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THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

ELEVENTH ASSEMBLY

HEALTH LEGISLATION AMENDMENT BILL 2025 (NO 2)

REVISED EXPLANATORY STATEMENT

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HEALTH LEGISLATION AMENDMENT BILL 2025 (NO 2)

The Bill **is not** a Significant Bill. Significant Bills are bills that have been assessed as likely to have significant engagement of human rights and require more detailed reasoning in relation to compatibility with the *Human Rights Act 2004*.

This explanatory statement relates to the *Health Legislation Amendment Bill 2025* (No 2) (**Bill**) as presented to the Legislative Assembly. It has been prepared to assist the reader of the Bill and to help inform debate on it. It does not form part of the Bill and has not been endorsed by the Assembly. The statement is to be read in conjunction with the Bill. It is not, and is not meant to be, a comprehensive description of the Bill.

OVERVIEW OF THE BILL AND CONSULTATION

The Bill is an omnibus bill which amends a range of legislation under the portfolio of the Minister for Health to support the efficient and effective functioning of the ACT health system. It seeks to address minor or technical issues that have been raised by stakeholders or that have been identified by the Health and Community Services Directorate. The Bill amends the following legislation and subordinate legislation:

- *Health Act 1993 (***Health Act***)*
- *Health Professionals (Special Events Exemptions) Act 2000* (**Special Events Act**)
- *Medicines, Poisons and Therapeutic Goods Act 2008* (**MPTG Act**)
- *Medicines, Poisons and Therapeutic Goods Regulation 2008* (**MPTG Reg**)
- *Voluntary Assisted Dying Act 2024 (***Voluntary Assisted Dying Act***)*

The amendments in the Bill were developed in targeted consultation within Government. Business units primarily within the Health and Community Services Directorate were consulted as relevant to their work. In some cases, minor and technical amendments were identified by the Government agency that administers or operates under the relevant Act, or by the Parliamentary Counsel's Office (PCO).

Health Act – Protected Areas

The proposed amendment relates to the Minister's obligation under section 86 of the Health Act to declare a set area (a 'protected area') around facilities where surgical abortions are undertaken (such as in a hospital or abortion clinic). Once a declaration is made, certain harassing or interfering behaviour is prohibited within the set area. Declaring a protected area ensures the unimpeded access of individuals seeking abortion services to the facility and upholds that individual's right to privacy.

It has been recently identified that on the current drafting of section 86 of the Health Act, the Minister must declare a protected area around every medical facility approved to carry out surgical abortions (irrespective of whether a protected area was requested by the facility). This does not reflect current practice, where a protected area is only declared upon request from the facility.

There are currently five ‘approved medical facilities’, but out of the five facilities, only one of the facilities (Marie Stopes International) currently has a protected area.

The balance of facilities are all private and public hospitals which are authorised to provide surgical abortions but only do so as a small part of their broader services. For these facilities, a protected area is unlikely to be needed. A protester seeking to prevent or discourage people accessing abortion services would not be able to identify which individuals entering or exiting the hospital are doing so with the purpose of accessing abortion services.

For such facilities it would be problematic to declare a protected area without a clear need to do so. The behaviours that are prohibited in a protected area are broadly defined and include protest behaviour which is designed to stop a person entering a facility (without requiring the protest behaviour to be linked to abortion services). Therefore, for those facilities where there is not a clear link between accessing the facility and the provision of abortion services, the effect of a protected area could be broader than intended. In these circumstances a protected area would appear to prohibit any protest behaviour which was intended to stop a person entering a facility – whether or not that protest behaviour was linked to abortion services.

The proposed amendment would legally clarify the Minister’s obligation, so that the Minister’s obligation to declare a protected area is only triggered where there is a request for that protection made by a person responsible for the management of the facility. Where such a request is made, to ensure that people accessing abortion services can continue to do so without interference or harassment, the Minister must declare a protected area. The proposed amendment will also clarify that the Minister may declare a part of a facility to be an approved medical facility. This will allow the authorisation of an approved medical facility, and its consequential protected area, to be able to be better targeted for large medical facilities (such as the Canberra Hospital).

Special Events Act

The amendment to the Special Events Act will correct an out-of-date reference to repealed law. The amendment substitutes a reference to the now repealed *Skin Penetration Procedures Act 1994* with a reference to Part 3 of the *Public Health Act 1997*, to achieve substantially the same policy intent, using legislation that is currently in force.

Medicines, Poisons and Therapeutic Goods scheme

The Bill makes various minor amendments to the MPTG Act and the MPTG Reg intended to correct outdated references and improve the clarity and operation of the laws.

The amendments set out in the Bill will also ensure that all hospital facilities operated by the Territory (rather than only the Canberra Hospital), are treated as recognised research institutions (see clause 9) under section 20 of the MPTG Act. The Bill will also ensure that appropriately qualified people employed in any hospital operated by the Territory (including North Canberra Hospital, University of Canberra Hospital, and Clare Holland House) have the same scope of authority to deal with medicines under Part 9.4 and Part 9.5 of the MPTG Reg as employees at Canberra Hospital. The current MPTG Reg has differing requirements between Canberra Hospital, and other hospitals operated by the Territory.

Definitions relating to the Aged Care Act 2024 (Cwlth)

The Bill makes minor amendments to the Voluntary Assisted Dying Act and the MPTG Act which update definitions in those Acts to align with the introduction of the Commonwealth's *Aged Care Act 2024*. Current definitions of 'residential aged care facility', 'facility', 'resident', and 'residential care' in the Voluntary Assisted Dying Act and the MPTG Act were tied to definitions in the Commonwealth's *Aged Care Act 1997*. References to defined terms in the old Commonwealth *Aged Care Act 1997* have been replaced with wording aligned with the new Commonwealth *Aged Care Act 2024*.

Voluntary Assisted Dying Act

The proposed amendments to the Voluntary Assisted Dying Act make technical corrections to improve the clarity of the drafting of some provisions and enhance consistency between the provisions. These amendments proposed by the Bill are as follows:

- Section 36 relates to the preparation and notification of a final assessment report by the co-ordinating practitioner. Under section 36(2), the coordinating practitioner is only required to prepare a final assessment report and give the report to the board if they decide the individual meets the final assessment requirements. This is inconsistent with reporting obligations for the first assessment report (see section 18), and the consulting assessment report (see section 25). This is also inconsistent with the policy intent for section 36 set out in the original explanatory statement, which contemplates that a final assessment report will be completed after every final assessment. The Bill will address this inconsistency and amend this reporting obligation so that a final assessment report is required to be prepared after the coordinating practitioner makes their decision on the final assessment (irrespective of the outcome of the decision and whether or not the individual meets the final assessment requirements).

- Section 38 relates to transfer of coordinating practitioner functions and section 47 relates to the transfer of administering practitioner functions. Sections 38 and 47 will be amended to require the new practitioner to record their acceptance of their functions in the individual's health record. This amendment will promote consistency with other comparable sections, such as sections 15, 21 and 37, which each require the acceptance of key roles in the voluntary assisted dying process to be recorded in the individual's health record.

- Section 41 relates to the application of Division 4.1 of the Voluntary Assisted Dying Act. The updated wording of section 41 is a consequential amendment based on the changes made to section 36, to ensure that the intended application of section 41 remains the same (that is, Division 4.1 only applies where an individual's coordinating practitioner has decided that the individual meets the final assessment requirements and has prepared a final assessment report).

- Section 67 relates to authority for the substance to pass from an original contact person to the individual or a new contact person, where the individual has changed their contact person. Where this happens, paragraph (5) currently requires that within four business days after the original contact person gives the substance to another person

(that is, the individual or the new contact person) the original contact person must tell the board they have given the substance to 'the new contact person'. This is an error, as the substance may also be given to the individual. The Bill will correct this error.

- Under section 78(2), the appointed contact person of an individual who dies must notify the individual's coordinating practitioner if the individual dies of any cause, within two business days of becoming aware of an individual's death. The Bill will amend this to four business days, to align with the other notification requirements under the Voluntary Assisted Dying Act.

- Section 155 relates to the requirements for health professionals when raising voluntary assisted dying. The current drafting of section 155 contains an ambiguity around whether a doctor or nurse who does not have relevant experience to discuss treatment options may raise voluntary assisted dying. Consistently with the original policy intent, the Bill will amend section 155 of the Act to put beyond doubt that a doctor or nurse practitioner who does not have the relevant expertise to discuss the full range of options with an individual can still raise voluntary assisted dying, so long as they do so consistently with subsection (2). That is, a nurse or doctor without the experience to appropriately discuss treatment or palliative care options may still raise voluntary assisted dying if they take reasonable steps to ensure the individual knows that treatment and palliative care options are available to the individual and that the individual should discuss the options with their treating doctor.

CLIMATE IMPACT

The amendments in the Bill are of a minor and technical nature, and do not substantively change the policy intent of any of the legislation being amended. As such, no climate impacts are anticipated under the Bill.

CONSISTENCY WITH HUMAN RIGHTS

Rights engaged

The Bill engages the following rights under the *Human Rights Act 2004* (Human Rights Act):

- Section 12 – Privacy and reputation (*limited*)
- Section 13 – Right to freedom of movement *(promoted)*
- Section 14 – Right to freedom of thought, conscience, religion and belief (*promoted*)
- Section 15 – Right to peaceful assembly and freedom of association (*promoted*)
- Section 16 – Right to freedom of expression (*promoted*)

Health Act – Protected Areas

Although this amendment addresses a technical issue with the Act and reflects the current operationalisation of the Act. As the changes relate to protected areas around approved medical facilities where surgical abortions are undertaken, the amendment may engage the rights to freedom of movement; freedom of thought, conscience, religion and belief; peaceful assembly and freedom of association; freedom of expression; and the right to privacy and reputation.

Special Events Act

The amendment to the Special Events Act does not engage human rights.

Medicines, Poisons and Therapeutic Goods scheme

The minor amendments to the MPTG Act and MPTG Reg do not engage human rights.

Definitions of 'residential care' and 'residential aged care facility'

The minor amendments to the Voluntary Assisted Dying Act and the MPTG Act to update definitions of 'residential aged care facility', 'facility', 'resident', and 'residential care' do not engage human rights.

Voluntary Assisted Dying Act

The other amendments to the Voluntary Assisted Dying Act are all minor and technical, and do not substantively change the policy intent of the Act and therefore do not engage with human rights.

Rights Promoted

Health Act 1993

Section 13 – Right to freedom of movement

Section 14 – Right to freedom of thought, conscience, religion and belief

Section 15 – Right to peaceful assembly and freedom of association

Section 16 – Right to freedom of expression

The Human Rights Act contains a number of rights connected with the right to freely protest and express views and beliefs. These include:

- Section 13 of the Human Rights Act which provides that everyone has the right to move freely within the ACT and requires that procedural barriers should not be imposed arbitrarily on the free movement of people to and from public spaces or within those spaces.

- Section 14 of the Human Rights Act which provides that everyone has the right to freedom of thought, conscience and religion. It states that all persons have the freedom to have or to adopt a religion or belief of their own choosing and have the freedom to demonstrate their religion or belief in worship, observance, practice and teaching, whether in public or private. It also states that no one may be coerced in a way that would limit their freedom to have or adopt a religion or belief in worship, observance, practice or teaching.

- Section 15 of the Human Rights Act which outlines the right to peaceful assembly and freedom of association. It states that all persons have the right of peaceful assembly and the right to freedom of association.

- Section 16 of the Human Rights Act which outlines the right to freedom of expression. It states that all persons have the right to hold opinions without interference, and the right to freedom of expression, which includes the freedom to seek, receive and impart information and ideas of all kinds, regardless of borders, whether orally, in writing or in print, by way of art, or in another way chosen by them.

This Bill promotes these rights by ensuring that the declaration of protected areas (which limit protest activities and therefore each of these rights) are more carefully targeted to the needs of a particular facility. This will ensure that the rights of a person to protest outside of a medical facility (about matters which are not connected with access to abortion services) are not unduly hindered.

Because the behaviours which are prohibited in a protected area are broadly defined and include protest behaviour which is designed to stop a person entering a facility (without requiring the protest behaviour to be linked to abortion services), declaring a protected area has the potential to limit a range of protest activities. For example, a protected area around the Canberra Hospital could have the effect of limiting protests outside that facility about other matters (such as protests relating to industrial matters or health care service delivery).

This Bill will promote the rights to freedom of movement; freedom of thought, conscience, religion and belief; peaceful assembly and freedom of association; and freedom of expression; by amending the Minister's obligation to declare a protected area around an approved medical facility, so that they only need to make such a declaration upon application by a person on behalf of an approved medical facility. It will also allow a facility to be defined more narrowly – that is, part of a facility can be declared an approved medical facility – which will also allow protected areas around facilities to be better targeted. Together, these reforms will allow people responsible for the management of a facility to consider whether a protected area becomes necessary for the people accessing that facility, and prevent a mandatory obligation to declare unduly large, or unnecessary protected areas.

Rights Limited

Health Act 1993

Section 12 – Right to privacy and reputation

1. Nature of the right and the limitation (s28(a) and (c))

Section 12 of the Human Rights Act outlines the right to privacy and reputation. It states that all persons have the right not to have their privacy, family, home or correspondence interfered with unlawfully or arbitrarily, and not to have their reputation unlawfully attacked.

Although the Bill will continue to require that the Minister declare a protected area around any medical facility approved to carry out surgical abortions which requests that protection, the Bill will not mandate a protected area around every approved medical facility. As it will no longer be required to declare a mandatory protected area around every approved medical facility, the Bill may engage with the right to privacy and reputation for healthcare consumers who may access abortion services. An individual's right to privacy may be limited to the extent that anti-abortion behaviour may occur within 50 metres of any point of an approved medical facility,

where an application has not been made by a person on behalf of such a facility to have the Minister declare a protected area around it.

It is noted however that this limitation is unlikely to eventuate, as the privacy benefit of a protected area is inherently linked with the ability for protest activity to target and identify individuals seeking to access abortion services. This risk is not relevant to every facility, particularly those which provide abortions only as a small part of a broad and diverse range of services (such as the four facilities currently authorised to provide surgical abortions which do not have a declared protected area).

2. Legitimate purpose (s28(b))

The amendment has a legitimate purpose, as it will promote the rights to freedom of movement; freedom of thought, conscience, religion and belief; peaceful assembly and freedom of association; and freedom of expression; to ensure that protest rights (including for the healthcare workforce and members of the broader community) outside of medical facilities are not unduly limited.

3. Rational connection between the limitation and the purpose (s28(d))

There is a rational connection between amending the Minister's obligation to declare a protected area around approved medical facilities and the legitimate purpose of promoting rights relating to protest. The connection is that the Minister only being required to declare a protected area where an application has been made for one by an approved medical facility will help to ensure that protected areas are only made where the facility requires one. This will in turn ensure that the scope for members of the community to assemble and express their views in closer proximity to an approved medical facility is not unduly restricted.

4. Proportionality (s28 (e))

To the extent that this right may be limited, the limitation is reasonable and proportionate in the circumstances.

The current wording of the Act creates a broad obligation for the Minister to declare a protected area of no less than 50 metres around all points of an approved medical facility, including in circumstances where the facility may have many visitors regularly accessing a wide range of other healthcare services besides abortion entering and exiting through various entry ways and/or may otherwise not deem it necessary in practice. For large facilities, such as hospitals, if a protected area was declared, it would be extensive and would unduly burden the rights to freedom of movement; freedom of thought, conscience, religion and belief; peaceful assembly and freedom of association; and freedom of expression within those areas.

Currently, only one out of five approved medical facilities have a protected area formally declared. Since the provision took effect in early 2016, no issues have been raised in relation to protest activities at the facilities for which there is not currently a protected area.

The amendment has been carefully targeted to ensure the key safeguards of the Act to the privacy of those seeking to access abortion services are retained. The primary safeguard is that the Minister is still required to declare a protected area around an approved medical facility, if that has been requested by a person responsible for the facility. This means that every approved medical facility will have a clear right and process to achieve the relevant protection. Further, the protections in relation to the Minister's authority to declare an area around a place where an abortifacient is prescribed, supplied or administered to be a protected area (section 86(2)) will continue unamended.

In adjusting the Minister's obligation to declare a protected area to only be upon application from a person responsible for an approved medical facility, while also retaining the key safeguards of the Act, the amendment will ensure that there continues to be no arbitrary limitation on the right to privacy and reputation for those accessing abortion services.

CLAUSE NOTES

Part 1 Preliminary

Clause 1 Name of Act

This is a technical clause and provides that the title of the Act will be the *Health Legislation Amendment Act 2025 (No 2)* (the **Act**).

Clause 2 Commencement

This clause provides for the commencement of different provisions in the Act.

The naming and commencement provisions automatically commence on notification day of the Act (see *Legislation Act 2001*, s 75 (1)).

The remaining provisions in the Act, except for those outlined below, commence on the 14th day after the Act's notification day.

Sections 11 and 44 to 46 of the Act commence on the later of—

(a) the 14th day after this Act's notification day; and

(b) the commencement of the *Aged Care Act 2024* (Cwlth), section 10.

Part 6 of the Act (other than sections 44 to 46) commences on the later of—

(a) the day after this Act's notification day; and

(b) the commencement of the *Voluntary Assisted Dying Act 2024*, section 3.

Clause 3 Legislation amended

This is a formal clause identifying that the Act amends the following legislation:

- *Health Act 1993*
- *Health Professionals (Special Events Exemptions) Act 2000*
- *Medicines, Poisons and Therapeutic Goods Act 2008*
- *Medicines, Poisons and Therapeutic Goods Regulation 2008*
- *Voluntary Assisted Dying Act 2024.*

Part 2 Health Act 1993

Clause 4 Definitions—pt 6
Section 80 (1), definition of *approved medical facility*

This clause amends section 80 (1) the definition of 'approved medical facility' to clarify that part of a medical facility can also constitute an approved medical facility.

Clause 5 Declaration of protected area
Section 86 (1)

This clause substitutes section 86 (1) to clarify that the Minister is obliged to declare a protected area around an approved medical facility, upon application by a person responsible for the management of the facility.

Part 3 Health Professionals (Special Events Exemption) Act 2000

Clause 6 Exemptions relating to offences
Section 11 (1)

This clause amends section 11 (1) to replace the reference to the now repealed *Skin Penetration Procedures Act 1994* and substitute this with reference to appropriate legislation that is currently in force – the *Public Health Act 1997*, part 3.

Part 4 Medicines, Poisons and Therapeutic Goods Act 2008

Clause 7 Interpretation provisions in medicines and poisons standard—application to Act
Section 16 (1)

This clause amends section 16 (1) to remove the wording '(other than the definition of ***poison***)' to update and correct an outdated cross-reference between the MPTG Act and the medicines and poisons standard.

Clause 8 Section 16 (1), note

This clause removes the note in section 16 (1) as it is redundant due to the amendment made in clause 7.

Clause 9 When *authorised* to deal with regulated substances
Section 20 (5), definition of *recognised research institution*, paragraph (c)

This clause amends section 20 (5) to insert 'a hospital operated by the Territory' within the list of recognised research institutions under this provision, to ensure that all hospital facilities operated by the Territory are treated as 'recognised research institutions' under section 20 of the MPTG Act. The amendment replaces the existing inclusion of only Canberra Hospital within the list of recognised research institutions.

Clause 10 Section 69 (1), definition of *manufacturer's pack*, note etc

This clause removes notes within section 69 (1), section 71 (1) to (3), section 73 and the note contained in the heading to division 4.3.6 to remove superfluous references to the medicines and poisons standard, in light of section 16 of the MPTG Act.

Clause 11 Dictionary, definition of *residential aged care facility*

This clause replaces the definition of 'residential aged care facility' in the dictionary to align with the new *Aged Care Act 2024* (Cwlth).

Part 5 Medicines, Poisons and Therapeutic Goods Regulation 2008

Clause 12 Overview of things to which medicines and poisons standard does not apply
Section 6 (2) (a)

This clause amends section 6 (2) (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 13 Section 6 (2) (b)

This clause amends section 6 (2) (b) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 14 Section 6 (2) (c)

This clause amends section 6 (2) (c) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 15 Section 6 (2) (d)

This clause amends section 6 (2) (d) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 16 Section 6 (2) (e)

This clause amends section 6 (2) (e) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 17 General overview of authorisations for medicines
Section 10 (3), note, 1st dot point

This clause removes the note from section 10 (3) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 18 Sections 430, 431, 440 and 441

This clause amends sections 430, 431, 440 and 441 to substitute all references to 'the Canberra Hospital' and replace those with 'a hospital operated by the Territory' to ensure that appropriately qualified people employed in any hospital operated by the Territory (including North Canberra Hospital, University of Canberra Hospital, and Clare Holland House) have the same scope of authority to deal with medicines under Part 9.4 and Part 9.5 of the MPTG Reg as employees at Canberra Hospital. This aligns with the amendment made in clause 9.

Clause 19 Packaging of supplied manufacturer's packs of medicines—Act, s 59 (1) (c) (i) and (2) (c) (i)
Section 501 (a)

This clause amends section 501 (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 20 Labelling of supplied manufacturer's packs of medicines—Act, s 60 (1) (c) (i) and (2) (c) (i)
Section 502 (2) (a)

This clause amends section 502 (2) (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 21 Packaging of supplied manufacturer's packs of low and moderate harm poisons—Act, s 59 (1) (c) (i) and (2) (c) (i)
Section 665 (1) (a)

This clause amends section 665 (1) (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 22 Labelling of supplied manufacturer's packs of low and moderate harm poisons—Act, s 60 (1) (c) (i) and (2) (c) (i)
Section 666 (a)

This clause amends section 666 (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 23 General overview of authorisations for dangerous poisons
Section 670 (3), note, 1st dot point

This clause amends the note under section 670 (3) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 24 Authorisation conditions for dangerous poisons suppliers licences—Act, s 44 (1) (b) and (2) (b)
Section 686 (d) and note

This clause amends section 686 (d) by removing the note and updating the wording of the provision generally to update cross-references between the MPTG Reg and the medicines and poisons standard.

Clause 25 Recording supply of dangerous poisons
Section 722

This clause amends section 722 to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 26 Packaging of supplied manufacturer's packs of dangerous poisons—Act, s 59 (1) (c) (i) and (2) (c) (i)
Section 731 (a)

This clause amends section 731 (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 27 Labelling of supplied manufacturer's packs of dangerous poisons—Act, s 60 (1) (c) (i) and (2) (c) (i)
Section 732 (a)

This clause amends section 732 (a) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 28 Storage of dangerous poisons—Act, s 61 (b) and (c)
Section 735 (2)

This clause amends section 735 (2) to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard.

Clause 29 Section 751 heading

This clause replaces the existing heading of section 751 with 'Manufacture, supply and use of first group paints for certain purposes—Act, s 71 (1)' to align with the amendments made at clause 30 and clause 31.

Clause 30 Section 751 (2)

This clause omits section 751 (2), in line with changes made under clause 31 of this Act.

Clause 31 Section 752

This clause inserts a new provision section 751A to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard. The new provision adopts general wording to identify the relevant requirement within the medicines and poisons standard, to avoid the need for pinpoint referencing which can change frequently over time.

This clause also amends section 752 by substituting the current wording with wording to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard. The new provision adopts general wording to identify the relevant requirement within the medicines and poisons standard, to avoid the need for pinpoint referencing which can change frequently over time.

Clause 32 Manufacture, supply and use of paints containing pesticides—Act, s 73 (b)
Section 753 (1)

This clause amends section 753 (1) by substituting the current wording with wording to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard. The new provision adopts general wording to identify the relevant requirement within the medicines and poisons standard, to avoid the need for pinpoint referencing which can change frequently over time.

Clause 33 Section 862

This clause amends section 862 by substituting the current wording with wording to update and correct a cross-reference between the MPTG Reg and the medicines and poisons standard. The new provision adopts general wording to identify the relevant requirement within the medicines and poisons standard, to avoid the need for pinpoint referencing which can change frequently over time.

Clause 34 Dictionary, definition of *primary pack* and note

This clause amends the dictionary of the MPTG Reg by removing the definition of 'primary pack', considering section 16 of the MPTG Act.

Clause 35 Further amendments, notes

This clause removes the notes within section 72 (e), section 76 (f), section 78 (f), section 123 (f), section 125 (h), section 132 (a), section 141 (2) (a), section 161 (d), section 162 (b), section 253 (e), section 256 (e), section 751 (1) (d), and dictionary, definition of ***manufacturer's pack*** to remove superfluous and outdated cross-references between the MPTG Reg and the medicines and poisons standard.

Clause 36 Further amendments, mentions of *(Drugs required to be labelled with a sedation warning)*

This clause amends section 123 (m), section 152 (f), section 161 (g), section 253 (h) and section 256 (i) by removing the wording '(Drugs required to be labelled with a sedation warning)' to update and correct cross-references between the MPTG Reg and the medicines and poisons standard.

Part 6 Voluntary Assisted Dying Act 2024

Clause 37 Notifying individual and board about outcome of final assessment
Section 36 (2)

This clause amends section 36 (2) by substituting the existing wording and replacing it with wording to correct inconsistent reporting obligations and to align reporting obligations with other parts of the Voluntary Assisted Dying Act. The amendment of this clause clarifies that a final assessment report is required to be prepared by the coordinating practitioner after the practitioner makes their decision on the final assessment (irrespective of the outcome of the practitioner's decision).

Clause 38 Section 36 (4) (a)

This clause amends section 36 (4) (a) by substituting the word 'that' and replacing it with 'whether' to align this requirement and ensure consistency with the amendment made in clause 37.

Clause 39 Transfer request made by individual
New section 38 (5) (aa)

This clause inserts a new provision section 38 (5) (aa) as a minor update to clarify and ensure consistency with other reporting obligations in the Voluntary Assisted Dying Act.

Clause 40 Application—div 4.1
Section 41

This clause is a consequential amendment based on the changes made to section 36. This clause substitutes section 41 to insert new wording, to ensure that the intended application of section 41 remains the same despite the changes made at clauses 37 and 38 of this Bill.

Clause 41 Transfer of administering practitioner functions—transfer request made by individual
New section 47 (5) (ba)

This clause inserts a new provision section 47 (5) (ba) as a minor update to clarify and ensure consistency with other reporting obligations in the Voluntary Assisted Dying Act.

Clause 42 Giving, receiving and possessing approved substances—change in contact person
Section 67 (5) (a) and (b) (ii)

This clause amends section 67 (5) (a) and (b) (ii) by inserting the words 'the individual or' after the words 'given the substance to' to correct a technical error and ensure the notification obligations under the Voluntary Assisted Dying Act are clear and unambiguous.

Clause 43 Contact person to tell coordinating practitioner about death
Section 78 (2)

This clause amends section 78 (2) by substituting the words '2 business days' and replacing it with '4 business days' to align with most other notification requirements throughout the Voluntary Assisted Dying Act.

Clause 44 Definitions—pt 7
Section 101 (1), definition of *facility*, paragraph (d)

This clause amends section 101 (1) by substituting the words in paragraph (d) 'a residential aged care facility' under the definition of 'facility' and inserting a reference to the new *Aged Care Act 2024* (Cwlth) to align with the change at clause 46.

Clause 45 Section 101 (1), definition of *resident*, example

This clause amends section 101 (1) by substituting the wording of 'residential aged care facility' used in the example contained in this provision with 'residential care home' to reflect updated terminology used in the new *Aged Care Act 2024* (Cwlth) and to align with the change at clause 46.

Clause 46 Section 101 (2), definitions of *residential aged care facility* and *residential care*

This clause amends section 101 (2) by removing 'residential aged care facility' and 'residential care' as defined terms used in part 7 of the Voluntary Assisted Dying Act to remove outdated references to the *Aged Care Act 1997* (Cwlth) and replace with associated references to the *Aged Care Act 2024* (Cwlth).

Clause 47 Requirements for health professionals when raising voluntary assisted dying as an end of life choice
Section 155 (1)

This clause amends section 155 (1) by inserting the words 'with the necessary expertise' after the words 'a doctor or nurse practitioner' to clarify that a doctor or nurse who does not have relevant experience to discuss the full range of treatment options with an individual

may still raise voluntary assisted dying, so long as they do so consistently with the requirements for other relevant health professionals subject to section 155 (2).

Clause 48 Section 155 (1) (b)

This clause removes section 155 (1) (b) to account for the changes made in clause 47 and 49 and improve the overall operation and clarity of section 155.

Clause 49 Section 155 (3)

This clause amends section 155 (3) by substituting the current defined term of ‘relevant health professional’ and replacing this with a revised definition of ‘relevant health professional’ and introducing the defined term of ‘necessary expertise’ to improve the overall operation and clarity of section 155.