviewable decisions

132 Reviewable decision notices

(1) If a decision‑maker makes a reviewable decision about an individual, the decision‑maker must give the individual a notice that includes any information prescribed by regulation.

(2) A failure to comply with subsection (1) does not affect the validity of the decision.

133 Making application for review of reviewable decision

(1) An affected person for a reviewable decision may apply to the ACAT for review of the decision.

(2) An application must be made not later than 5 days after the latest of the following:

(a) for a decision mentioned in schedule 1, items 1 to 3—the day the individual is given a copy of the first assessment report;

(b) for a decision mentioned in schedule 1, items 4 to 6—the day the individual is given a copy of the consulting assessment report;

(c) for a decision mentioned in schedule 1, items 7 or 8—the day the individual is given a copy of the final assessment report;

(d) the day the affected person making the application for review becomes aware of the reviewable decision.

134 Parties to application for review

The following people are parties to an application for review:

(a) if the individual about whom the reviewable decision was made is not the applicant—the individual;

(b) if the decision‑maker is not the individual’s coordinating practitioner—the coordinating practitioner.

Note The applicant and the decision‑maker are also parties to an application (see [ACT Civil and Administrative Tribunal Act 2008](http://www.legislation.act.gov.au/a/2008-35), s 29 (1)).

135 Application for review suspends process for accessing voluntary assisted dying

(1) This section applies if an affected person applies to the ACAT for review of a reviewable decision.

(2) If the request and assessment process for the individual is not complete, the request and assessment process is suspended until the earlier of—

(a) the day the application for review is withdrawn; and

(b) the day the application for review (including any appeal) is finalised.

(3) If the request and assessment process for the individual is complete, the application of part 4 (Accessing voluntary assisted dying and death) is suspended until the earlier of—

(a) the day the application for review is withdrawn; and

(b) the day the application for review (including any appeal) is finalised.

(4) For this section, a request and assessment process for an individual is complete if the individual’s coordinating practitioner has prepared a final assessment report for the individual under section 36 (2).

136 Registrar must give notice of application for review

Within 2 days after the day an affected person applies for review of a reviewable decision, the registrar must give a copy of the application to—

(a) each party to the application; and

(b) if the individual has a consulting practitioner and the consulting practitioner is not a party to the application—the consulting practitioner; and

(c) the board; and

(d) any other person the ACAT directs a copy of the application be given to.

137 Application for review taken to be withdrawn if individual dies

(1) This section applies if—

(a) an application for review of a reviewable decision is made under section 133; and

(b) the individual about whom the reviewable decision was made dies.

(2) The application is taken to be withdrawn.

(3) The registrar must, as soon as practicable after becoming aware of the individual’s death, give notice of the withdrawal to—

(a) any person who was given notice of the application under section 136; and

(b) any other person the ACAT directs a copy of the notice be given to.

Division 10.3 Procedural matters

138 Coordinating practitioner and consulting practitioner must give documents to ACAT

(1) If the registrar gives an individual’s coordinating practitioner or consulting practitioner a copy of an application for review, the registrar must also give the coordinating practitioner or consulting practitioner written notice requiring them to give the ACAT any documents that are—

(a) in their possession or under their control; and

(b) relevant to the decision being reviewed.

(2) The coordinating practitioner or consulting practitioner must give the ACAT the documents mentioned in subsection (1) not later than 2 days after the day the registrar gives them the notice.

139 Hearings must take place in private

(1) The hearing of an application for review of a reviewable decision must take place in private.

(2) The ACAT may make an order allowing stated people to be present at the hearing if satisfied that it is appropriate to make the order.

140 Non-publication orders

(1) The ACAT may, on application by a party or on its own initiative, make an order prohibiting or restricting—

(a) the publication of—

(i) evidence given at the hearing; or

(ii) matters contained in documents filed with the tribunal or received in evidence by the tribunal for the hearing; or

(b) the disclosure to some or all of the parties to the application of—

(i) evidence given at the hearing; or

(ii) matters contained in documents filed with the tribunal or received in evidence by the tribunal for the hearing.

(2) A person must not contravene an order made under subsection (1).

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

141 Members constituting ACAT

For a proceeding under this part, the ACAT may be made up of a presidential member alone, but not a non‑presidential member alone.

Division 10.4 Decisions of ACAT

142 Orders following review of reviewable decision

(1) If the ACAT reviews a reviewable decision, the ACAT must, by order, decide that the individual—

(a) for a reviewable decision mentioned in schedule 1, items 1, 4 or 7—

(i) has decision‑making capacity in relation to voluntary assisted dying; or

(ii) does not have decision‑making capacity in relation to voluntary assisted dying; and

(b) for a reviewable decision mentioned in schedule 1, items 2, 5 or 8—

(i) is acting voluntarily and without coercion; or

(ii) is not acting voluntarily and without coercion; and

(c) for a reviewable decision mentioned in schedule 1, items 3 or 6—

(i) has lived in the ACT for at least the previous 12 months; or

(ii) has not lived in the ACT for at least the previous 12 months.

(2) An order made under subsection (1) takes effect—

(a) on the day the order is made; or

(b) if a later date is stated in the order—on the stated date.

143 Effect of ACAT decision that individual meets relevant requirement

(1) This section applies if the ACAT—

(a) makes any of the following orders under section 142:

(i) an order that the individual has decision‑making capacity in relation to voluntary assisted dying;

(ii) an order that the individual is acting voluntarily and without coercion;

(iii) an order that the individual has lived in the ACT for at least the previous 12 months; and

(b) does not also make any of the following orders under section 142 in the same proceeding:

(i) an order that the individual does not have decision‑making capacity in relation to voluntary assisted dying;

(ii) an order that the individual is not acting voluntarily and without coercion;

(iii) an order that the individual has not lived in the ACT for at least the previous 12 months.

(2) The order is taken to be the decision of the decision‑maker for the reviewable decision.

144 Effect of ACAT decision that individual does not meet relevant requirement

(1) This section applies if the ACAT makes any of the following orders under section 142:

(a) an order that the individual does not have decision‑making capacity in relation to voluntary assisted dying;

(b) an order that the individual is not acting voluntarily and without coercion;

(c) an order that the individual has not lived in the ACT for at least the previous 12 months.

(2) If the order relates to a reviewable decision mentioned in schedule 1, items 1 to 6—

(a) the individual is taken not to have met the eligibility requirements; and

(b) the request and assessment process for the individual ends.

(3) If the order relates to a reviewable decision mentioned in schedule 1, items 7 or 8—

(a) the individual is taken not to have met the final assessment requirements; and

(b) the request and assessment process for the individual ends; and

(c) part 4 (Accessing voluntary assisted dying and death) does not apply to the individual.

145 Registrar must give decision to consulting practitioner if consulting practitioner not party

(1) This section applies if—

(a) an individual about whom a reviewable decision was made has a consulting practitioner; and

(b) an application for review of the decision is made and the consulting practitioner is not a party to the application; and

(c) a final order is made in relation to the application (including any appeal).

(2) The registrar must give the consulting practitioner a copy of the final order as soon as practicable after the ACAT makes the order.

146 Coordinating practitioner must give copy of ACAT decision to board

(1) This section applies if—

(a) the ACAT makes a final order in relation to the application for review (including any appeal); and

(b) the registrar gives the individual’s coordinating practitioner a copy of the final order.

(2) Within 2 working days after the day the registrar gives the coordinating practitioner a copy of the final order, the coordinating practitioner must give the board a copy of the order.

Maximum penalty: 20 penalty units.

(3) An offence against this section is a strict liability offence.

Part 11 Review of other decisions

147 Definitions—pt 11

In this part:

affected person, for a reviewable decision, means the person mentioned in schedule 2, column 4 in relation to the decision.

reviewable decision means a decision mentioned in schedule 2, column 3 under a provision of this Act mentioned in column 2 in relation to the decision.

148 Reviewable decision notices

If the director‑general makes a reviewable decision, the director‑general must give a reviewable decision notice to each affected person.

Note The director-general must also take reasonable steps to give a reviewable decision notice to any other person whose interests are affected by the decision (see [ACT Civil and Administrative Tribunal Act 2008](http://www.legislation.act.gov.au/a/2008-35), s 67A).

149 Applications for review

An affected person may apply to the ACAT for a review of a reviewable decision.

Part 12 Miscellaneous

150 Exercise of enforcement powers under Medicines, Poisons and Therapeutic Goods Act 2008

(1) A medicines and poisons inspector may exercise their powers under the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), chapter 7 (Enforcement) for the purpose of investigating, monitoring and enforcing compliance with a relevant provision of this Act.

(2) For subsection (1), a reference in that chapter to an offence against that Act is taken to be a reference to an offence against a relevant provision of this Act.

(3) In this section:

medicines and poisons inspector—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 99.

relevant provision, of this Act, means the following provisions:

(a) division 4.3 (Dealing with approved substances);

(b) section 70 (Unauthorised administration of approved substance);

(c) section 93 (Acting as coordinating practitioner, consulting practitioner or administering practitioner when requirements to act not met).

151 Residency exemptions

(1) The director-general must, on application, grant an individual an exemption from the eligibility requirement mentioned in section 11 (1) (f) (i) if satisfied that the individual has a substantial connection to the ACT.

Examples—substantial connection to the ACT

1 an individual who has lived in a place close to the ACT border for at least the previous 12 months and who works in the ACT or receives medical treatment in the ACT

2 an individual who has moved to the ACT so that family, friends or carers who live in the ACT can provide care and support to the individual

3 an individual who previously lived in the ACT and whose family, friends or carers live in the ACT

4 an Aboriginal or Torres Strait Islander individual who has substantial connections with the ACT community and wishes to die on Country

5 an individual who has lived in the ACT for less than 12 months but who was diagnosed with a condition mentioned in s 11 (1) (b) after moving to the ACT

(2) An application must—

(a) be in writing; and

(b) include details about the individual’s substantial connection to the ACT; and

(c) include any information prescribed by regulation.

152 Requirements for health professionals when initiating conversations about voluntary assisted dying

(1) A doctor or nurse practitioner may initiate a conversation about voluntary assisted dying with an individual only if—

(a) the individual has a condition or conditions mentioned in section 11 (1) (b); and

(b) the doctor or nurse practitioner is satisfied that they have the expertise to appropriately discuss treatment and palliative care options with the individual; and

(c) the doctor or nurse practitioner takes reasonable steps to ensure the individual knows of—

(i) the treatment options available for the condition or conditions; and

(ii) the likely outcome of the treatment options; and

(iii) the palliative care options available to the individual; and

(iv) the likely outcome of the palliative care options.

(2) A relevant health professional may initiate a conversation about voluntary assisted dying with an individual only if—

(a) the individual has a condition or conditions mentioned in section 11 (1) (b); and

(b) the relevant health professional takes reasonable steps to ensure the individual knows that—

(i) treatment and palliative care options are available to the individual; and

(ii) the individual should discuss the options with their treating doctor.

(3) In this section:

relevant health professional means—

(a) a counsellor; or

(b) a health practitioner other than a doctor or nurse practitioner who may initiate a conversation under subsection (1); or

(c) a social worker.

153 Interpreters

(1) An interpreter for an individual who is accessing voluntary assisted dying or requesting access to voluntary assisted dying must not—

(a) be a family member of the individual; or

(b) know or believe they are a beneficiary under the will of the individual; or

(c) know or believe they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of interpreting services) from—

(i) assisting the individual to access voluntary assisted dying; or

(ii) the death of the individual; or

(d) be an owner, or be responsible for the management, of a facility where the individual is a resident; or

(e) be directly involved in providing a health service, aged care service or personal care service to the individual.

(2) Despite subsection (1), the director‑general may authorise an interpreter to provide interpretation services for an individual requesting access to voluntary assisted dying if the director‑general is satisfied that—

(a) no other interpreter is reasonably available; or

(b) there are exceptional circumstances for the authorisation.

(3) In this section:

health service—see the [Health Act 1993](http://www.legislation.act.gov.au/a/1993-13), section 5.

facility—see section 96 (1).

personal care service—see section 96 (2).

resident, of a facility—see section 96 (1).

154 Technical error does not invalidate processes

(1) The following errors and failures do not affect the validity of a request and assessment process or administration process:

(a) a formal error in, or in relation to—

(i) a report, record or other notice given to the board by a relevant practitioner under part 3 (Request and assessment process for access to voluntary assisted dying) or part 4 (Accessing voluntary assisted dying and death); or

(ii) a relevant practitioner telling a person about a decision under part 3 or part 4;

(b) a failure by a relevant practitioner to do a thing mentioned in paragraph (a) (i) or (ii) within the stated time.

(2) In this section:

administration process means the process that consists of the following steps:

(a) an administration decision;

(b) a contact person appointment;

(c) administration of an approved substance by or to an individual.

formal error means—

(a) a minor or technical error; or

(b) a clerical error; or

(c) a defect of form.

relevant practitioner means a coordinating practitioner, consulting practitioner, administering practitioner or other health practitioner who exercises a function under part 3 or part 4.

155 Approved care navigator service

(1) The director‑general may approve 1 entity to be the voluntary assisted dying care navigator service for this Act.

(2) An approval is a notifiable instrument.

(3) The purpose of the approved care navigator service is to provide support, assistance and information to people relating to voluntary assisted dying.

156 Director-general may make guidelines

(1) The director-general may make guidelines for this Act.

(2) The guidelines must be consistent with the objects and principles of this Act.

(3) A guideline is a disallowable instrument.

(4) A person must comply with a guideline applying to the person.

157 Use or divulge protected information

(1) A person commits an offence if—

(a) the person uses information; and

(b) the information is protected information about someone else; and

(c) the person is reckless about whether the information is protected information about someone else.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(2) A person commits an offence if—

(a) the person does something that divulges information; and

(b) the information is protected information about someone else; and

(c) the person is reckless about whether—

(i) the information is protected information about someone else; and

(ii) doing the thing would result in the information being divulged to someone else.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(3) Subsections (1) and (2) do not apply—

(a) if the information is used or divulged—

(i) under this Act or another law applying in the ACT; or

(ii) in relation to the exercise of a function by a person under this Act or another law applying in the ACT; or

(iii) in a court proceeding; or

(b) to the using or divulging of protected information about a person with the person’s consent.

(4) A person need not divulge protected information to a court, or produce a document containing protected information to a court, unless it is necessary to do so for this Act or another law applying in the ACT.

(5) In this section:

court includes a tribunal, authority or person having power to require the production of documents or the answering of questions.

divulge includes—

(a) communicate; or

(b) publish.

produce includes allow access to.

protected information means information about a person that is disclosed to, or obtained by another person because of the exercise, or the purported exercise, of a function under this Act by the other person or someone else.

use, in relation to information, includes make a record of the information.

158 Regulation-making power

The Executive may make regulations for this Act.

159 Review of Act

(1) The Minister must review the operation and effectiveness of this Act as soon as practicable—

(a) 3 years after the day this section commences; and

(b) every 5 years after the first review of this Act is presented to the Legislative Assembly.

(2) The first review must include a review in relation to whether an individual should be allowed access to voluntary assisted dying under this Act if the individual—

(a) has lived in the ACT for less than 12 months and is not eligible for an exemption under section 151; or

(b) is a child with decision-making capacity in relation to voluntary assisted dying; or

(c) seeks to access voluntary assisted dying through advanced care planning.

(3) The Minister must present a report of each review to the Legislative Assembly.

Part 13 Consequential amendments

160 Legislation amended—sch 3

This Act amends the legislation mentioned in schedule 3.

Schedule 1 Reviewable decisions—coordinating practitioner, consulting practitioner and administering practitioner decisions

(see pt 10)

| column 1  item | column 2  section | column 3  reviewable decision | column 4  decision-maker |
| --- | --- | --- | --- |
| 1 | 16 (1) | decision about whether individual meets the eligibility requirement that they have decision‑making capacity in relation to voluntary assisted dying | individual’s coordinating practitioner |
| 2 | 16 (1) | decision about whether individual meets the eligibility requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion | individual’s coordinating practitioner |
| 3 | 16 (1) | decision about whether individual meets the eligibility requirement that they have lived in the ACT for at least the previous 12 months | individual’s coordinating practitioner |
| 4 | 23 (1) | decision about whether individual meets the eligibility requirement that they have decision‑making capacity in relation to voluntary assisted dying | individual’s consulting practitioner |
| 5 | 23 (1) | decision about whether individual meets the eligibility requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion | individual’s consulting practitioner |
| 6 | 23 (1) | decision about whether individual meets the eligibility requirement that they have lived in the ACT for at least the previous 12 months | individual’s consulting practitioner |
| 7 | 35 | decision about whether individual meets the final assessment requirement that they have decision‑making capacity in relation to voluntary assisted dying | individual’s coordinating practitioner |
| 8 | 35 | decision about whether individual meets the final assessment requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion | individual’s coordinating practitioner |
| 9 | 59 (1) (f) (i) | decision about whether individual meets the final assessment requirement that they have decision‑making capacity in relation to voluntary assisted dying | individual’s coordinating practitioner |
| 10 | 59 (1) (f) (i) | decision about whether individual meets the final assessment requirement that their decision to access voluntary assisted dying is made voluntarily and without coercion | individual’s coordinating practitioner |

Schedule 2 Reviewable decisions—other decisions

(see pt 11)

| column 1  item | column 2  section | column 3  decision | column 4  affected person |
| --- | --- | --- | --- |
| 1 | 87 (b) | refuse to authorise person to be coordinating practitioner, consulting practitioner or administering practitioner | applicant for authorisation |
| 2 | 90 (a) | revoke authorisation because authorised practitioner no longer eligible for authorisation | authorised practitioner |
| 3 | 151 (1) | refuse to grant residency exemption | applicant for exemption |

Schedule 3 Consequential amendments

(see pt 13)

Part 3.1 Births, Deaths and Marriages Registration Act 1997

[3.1] New section 42 (2A)

insert

(2A) However, the registrar-general must not give the access to any part of the register, or any information in the register, that would disclose—

(a) the manner of death of a deceased person; or

(b) that a manner of death was recorded for a deceased person.

Note 1 The Voluntary Assisted Dying Act 2023, s 77 (3) requires notice to be given to the registrar-general about the manner of death of a deceased person.

Note 2 The registrar-general must give the Voluntary Assisted Dying Oversight Board information about a death (including any recorded manner of death) in certain circumstances (see Voluntary Assisted Dying Act 2023, s 118).

[3.2] Section 45 (1)

omit

subsection (2)

substitute

subsections (2) and (2A)

[3.3] New section 45 (2A)

insert

(2A) For subsection (1) (a), if an entry in the register relates to a death and a manner of death is recorded, the entry is taken not to include the manner of death.

Note 1 The Voluntary Assisted Dying Act 2023, s 77 (3) requires notice to be given to the registrar-general about the manner of death of a deceased person.

Note 2 The registrar-general must give the Voluntary Assisted Dying Oversight Board information about a death (including any recorded manner of death) in certain circumstances (see Voluntary Assisted Dying Act 2023, s 118).

Part 3.2 Births, Deaths and Marriages Registration Regulation 1998

[3.4] New section 12 (e)

insert

(e) if the registrar‑general is given notice about the manner of death of the deceased under the Voluntary Assisted Dying Act 2023, section 77 (3)—the manner of death of the deceased.

Part 3.3 Coroners Act 1997

[3.5] New section 13 (1A) and (1B)

insert

(1A) For subsection (1) (a) to (h), the death of a person who has self‑administered, or been administered, an approved substance in accordance with the Voluntary Assisted Dying Act 2023 is not a death into which the coroner must hold an inquest **only because the death happened in accordance with that Act**.

(1B) For subsection (1) (i), the death of a person who has self‑administered, or been administered, an approved substance in accordance with the Voluntary Assisted Dying Act 2023 is not a death into which the coroner must hold an inquest.

Part 3.4 Guardianship and Management of Property Act 1991

[3.6] New section 7B (f)

insert

(f) request access to, revoke a request to access, or access voluntary assisted dying.

Part 3.5 Powers of Attorney Act 2006

[3.7] New section 37 (da)

insert

(da) requesting access to, revoking a request to access, or accessing voluntary assisted dying;

Dictionary

(see s 3)

Note The [Legislation Act](http://www.legislation.act.gov.au/a/2001-14) contains definitions relevant to this Act. For example:

 ACAT

 adult

 ambulance service

 bankrupt or personally insolvent

 child

 doctor

 health practitioner

 individual

 nurse

 nurse practitioner

 public employee

 the Territory.

administer, for an approved substance, means to introduce the substance into the body of an individual by any means.

administering practitioner, for an individual, means—

(a) the individual mentioned in section 44 (4); or

(b) if the functions of the administering practitioner are transferred to another health practitioner under section 46 or section 47—that health practitioner.

administration decision means a practitioner administration decision or a self-administration decision.

affected person, for a reviewable decision—

(a) for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 131; and

(b) for part 11 (Review of other decisions)—see section 147.

approved care navigator service means the entity approved under section 155.

approved disposer means a health practitioner approved under section 57 (1) (b).

approved substance means a medicine approved under section 56.

approved supplier means a health practitioner approved under section 57 (1) (a).

authorised administering practitioner, for part 5 (Requirements for coordinating practitioners, consulting practitioners and administering practitioners)—see section 81.

authorised consulting practitioner, for part 5 (Requirements for coordinating practitioners, consulting practitioners and administering practitioners)—see section 81.

authorised coordinating practitioner, for part 5 (Requirements for coordinating practitioners, consulting practitioners and administering practitioners)—see section 81.

authorised practitioner, for division 5.2 (Authorised practitioners)—see section 82.

board means the Voluntary Assisted Dying Oversight Board established under section 105.

care service, for part 7 (Obligations of facility operators)—see section 96 (1).

conduct, for part 9 (Protection from liability)—see section 123.

conscientious objection, in relation to voluntary assisted dying, means a religious or other conscientious objection to voluntary assisted dying.

consulting assessment—see section 23 (1).

consulting assessment report—see section 25 (1) (a).

consulting practitioner, for an individual, means the person mentioned in section 22 (4).

contact person, for an individual, means the person appointed by the individual as a contact person under section 51.

coordinating practitioner, for an individual, means—

(a) the person mentioned in section 14 (4); or

(b) if the functions of the coordinating practitioner are transferred to another health practitioner under section 37 or section 38—that health practitioner.

deciding practitioner, for a decision about the transfer of an individual, for division 7.2 (Information and access obligations)—see section 98 (1).

decision‑maker, for a reviewable decision, for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 131.

decision‑making capacity, in relation to voluntary assisted dying—see section 12.

eligibility requirements—see section 11.

facility, for part 7 (Obligations of facility operators)—see section 96 (1).

facility operator, for part 7 (Obligations of facility operators)—see section 96 (1).

final assessment—see section 35.

final assessment report—see section 36 (2).

final assessment requirements—see section 31.

final request—see section 32 (1).

first assessment—see section 16 (1).

first assessment report—see section 18 (1) (a).

first request—see section 13 (1).

health record—see the [Health Records (Privacy and Access) Act 1997](http://www.legislation.act.gov.au/a/1997-125), dictionary.

possess, an approved substance, for division 4.3 (Dealing with approved substances)—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 24.

practitioner administration decision—see section 42 (1) (b).

prescribe, an approved substance, for division 4.3 (Dealing with approved substances)—see section 55 (1).

prescription, in relation to an approved substance, for division 4.3 (Dealing with approved substances)—see section 55 (1).

registrar, for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see the [ACT Civil and Administrative Tribunal Act 2008](http://www.legislation.act.gov.au/a/2008-35), dictionary.

relevant person, for division 7.2 (Information and access obligations)—see section 98 (2).

request and assessment process means the process that consists of the following:

(a) a first request;

(b) a first assessment;

(c) a consulting assessment;

(d) a second request;

(e) a final request;

(f) a final assessment.

resident, of a facility, for part 7 (Obligations of facility operators)—see section 96 (1).

reviewable decision—

(a) for part 10 (Review of coordinating practitioner, consulting practitioner and administering practitioner decisions)—see section 131; and

(b) for part 11 (Review of other decisions)—see section 147.

second request—see section 27 (2).

self-administration decision—see section 42 (1) (a).

supply, an approved substance, for division 4.3 (Dealing with approved substances)—see the [Medicines, Poisons and Therapeutic Goods Act 2008](http://www.legislation.act.gov.au/a/2008-26), section 24.

working day, for a person, means a day when the person is working.

Endnotes

1 Presentation speech

Presentation speech made in the Legislative Assembly on 31 October 2023.

2 Notification

Notified under the [Legislation Act](http://www.legislation.act.gov.au/a/2001-14) on 2023.

3 Republications of amended laws

For the latest republication of amended laws, see [www.legislation.act.gov.au](http://www.legislation.act.gov.au/).

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