NORTHERN TERRITORY OF AUSTRALIA

RIGHTS OF THE TERMINALLY ILL ACT 2026

Act No. 23 of 2026

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NORTHERN TERRITORY OF AUSTRALIA

Act No. 23 of 2026

An Act to provide for, and regulate access to, voluntary assisted dying, to establish the Review Board, and for related purposes

[*Assented to 3 September 2026*]
[*Introduced 23 July 2026*]

The Legislative Assembly of the Northern Territory enacts as follows:

Part 1 Preliminary matters

Division 1 Preliminary

1 Short title

This Act may be cited as the *Rights of the Terminally Ill Act 2026*.

2 Commencement

(1) Subject to subsection (2), this Act commences on the day fixed by the Administrator by *Gazette* notice.

(2) If a provision of this Act does not commence before the day that is 18 months after the day on which the Administrator's assent to this Act is declared, it commences on that day.

Division 2 Purposes and principles

3 Purposes of Act

The purposes of this Act are:

(a) to give persons who are suffering and dying, and who meet the eligibility criteria, the option of requesting medical assistance to end their lives; and

(b) to establish a process for persons to exercise that option; and

(c) to establish safeguards to:

(i) ensure voluntary assisted dying is accessed only by persons who meet the eligibility criteria; and

(ii) protect vulnerable persons from coercion and exploitation; and

(d) to enable health practitioners to choose to assist, or not assist, persons to exercise the option of ending their lives in accordance with this Act; and

(e) to establish the Review Board and other mechanisms to ensure compliance with this Act.

4 Principles of Act

A person exercising a power or performing a function under this Act must have regard to the following principles:

(a) every human life is of fundamental importance;

(b) a person's autonomy, including autonomy in relation to end of life choices, should be respected;

(c) a person's decision to include other persons in decision-making about end of life choices should be respected;

(d) a person should be supported to make informed decisions about the person's medical treatment, including palliative care and other end of life choices, in a way the person understands;

(e) a person 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;

(f) a therapeutic relationship between a person and the person's health practitioner should, wherever possible, be supported and maintained;

(g) a person should be protected from coercion and exploitation;

(h) access to voluntary assisted dying and other end of life choices should be available regardless of where in the Territory a person lives;

(i) a person should be supported in conversations with the person's health practitioners, family, carers and community about care and treatment preferences;

(j) all persons, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values, linguistic background and personal characteristics;

(k) the diversity of Aboriginal culture, values and beliefs surrounding end of life care should be respected.

Division 3 Interpretation

5 Definitions

In this Act:

Aboriginal community-controlled health organisation means an organisation:

(a) that is controlled by and represents the interests of Aboriginal people; and

(b) that delivers primary health care services.

administer, an approved substance, means to introduce the substance into the body of a person by any means.

administering practitioner, for a person, means:

(a) the health practitioner who has agreed, under section 58, to act as the administering practitioner for the person; or

(b) if the role of administering practitioner for the person has been transferred under section 62 or 63 – the health practitioner to whom the role is transferred.

administering practitioner transfer form, see section 62(2)(b).

administration decision means a self-administration decision or a practitioner administration decision.

administration decision form, see section 54(2).

affected person, for a reviewable decision, see section 93(2).

agent, of a person, means a person who acts on behalf of the person.

approved disposer means a pharmacist approved by the Chief Health Officer under section 70(1)(b).

approved form means a form approved by the Chief Health Officer under section 137.

approved requirements means the requirements approved by the Chief Health Officer under section 136(1).

approved substance, see section 8(2).

approved supplier means a pharmacist approved by the Chief Health Officer under section 70(1)(a).

approved training means training approved by the Chief Health Officer under section 135(1).

Chairperson means the Chairperson of the Review Board as specified in section 115(1).

coercion includes intimidation and a threat or promise, including by an improper use of a position of trust or influence.

consulting assessment, see section 32(1).

consulting assessment record, see section 35(2).

consulting practitioner, for a person, means the medical practitioner who accepts a referral to undertake a consulting assessment of the person and becomes the consulting practitioner for the person under section 30(6).

contact person, for a person who has made a self-administration decision, means the person appointed under section 65(1) for the person.

contact person appointment form, see section 65(3)(a).

coordinating practitioner, for a person, means:

(a) the medical practitioner who accepts the person's first request; or

(b) if the role of coordinating practitioner for the person has been transferred under section 48, 49 or 51 – the medical practitioner who accepts the transfer of the role of the coordinating practitioner.

coordinating practitioner transfer form, see section 48(3)(b).

coroner, see section 3 of the *Coroners Act 1993*.

decision-making capacity, in relation to voluntary assisted dying, see section 7(1).

decision notice, for a reviewable decision, means a written notice setting out:

(a) the decision and the reasons for it; and

(b) any right the person to whom the notice is to be given has, under this or any other Act, to apply for a review of the decision.

delivery person, see section 77(1).

Deputy Chairperson, means the Deputy Chairperson of the Review Board appointed by the Minister under section 115(3).

disability, see section 2(1) of the *Disability Services Act 1993*.

eligibility criteria, in relation to access to voluntary assisted dying, means the criteria set out in section 19(1).

facility means a place (other than a person's private residence) where a relevant service is provided to a resident of the place and includes the following:

(a) a public hospital;

(b) a private hospital;

(c) a hospice;

(d) a nursing home, hostel or other place at which nursing or personal care is provided to persons on a residential basis, who, because of infirmity, illness, disease, incapacity or disability, have a need for nursing or personal care;

(e) a residential aged care facility.

family member, of a person requesting access to voluntary assisted dying, means any of the following people:

(a) the person's spouse or de facto partner;

(b) the person's child or stepchild;

(c) the person's parent or step-parent;

(d) the person's grandparent or step-grandparent;

(e) the person's sibling or step-sibling;

(f) the person's grandchild or step-grandchild;

(g) a person regarded under Aboriginal or Torres Strait Islander customary law to be a person mentioned in paragraphs (a) to (f).

final review means a review conducted under section 46 by the coordinating practitioner for a person.

final review form, see section 46(1)(c).

first assessment, see section 25(1).

first assessment record form, see section 28(2).

first request, see section 21(1).

formal request, see section 37(1).

health care worker means:

(a) a health practitioner; or

(b) any other person who provides health services or professional care services.

Health CEO means the Chief Executive Officer of the Agency administering the *Health Service Act 2021*.

health practitioner means a person registered under the Health Practitioner Regulation National Law to practise in a health profession (other than as a student).

health service, see section 9(1) of the *Health Service Act 2021*.

member means a member of the Review Board.

NTCAT Act means the *Northern Territory Civil and Administrative Tribunal Act 2014*.

official voluntary assisted dying care navigator service means a person or Agency approved by the Chief Health Officer under section 140(1).

personal care means assistance or support of a personal nature that is provided to a person under a contract of employment or contract for services, and includes:

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

(b) assistance for persons with mobility problems; and

(c) assistance for persons who are mobile but require some form of supervision or assistance; and

(d) assistance or supervision in administering medicine; and

(e) the provision of substantial emotional support.

pharmacist means a person registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession (other than as a student).

practitioner administration, see section 6(2)(b).

practitioner administration decision, see section 53(2)(b).

practitioner administration form, see section 61(2).

prepare, an approved substance, means do anything necessary to ensure that the substance is in a form suitable for administration and includes decant, dilute, dissolve, reconstitute, colour or flavour the substance.

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

prescription, for an approved substance, means a written instruction authorising the supply of the substance for administering to a particular person.

professional care services means any of the following provided to a person under a contract of employment or contract for services:

(a) support or assistance;

(b) personal care;

(c) disability services;

(d) services provided by a registered NDIS provider within the meaning of the *National Disability Insurance Scheme Act 2013* (Cth).

Registrar of Births, Deaths and Marriages means the person appointed as the Registrar of Births, Deaths and Marriages under section 5(1) of the *Births, Deaths and Marriages Registration Act 1996.*

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

request and assessment process, in relation to access to voluntary assisted dying, means the process that consists of the following steps:

(a) a first request;

(b) a first assessment;

(c) a consulting assessment;

(d) a formal request;

(e) a final review.

requested practitioner, see section 58(1).

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

*Examples for definition **resident***

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

residential aged care means personal care or nursing care (or both) that is provided to a person in a facility in which the person is also provided with accommodation that includes:

(a) staffing to meet the personal care and nursing care needs of the person; and

(b) meals and cleaning services; and

(c) furnishings (including furniture) and equipment for the provision of that care and accommodation.

residential aged care facility means a place at which residential aged care is provided, whether or not the care is provided by an entity that is an approved provider under the *Aged Care Act 2024* (Cth).

Review Board means the Review Board established under section 106.

reviewable decision, see section 93(1).

self-administration, see section 6(2)(a).

self-administration decision, see section 53(2)(a).

supply, in relation to an approved substance, see section 21(1) and (2) of the *Medicines, Poisons and Therapeutic Goods Act 2012*.

unused or remaining substance means any of the approved substance supplied for a person that remains unused or is otherwise remaining after the person's death.

voluntary assisted dying, see section 6(1).

Note for section 5

The Interpretation Act 1978 contains definitions and other provisions that may be relevant to this Act.

6 Meaning of *voluntary assisted dying*

(1) ***Voluntary assisted dying*** means the administration of an approved substance to a person to bring about the person's death and includes steps reasonably related to such administration.

(2) Voluntary assisted dying may occur through:

(a) a person administering an approved substance themselves (***self-administration***); or

(b) an administering practitioner administering an approved substance to a person (***practitioner administration***).

7 Meaning of *decision-making capacity*

(1) A person has ***decision-making capacity*** in relation to voluntary assisted dying if the person can:

(a) understand and retain information relevant to a decision about accessing voluntary assisted dying; and

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

(c) understand the effect or consequence of the decision; and

(d) weigh up the matters referred to in paragraphs (a) to (c) for the purposes of making a decision; and

(e) communicate the decision in whatever way the person is able.

(2) A person is presumed to have decision-making capacity in relation to voluntary assisted dying unless there is evidence to the contrary.

(3) In determining whether a person has decision-making capacity in relation to voluntary assisted dying, regard must be had to the following:

(a) a person may have decision-making capacity to make some decisions but not others;

(b) capacity can change or fluctuate and a person may temporarily lose capacity and later regain it;

(c) it should not be presumed that a person does not have decision-making capacity:

(i) because of a personal characteristic such as, for example, age, appearance or language skills; or

(ii) because the person has a disability, illness or other medical condition, whether physical or mental; or

(iii) because the person makes a decision with which other people may not agree;

(d) a person is capable of doing a thing mentioned in subsection (1)(a), (b) or (c) if the person is capable of doing the thing with adequate and appropriate support.

Examples of adequate and appropriate support for subsection (3)(d)

1 Giving a person information that is tailored to their needs.

2 Communicating, or assisting a person to communicate, the person's decision.

3 Giving a person additional time and discussing the matter with the person.

4 Using technology that alleviates the effects of a person's disability.

8 Approved substance

(1) The Chief Health Officer may, in writing, approve any of the following substances for use under this Act for the purpose of causing a person's death:

(a) a Schedule 4 substance;

(b) a Schedule 8 substance;

(c) a combination of those substances.

(2) A substance approved under subsection (1) is an ***approved substance***.

(3) The Chief Health Officer must keep a list of approved substances.

(4) In this section:

Schedule 4 substance, see section 7 of the *Medicines, Poisons and Therapeutic Goods Act 2012.*

Schedule 8 substance, see section 7 of the *Medicines, Poisons and Therapeutic Goods Act 2012.*

Division 4 Application and operation of Act

9 Act binds Crown

This Act binds the Crown in right of the Territory, and to the extent the legislative power of the Legislative Assembly permits, the Crown in all its other capacities.

10 Relationship with *Medicines, Poisons and Therapeutic Goods Act 2012* and *Misuse of Drugs Act 1990*

If there is an inconsistency between a provision of this Act and a provision of the *Medicines, Poisons and Therapeutic Goods Act 2012* or the *Misuse of Drugs Act 1990*, the provision of this Act prevails to the extent of the inconsistency.

11 Voluntary assisted dying not suicide

For the purposes of the law of the Territory, and for the purposes of a contract, deed or other instrument entered into in the Territory or governed by a law of the Territory, a person who dies as the result of the administration of an approved substance in accordance with this Act:

(a) does not die by suicide; and

(b) is taken to have died from the disease, illness or medical condition mentioned in section 19(1)(d) from which the person suffered.

12 Inherent jurisdiction of Supreme Court not affected

This Act does not affect the inherent jurisdiction of the Supreme Court.

13 Application of Criminal Code

Part IIAA of the Criminal Code applies to an offence against this Act.

Note for section 13

Part IIAA of the Criminal Code states the general principles of criminal responsibility, establishes general defences, and deals with burden of proof. It also defines, or elaborates on, certain concepts commonly used in the creation of offences.

14 Health practitioner with conscientious objection

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

(a) provide information to another person about voluntary assisted dying;

(b) participate in the request and assessment process;

(c) participate in the making of an administration decision;

(d) participate in the prescription, giving or administration of an approved substance;

(e) be present for the administration or self-administration of an approved substance.

(2) A health practitioner or relevant person who, because of a conscientious objection, refuses to do a thing mentioned in subsection (1) for a person requesting information about or assistance with voluntary assisted dying, must give the person the information prescribed by regulation.

(3) In this section:

Aboriginal liaison officer means a person who is employed by the Territory to provide cultural support, advocacy and assistance to Aboriginal persons in a health service.

relevant person means a person who is any of the following:

(a) a speech pathologist;

(b) a social worker;

(c) an Aboriginal liaison officer;

(d) an interpreter;

(e) a health care worker;

(f) any other person prescribed by regulation.

social worker means a person who is eligible for practising membership of the Australian Association of Social Workers Limited ACN 008 576 010.

speech pathologist means a person who is eligible for practising membership of The Speech Pathology Association of Australia Limited ACN 008 393 440.

15 Relevant entity may refuse to provide information about voluntary assisted dying

(1) This section applies to a relevant entity if:

(a) a resident, or the resident's agent, asks the entity for information about voluntary assisted dying; and

(b) the entity has a policy not to provide information about voluntary assisted dying at the facility.

(2) The relevant entity must give the resident the information prescribed by regulation.

(3) In this section:

relevant entity means a body corporate that provides a relevant service.

16 Health care worker not to initiate discussion about voluntary assisted dying

(1) A health care worker must not, in the course of providing a health service or professional care service to a person:

(a) initiate discussion with the person that is in substance about voluntary assisted dying; or

(b) in substance, suggest voluntary assisted dying to the person.

(2) Subsection (1) does not prevent a health care worker providing information about voluntary assisted dying to a person at the person's request.

(3) A contravention of subsection (1) by a health care worker who is a health practitioner is to be regarded as unprofessional conduct within the meaning and for the purposes of the Health Practitioner Regulation National Law.

17 Right to request other people to be included in decisions relating to voluntary assisted dying

(1) A person has the right to request any of the following persons to be included in a decision relating to voluntary assisted dying:

(a) a family member;

(b) a person with cultural authority to make decisions in accordance with the culturally accepted practices of decision-making of the community to which the person belongs.

(2) To avoid doubt, a person cannot make a request for access to voluntary assisted dying or make an administration decision on behalf of another person.

Note for section 17

For a person to be eligible for access to voluntary assisted dying, the person must have decision-making capacity in relation to voluntary assisted dying and must be acting voluntarily and without coercion – see section 19(1).

Part 2 Requirements for access to voluntary assisted dying

18 When person may access voluntary assisted dying

A person may access voluntary assisted dying if:

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

(b) the person has been assessed as meeting the requirements of a first assessment and consulting assessment; and

(c) the person has made a formal request to the person's coordinating practitioner; and

(d) the person's coordinating practitioner has certified in a final review form that the practitioner is satisfied:

(i) the request and assessment process has been completed in accordance with this Act; and

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

(iii) the person is acting voluntarily and without coercion; and

(e) the person has made an administration decision; and

(f) for a person who has made a self-administration decision – the person has appointed a contact person.

19 Eligibility criteria for access to voluntary assisted dying

(1) For a person to be eligible for access to voluntary assisted dying the person must meet the following criteria:

(a) the person must be an adult;

(b) the person:

(i) must be an Australian citizen; or

(ii) must be a permanent resident of Australia; or

(iii) must have been ordinarily resident in Australia for at least 2 years immediately before the person makes the first request; or

(iv) must have been granted a residency exemption by the Chief Health Officer under section 20(2);

(c) the person must have been:

(i) ordinarily resident in the Territory for at least 12 months immediately before the person makes the first request; or

(ii) granted a residency exemption by the Chief Health Officer under section 20(2);

(d) the person must have been diagnosed with a disease, illness or medical condition that is:

(i) advanced, progressive and expected to cause death; and

(ii) expected to cause death within 12 months; and

(iii) causing suffering that the person considers to be intolerable;

(e) the person must have decision-making capacity in relation to voluntary assisted dying;

(f) the person must be acting voluntarily and without coercion.

(2) To avoid doubt, a person is not eligible for access to voluntary assisted dying only because the person has a disability or is diagnosed with a mental illness.

(3) To avoid doubt, if a person permanently loses decision-making capacity in relation to voluntary assisted dying at any time after requesting access to voluntary assisted dying, the person ceases to be eligible for access to voluntary assisted dying under subsection (1)(e).

(4) In this section:

suffering, caused by a disease, illness or medical condition, includes:

(a) physical or mental suffering; and

(b) suffering caused by treatment provided for the disease, illness or medical condition; and

(c) the anticipation or expectation, based on medical advice, of suffering that will or might be caused by the disease, illness or medical condition or treatment provided for the disease, illness or medical condition.

20 Residency exemptions

(1) The following persons may apply to the Chief Health Officer for an exemption from the criteria in section 19(1)(b)(i) to (iii) or (c)(i):

(a) a person who:

(i) has been ordinarily resident in a place close to the Territory border for a period of at least 12 months; and

(ii) works in the Territory or receives medical treatment in the Territory;

(b) a person who has a substantial connection to the Territory.

Examples for subsection (1)(b)

1 A person who has family members who reside in the Territory and who has moved to the Territory to be closer to the family members for care and support as a result of the person's disease, illness or medical condition.

2 A person who resides outside the Territory but who is a former long-term resident of the Territory.

3 A person with a cultural connection to the Territory.

(2) The Chief Health Officer must decide to:

(a) grant the exemption if satisfied the person meets the requirements of subsection (1)(a) or (b); or

(b) otherwise – refuse to grant the exemption.

(3) After granting or refusing to grant the exemption, the Chief Health Officer must give the applicant a decision notice.

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

Division 1 First request

21 Person may make first request to medical practitioner

(1) A person may make a request for access to voluntary assisted dying to a medical practitioner (a ***first request***).

(2) The request must be:

(a) clear and unambiguous; and

(b) made by the person and not by another person on their behalf.

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

Note for subsection (3)

A person may communicate by using gestures.

22 No obligation to continue after making first request

(1) A person may decide at any time not to continue the request and assessment process.

(2) The request and assessment process ends if the person decides not to continue the process.

(3) If the request and assessment process ends under subsection (2), the person may begin a new request and assessment process by making a new first request.

23 Medical practitioner to accept or refuse first request

(1) If a first request is made to a medical practitioner, the practitioner must accept or refuse to accept the request.

(2) The medical practitioner must refuse to accept the first request if the practitioner is not eligible under section 87(1) to act as the coordinating practitioner for the person who made the request.

(3) The medical practitioner may refuse to accept the first request if:

(a) the practitioner has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the functions of a coordinating practitioner; or

(b) the practitioner is unavailable or otherwise unable to perform the functions of a coordinating practitioner.

(4) The medical practitioner must, within 2 business days after the first request is made:

(a) decide whether to accept or refuse to accept the request and inform the person of the decision; and

(b) if the practitioner refuses to accept the request – inform the person of the reason for the refusal; and

(c) give the person the information prescribed by regulation.

(5) If the medical practitioner accepts the first request, the practitioner becomes the coordinating practitioner for the person.

24 Recording first request in person's medical record

If a person makes a first request, the medical practitioner to whom it is made must record the following information in the person's medical record:

(a) the details of the first request, including the date of the request;

(b) whether the practitioner accepted or refused to accept the first request;

(c) if the practitioner refused to accept the first request – the reason for the refusal;

(d) if required – whether the practitioner has given the person the information referred to in section 23(4)(c).

Division 2 First assessment

25 Coordinating practitioner to undertake first assessment

(1) The coordinating practitioner for a person must undertake an assessment (a ***first assessment***) to decide whether the practitioner is satisfied that the person:

(a) meets the eligibility criteria for access to voluntary assisted dying; and

(b) if the coordinating practitioner is satisfied that the person meets the eligibility criteria – understands the information given to them under subsection (3).

(2) For the purposes of subsection (1)(a), the coordinating practitioner must make a decision in relation to each of the eligibility criteria for access to voluntary assisted dying.

(3) If the coordinating practitioner for a person is satisfied the person meets all of the eligibility criteria for access to voluntary assisted dying, the coordinating practitioner must give the person the information prescribed by regulation.

(4) The coordinating practitioner must undertake the first assessment while the person is physically present for the assessment.

(5) The coordinating practitioner may, when undertaking the first assessment, have regard to any relevant information about the person that has been prepared by another health practitioner.

26 Referral for decision

(1) If the coordinating practitioner for a person is unable to decide whether the person meets either of the following criteria, the coordinating practitioner must refer the person to a health practitioner who has appropriate skills and training to make a decision about the matter:

(a) whether the person has a disease, illness or medical condition that meets the requirements of section 19(1)(d);

(b) whether the person has decision-making capacity in relation to voluntary assisted dying as required by section 19(1)(e).

(2) If the coordinating practitioner for a person is unable to decide whether the person is acting voluntarily and without coercion as required by section 19(1)(f), the coordinating practitioner must refer the person to another person who has appropriate skills and training to make a decision about the matter.

(3) If the coordinating practitioner makes a referral to a health practitioner under subsection (1) or to another person under subsection (2), the coordinating practitioner may adopt the decision of the health practitioner or other person in relation to the matter in respect of which the referral was made.

(4) A health practitioner or other person to whom the person is referred under this section must not accept the referral if the practitioner or other person:

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

(b) knows or believes that the practitioner or other person:

(i) is a beneficiary under the will of the person; or

(ii) may otherwise benefit financially or in any other material way from the death of the person, other than by receiving reasonable fees for the provision of services in connection with the referral.

27 Outcome of first assessment

(1) On completion of a first assessment, the coordinating practitioner for a person must:

(a) assess the person as meeting the requirements of the first assessment if the practitioner is satisfied that:

(i) the person meets all of the eligibility criteria for access to voluntary assisted dying; and

(ii) the person understands the information given to them under section 25(3); or

(b) assess the person as not meeting the requirements of a first assessment if the practitioner is not satisfied about a matter mentioned in paragraph (a)(i) or (ii).

(2) If the coordinating practitioner assesses the person as not meeting the requirements of a first assessment, the request and assessment process for the person ends.

28 Recording and notification of outcome of first assessment

(1) The coordinating practitioner for a person must, as soon as practicable after completing the first assessment:

(a) inform the person of the outcome of the assessment; and

(b) record the date and outcome of the assessment in the person's medical record.

(2) Within 2 business days after completing the first assessment, the coordinating practitioner must complete a record of the assessment in the approved form (the ***first assessment record form***) and give a copy of the form and any accompanying documents to the Review Board.

(3) The first assessment record form:

(a) must include the outcome of the first assessment; and

(b) must include a decision notice; and

(c) may be accompanied by documents supporting the coordinating practitioner's decision.

(4) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2).

Maximum penalty: 20 penalty units.

(5) As soon as practicable after completing the first assessment record form, the coordinating practitioner must give a copy of the form, and any documents accompanying it, to the person.

29 Referral for consulting assessment if person assessed as meeting requirements of first assessment

If the coordinating practitioner for a person assesses the person as meeting the requirements of a first assessment, the practitioner must refer the person to another medical practitioner for a consulting assessment.

Division 3 Consulting assessment

30 Medical practitioner to accept or refuse referral for consulting assessment

(1) If a person is referred to a medical practitioner under section 29, 36(1) or 49(1)(a), the practitioner must decide whether to accept or refuse to accept the referral.

(2) The medical practitioner must refuse to accept the referral if the medical practitioner is not eligible under section 87(1) to act as the consulting practitioner for the person.

(3) The medical practitioner may refuse to accept the referral if:

(a) the practitioner has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the functions of a consulting practitioner; or

(b) the practitioner is unavailable or otherwise unable to perform the functions of a consulting practitioner.

(4) The medical practitioner must, within 2 business days after the referral was made:

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

(b) inform the coordinating practitioner for the person of the decision and, for a decision to refuse to accept the referral, the reason for the refusal.

(5) As soon as practicable after the medical practitioner informs the coordinating practitioner for the person about their decision, the coordinating practitioner must inform the person of the decision.

(6) If the medical practitioner accepts the referral, the practitioner becomes the consulting practitioner for the person.

31 Recording and notification of referral

(1) If a person is referred to a medical practitioner under section 29, 36(1) or 49(1)(a), the practitioner must record the following information in the person's medical record:

(a) the details of the referral, including the date of the referral;

(b) whether the practitioner accepted or refused to accept the referral;

(c) if the practitioner refused to accept the referral – the reason for the refusal.

(2) If the medical practitioner accepts the referral, the practitioner must, within 2 business days after informing the coordinating practitioner about the decision, complete the approved form (the ***consulting assessment referral form***) and give a copy of the form to the Review Board.

(3) A medical practitioner commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2).

Maximum penalty: 20 penalty units.

32 Consulting practitioner to undertake consulting assessment

(1) The consulting practitioner for a person must undertake an assessment (a ***consulting assessment***) to decide whether the practitioner is satisfied that the person:

(a) meets the eligibility criteria for access to voluntary assisted dying; and

(b) if the consulting practitioner is satisfied that the person meets the eligibility criteria – understands the information given to them under subsection (3).

(2) For the purposes of subsection (1)(a), the consulting practitioner must:

(a) make a decision in relation to each of the eligibility criteria for access to voluntary assisted dying; and

(b) independently of the coordinating practitioner for the person, form the practitioner's own opinions on the matters to be decided.

(3) If the consulting practitioner for a person is satisfied the person meets all of the eligibility criteria for access to voluntary assisted dying, the consulting practitioner must give the person the information prescribed by regulation.

(4) The consulting practitioner may, when undertaking the consulting assessment, have regard to any relevant information about the person that has been prepared by another health practitioner.

33 Referral for decision

(1) If the consulting practitioner for a person is unable to decide whether the person meets either of the following criteria, the consulting practitioner must refer the person to a health practitioner who has appropriate skills and training to make a decision about the matter:

(a) whether the person has a disease, illness or medical condition that meets the requirements of section 19(1)(d);

(b) whether the person has decision-making capacity in relation to voluntary assisted dying as required by section 19(1)(e).

(2) If the consulting practitioner for a person is unable to decide whether the person is acting voluntarily and without coercion as required by section 19(1)(f), the consulting practitioner must refer the person to another person who has appropriate skills and training to make a decision about the matter.

(3) If the consulting practitioner makes a referral to a health practitioner under subsection (1) or to another person under subsection (2), the consulting practitioner may adopt the decision of the health practitioner or other person in relation to the matter in respect of which the referral was made.

(4) A health practitioner or other person to whom the person is referred under this section must not accept the referral if the practitioner or other person:

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

(b) knows or believes that the practitioner or other person:

(i) is a beneficiary under the will of the person; or

(ii) may otherwise benefit financially or in any other material way from the death of the person, other than by receiving reasonable fees for the provision of services in connection with the referral.

34 Outcome of consulting assessment

On completion of a consulting assessment, the consulting practitioner must:

(a) assess the person as meeting the requirements of the consulting assessment if the practitioner is satisfied that:

(i) the person meets all of the eligibility criteria for access to voluntary assisted dying; and

(ii) the person understands the information given to them under section 32(3); or

(b) assess the person as not meeting the requirements of a consulting assessment if the practitioner is not satisfied about a matter mentioned in paragraph (a)(i) or (ii).

35 Recording and notification of outcome of consulting assessment

(1) The consulting practitioner for a person must, as soon as practicable after completing the consulting assessment:

(a) inform the person of the outcome of the assessment; and

(b) record the date and outcome of the assessment in the person's medical records.

(2) Within 2 business days after completing the consulting assessment, the consulting practitioner must complete a record of the assessment in the approved form (the ***consulting assessment record***) and give a copy of the record and any accompanying documents to the Review Board.

(3) The consulting assessment record:

(a) must include the outcome of the consulting assessment; and

(b) must include a decision notice; and

(c) may be accompanied by documents supporting the consulting practitioner's decision.

(4) The consulting practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2).

Maximum penalty: 20 penalty units.

(5) As soon as practicable after completing the consulting assessment record, the consulting practitioner for a person must give a copy of the form, and any documents accompanying it, to the person.

36 Referral for further consulting assessment if person assessed as not meeting requirements of consulting assessment

(1) If the consulting practitioner for a person (the ***original consulting practitioner***) assesses the person as not meeting the requirements of a consulting assessment, the coordinating practitioner for the person may refer the person to another medical practitioner for a further consulting assessment.

(2) If the other medical practitioner accepts the referral:

(a) the original consulting practitioner ceases to be the consulting practitioner for the person when the other medical practitioner gives the Review Board the consulting assessment referral form under section 31; and

(b) the other medical practitioner must notify the original consulting practitioner that the practitioner has assumed the role of the consulting practitioner for the person.

Note for subsection (2)

If the medical practitioner accepts the referral for the further consulting assessment, the medical practitioner becomes the consulting practitioner for the person, see section 30(6).

Division 4 Formal request

Subdivision 1 Making formal request

37 Making formal request

(1) If a person has been assessed as meeting the requirements of a first assessment and consulting assessment, the person may make a further request for access to voluntary assisted dying (a ***formal request***).

(2) A formal request may be made by:

(a) a written declaration in accordance with Subdivision 2; or

(b) an audiovisual recording in accordance with Subdivision 3.

38 Formal request to be made certain time after first request

(1) A person's formal request must be made:

(a) subject to subsection (2), at least 9 days after the day on which the person made the first request; and

(b) at least 1 day after the day on which the consulting assessment that assessed the person as meeting the requirements of a consulting assessment was completed.

(2) A person may make a formal request before the expiry of the period mentioned in subsection (1)(a) if:

(a) in the opinion of the coordinating practitioner for the person, the person is likely to die, or to lose decision-making capacity in relation to voluntary assisted dying, before the expiry of that period; and

(b) that opinion is consistent with the prognosis of the consulting practitioner for the person set out in the consulting assessment record.

Subdivision 2 Formal request by written declaration

39 Application of Subdivision

This Subdivision applies to a person who has elected to make a formal request by a written declaration.

40 Written declaration

(1) The written declaration must be:

(a) in the approved form; and

(b) completed in the presence of, and given to, the coordinating practitioner for the person.

(2) The written declaration must:

(a) state that the person:

(i) makes the formal request voluntarily and without coercion; and

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

(b) be signed by the person, or a person mentioned in subsection (3), in the physical presence of 2 witnesses who meet the requirements specified in section 41(1).

(3) A person may sign the written declaration on behalf of the person making the formal request if:

(a) the person making the request is unable to sign the declaration; and

(b) the person making the request directs the person to sign the declaration on their behalf; and

(c) the person signing the declaration:

(i) is an adult; and

(ii) is not a family member of the person making the request; and

(iii) is not a person who knows or believes that they:

(A) are a beneficiary under a will of the person making the request; or

(B) may otherwise benefit financially or in any other material way from the death of the person making the request; and

(iv) is not a witness to the signing of the declaration; and

(v) is not the coordinating practitioner or consulting practitioner for the person making the request.

(4) A person who signs the written declaration on behalf of the person making the formal request must do so in the physical presence of the person making the request.

(5) If the person makes a formal request by written declaration with the assistance of an interpreter, the interpreter must certify on the declaration that the interpreter provided to the person a true and correct translation of any material translated in relation to the request.

41 Witness to written declaration

(1) For the purposes of section 40(2)(b), a person may witness the signing of the written declaration if the person:

(a) is an adult; and

(b) is not ineligible under subsection (2) (an ***ineligible witness***).

(2) A person is ineligible to witness the signing of the written declaration if the person:

(a) is a family member of the person making the formal request; or

(b) knows or believes that they:

(i) are a beneficiary under a will of the person making the formal request; or

(ii) may otherwise benefit financially or in any other material way from the death of the person making the formal request; or

(c) is an owner, or is responsible for the management, of a facility at which the person making the formal request resides; or

(d) is the coordinating practitioner or consulting practitioner for the person making the formal request.

(3) Each witness to the signing of the written declaration by the person making the formal request must:

(a) certify in writing in the declaration that, in the physical presence of the witness, the person appeared to freely and voluntarily sign the written declaration; and

(b) state in writing in the declaration that the witness is not knowingly an ineligible witness.

(4) Each witness to the signing of a written declaration by another person on behalf of the person making the formal request must:

(a) certify in writing in the declaration that:

(i) in the physical presence of the witness – the person making the request appeared to freely and voluntarily direct the other person to sign the declaration; and

(ii) in the physical presence of the witness and the person making the request – the other person signed the declaration; and

(b) state in writing in the declaration that the witness is not knowingly an ineligible witness.

Subdivision 3 Formal request by audiovisual recording

42 Application of Subdivision

This Subdivision applies to a person who has elected to make a formal request by an audiovisual recording.

43 Audiovisual recording

(1) The person making the formal request must, in the audiovisual recording, state:

(a) the person's full name and date of birth; and

(b) that the person is making a formal request; and

(c) that the request is being made in the presence of 2 witnesses and the coordinating practitioner for the person; and

(d) that the person makes the request voluntarily and without coercion; and

(e) that the person understands the nature and the effect of the request.

(2) The formal request must be recorded in the presence of:

(a) 2 witnesses who:

(i) meet the requirements specified in section 44(1); and

(ii) must be physically present for the recording; and

(b) the coordinating practitioner for the person who must be physically present for the recording.

(3) If the person makes a formal request by audiovisual recording with the assistance of an interpreter, the interpreter must make a statement, at the end of the recording, stating that the interpreter provided to the person a true and correct translation of any material translated.

(4) After making a formal request by audiovisual recording, the person must give a copy of the recording to the coordinating practitioner for the person.

44 Witness to audiovisual recording

(1) For the purposes of section 43(2)(a), a person is eligible to witness the making of a formal request by an audiovisual recording if the person:

(a) is an adult; and

(b) is not ineligible under subsection (2) (an ***ineligible witness***).

(2) A person is ineligible to witness the making of a formal request by an audiovisual recording if the person:

(a) is a family member of the person making the formal request; or

(b) knows or believes that they:

(i) are a beneficiary under a will of the person making the formal request; or

(ii) may otherwise benefit financially or in any other material way from the death of the person making the formal request; or

(c) is an owner, or is responsible for the management, of a facility at which the person making the formal request resides; or

(d) is the coordinating practitioner or consulting practitioner for the person making the request.

(3) Each witness to the making of a formal request by an audiovisual recording must state at the end of the recording:

(a) the witness's full name and address or telephone number; and

(b) that the witness witnessed the recording of the formal request and the person making the request appeared to freely and voluntarily make the request; and

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

Subdivision 4 Record and notification of formal request

45 Recording and notification of formal request

(1) On receiving a formal request made by a person, the coordinating practitioner must record the following information in the person's medical record:

(a) the date on which the formal request was made;

(b) the date on which the formal request was received by the practitioner.

(2) Within 2 business days after receiving a formal request made by a person, the coordinating practitioner for the person must give a copy of the request to the Review Board.

(3) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with the requirement under subsection (2).

Maximum penalty: 20 penalty units.

Division 5 Final review by coordinating practitioner

46 Final review by coordinating practitioner on receiving formal request

(1) On receiving a formal request made by a person, the coordinating practitioner for the person must:

(a) review the following in relation to the person:

(i) the first assessment record form;

(ii) the consulting assessment record;

(iii) the formal request; and

(b) decide whether the practitioner is satisfied that:

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

(ii) the person is acting voluntarily and without coercion; and

(c) complete the approved form (the ***final review form***) in relation to the person.

(2) When conducting the final review, the coordinating practitioner must have regard to any decision made by NTCAT under Part 7 in relation to a decision made as part of request and assessment process.

(3) The final review form must:

(a) certify whether the coordinating practitioner is satisfied that:

(i) the request and assessment process has been completed in accordance with this Act; and

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

(iii) the person is acting voluntarily and without coercion; and

(b) include a decision notice.

(4) The coordinating practitioner must give a copy of the final review form to the person as soon as practicable after completing the form.

(5) Within 2 business days after completing the final review form, the coordinating practitioner must give a copy of the form to the Review Board.

(6) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with the requirement under subsection (5).

Maximum penalty: 20 penalty units.

Division 6 Miscellaneous matters

47 Transfer of coordinating practitioner's role

The coordinating practitioner for a person may transfer the role of coordinating practitioner in accordance with section 48 or 49:

(a) at the request of the person; or

(b) on the coordinating practitioner's own initiative.

48 Process for transfer of coordinating practitioner role to consulting practitioner

(1) The coordinating practitioner for a person may transfer the role of coordinating practitioner to the consulting practitioner for the person if:

(a) the consulting practitioner has assessed the person as meeting the requirements of a consulting assessment; and

(b) the consulting practitioner accepts the transfer of the role.

(2) Within 2 business days after a request to transfer the role is made to the consulting practitioner, the consulting practitioner must inform the coordinating practitioner whether the consulting practitioner accepts or refuses to accept the transfer of the role.

(3) If the consulting practitioner for the person accepts the transfer of the role, the coordinating practitioner must:

(a) as soon as practicable after the consulting practitioner accepts the request:

(i) inform the person of the transfer; and

(ii) record the transfer in the person's medical record; and

(b) within 2 business days after the consulting practitioner accepts the request, complete the approved form (the ***coordinating practitioner transfer form***) and give a copy of the form to the Review Board.

(4) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (3)(b).

Maximum penalty: 20 penalty units.

(5) When the coordinating practitioner for the person gives the Review Board a copy of the coordinating practitioner transfer form:

(a) the consulting practitioner becomes the coordinating practitioner for the person; and

(b) the coordinating practitioner ceases to be the coordinating practitioner for the person.

49 Process for transfer of coordinating practitioner role to other medical practitioner

(1) If the consulting practitioner for a person refuses to accept a request to transfer the coordinating practitioner role under section 48, the coordinating practitioner may:

(a) refer the person to another medical practitioner for a further consulting assessment; and

(b) transfer the role of coordinating practitioner to that medical practitioner if the medical practitioner:

(i) accepts the referral for a further consulting assessment; and

(ii) assesses the person as meeting the requirements of a consulting assessment; and

(iii) accepts the transfer of the role.

Note for subsection (1)

If the medical practitioner accepts the referral for the further consulting assessment, the medical practitioner becomes the consulting practitioner for the person, see section 30(6).

(2) If the medical practitioner accepts a referral for a further consulting assessment under subsection (1)(a), the consulting assessment that previously assessed the person as meeting the requirements of a consulting assessment becomes void.

(3) If the medical practitioner accepts the transfer of the role of coordinating practitioner, the coordinating practitioner for the person must:

(a) as soon as practicable after the medical practitioner accepts the request:

(i) inform the person of the transfer; and

(ii) record the transfer in the person's medical record; and

(b) within 2 business days after the medical practitioner accepts the transfer, complete the coordinating practitioner transfer form and give a copy of the form to the Review Board.

(4) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (3)(b).

Maximum penalty: 20 penalty units.

(5) When the coordinating practitioner for the person gives the Review Board a copy of the coordinating practitioner transfer form:

(a) the medical practitioner becomes the coordinating practitioner for the person; and

(b) the coordinating practitioner ceases to be the coordinating practitioner for the person.

50 Referral to official voluntary assisted dying care navigator service if unable to transfer role of coordinating practitioner

The coordinating practitioner for a person must refer the person to an official voluntary assisted dying care navigator service if the coordinating practitioner no longer wishes to be in the role or the person has requested the role to be transferred and the practitioner is unable to transfer their functions after taking reasonable steps to do so.

51 Original coordinating practitioner may resume coordinating practitioner role

(1) At the request of a person requesting access to voluntary assisted dying, the original coordinating practitioner may resume their role as the coordinating practitioner for the person at any time in the request and assessment process.

(2) If the original coordinating practitioner accepts the request, the original coordinating practitioner must:

(a) as soon as practicable after accepting the request:

(i) inform the current coordinating practitioner for the person of the transfer; and

(iii) record the transfer in the person's medical record; and

(b) within 2 business days after accepting the request, complete the coordinating practitioner transfer form and give a copy of the form to the Review Board.

(3) The original coordinating practitioner commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2)(b).

Maximum penalty: 20 penalty units.

(4) When the original coordinating practitioner gives the Review Board a copy of the coordinating practitioner transfer form:

(a) the original coordinating practitioner becomes the coordinating practitioner for the person; and

(b) the current coordinating practitioner ceases to be the coordinating practitioner for the person.

(5) In this section:

original coordinating practitioner means the medical practitioner who accepted the person's first request under section 23(1).

52 No obligation for person to continue after completion of request and assessment process

A person in respect of whom the request and assessment process has been completed may decide at any time not to take any further step in relation to access to voluntary assisted dying.

Part 4 Accessing voluntary assisted dying and death

Division 1 Administration decision

53 Making administration decision

(1) This section applies to a person if:

(a) the request and assessment process has been completed in relation to the person; and

(b) the coordinating practitioner for the person has completed a final review form in relation to the person; and

(c) in the final review form the coordinating practitioner certifies that the practitioner is satisfied:

(i) the request and assessment process has been completed in accordance with this Act; and

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

(iii) the person is acting voluntarily and without coercion.

(2) The person may, in consultation with and on the advice of the coordinating practitioner for the person:

(a) decide to self-administer an approved substance (a ***self-administration decision***); or

(b) decide to have an approved substance administered to the person by the administering practitioner for the person (a ***practitioner administration decision***).

(3) An administration decision may only be made after consideration of the following matters is given by the person and the coordinating practitioner for the person:

(a) the ability of the person to self-administer an approved substance;

(b) the person's concerns about methods of administration;

(c) the method of administration that is suitable to the person;

(d) the ability to ensure the safe supply, storage and disposal of the approved substance if present in the community.

(4) The decision must be:

(a) clear and unambiguous; and

(b) made by the person and not made by another person on their behalf.

(5) The decision may be made in writing or orally, or by communicating in any other way the person is able.

Note for subsection (5)

A person may communicate by using gestures.

54 Recording and notification of administration decision

(1) If a person makes an administration decision, the coordinating practitioner must, as soon as practicable after being informed of the person's administration decision, record the decision in the person's medical record.

(2) Within 2 business days after being informed of the person's administration decision, the coordinating practitioner must complete the approved form (the ***administration decision form***) and give a copy of the form to the Review Board.

(3) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2).

Maximum penalty: 20 penalty units.

55 Revocation of administration decision

(1) A person may revoke an administration decision at any time by:

(a) for a self-administration decision – informing the coordinating practitioner for the person that the person has decided not to self-administer an approved substance; or

(b) for a practitioner administration decision:

(i) if the person has an administering practitioner – informing the administering practitioner for the person that the person has decided not to proceed with the administration of an approved substance; or

(ii) in any other case – informing the coordinating practitioner for the person that the person has decided not to proceed with the administration of an approved substance.

(2) The decision to revoke an administration decision must be:

(a) clear and unambiguous; and

(b) made by the person and not made by another person on their behalf.

(3) The person may revoke an administration decision in writing or orally, or by communicating in any other way the person is able.

Note for subsection (3)

A person may communicate by using gestures.

(4) If the person revokes an administration decision, the coordinating practitioner or administering practitioner who is informed of the person's decision must:

(a) as soon as practicable after being informed of the decision:

(i) record the revocation in the person's medical record; and

(ii) if the administering practitioner is not the coordinating practitioner for the person – inform the coordinating practitioner for the person of the revocation; and

(b) within 2 business days after the person informs the practitioner of the revocation, complete the approved form and give a copy of the form to the Review Board.

(5) The coordinating practitioner or administering practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (4)(b).

Maximum penalty: 20 penalty units.

(6) The revocation of an administration decision does not prevent the person from making another administration decision under section 53(2).

(7) Despite subsection (6), if a person revokes a self-administration decision, the person cannot make another administration decision until the approved substance supplied in relation to the self-administration decision (if any) is given to an approved disposer.

56 Self-administration

(1) This section applies to a person who has made a self-administration decision and has not revoked the decision.

(2) Subject to subsection (3), the coordinating practitioner for the person is authorised to prescribe an approved substance for the person that is of a sufficient dose to cause death.

(3) The coordinating practitioner for the person must not prescribe an approved substance for the person unless the contact person appointment form has been given to the coordinating practitioner as mentioned in section 65(5).

(4) The approved supplier who is given the prescription for the person is authorised to do the following in relation to an approved substance:

(a) possess it for the purpose of preparing and supplying it to a person mentioned in paragraph (c);

(b) prepare it;

(c) supply it to the person or the contact person for the person.

(5) The person is authorised to:

(a) receive the approved substance from the following persons:

(i) the approved supplier;

(ii) the contact person for the person;

(iii) a delivery person; and

(b) possess the approved substance for the purpose of preparing and self-administering the substance; and

(c) prepare the approved substance; and

(d) self-administer the approved substance.

(6) In addition to subsection (5)(b), if the person revokes their self-administration decision or decides not to take any further steps in relation to access to voluntary assisted dying, the person is authorised to possess the approved substance for the purpose of giving the substance to an approved disposer.

(7) The contact person for the person is authorised to do the things mentioned in section 64 if it is impracticable for the person to do those things themselves.

57 Health care worker may be present at self-administration

(1) A person who has made a self-administration decision may request a health care worker be present at the time of the self-administration of an approved substance.

(2) The request must be recorded in the administration decision form.

(3) If a health care worker is present at the time of self-administration of an approved substance by a person, the health care worker is authorised to:

(a) receive the substance from the person; and

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

(c) prepare the substance for the person to self-administer; and

(d) give the substance to the person to self-administer.

58 Request to act as administering practitioner

(1) A person may ask the coordinating practitioner for the person or another health practitioner (the ***requested practitioner***) to act as the administering practitioner for the person if the person has made a practitioner administration decision.

(2) The requested practitioner must refuse to act as the administering practitioner for the person if the practitioner is not eligible under section 88(1) to be the administering practitioner for the person.

(3) The requested practitioner may refuse to act as the administering practitioner for the person if the requested practitioner:

(a) has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the functions of an administering practitioner; or

(b) is unavailable or otherwise unable to perform the functions of an administering practitioner.

(4) The requested practitioner must, within 2 business days after the person makes the request:

(a) decide to act or refuse to act as the administering practitioner for the person; and

(b) inform the person of the decision; and

(c) if the practitioner refuses to act as the administering practitioner for the person:

(i) inform the person of the reason for the refusal; and

(ii) give the person any information prescribed by regulation.

(5) The requested practitioner becomes the administering practitioner for the person when the practitioner informs the person that the practitioner agrees to act as the administering practitioner.

59 Recording and notification of administering practitioner request

(1) If a person makes a request under section 58(1), the requested practitioner must record the following information in the person's medical record:

(a) that the request was made, including the date of request;

(b) whether the practitioner decided to act or refused to act as the administering practitioner for the person;

(c) if the practitioner refused to act – the reason for the refusal.

(2) If the requested practitioner agrees to act as the administering practitioner for the person, the practitioner must, within 2 business days after informing the person of the decision, complete the approved form and give a copy of the form to the Review Board.

(3) The administering practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2).

Maximum penalty: 20 penalty units.

60 Practitioner administration

(1) This section applies to a person who has made a practitioner administration decision and has not revoked the decision.

(2) Subject to subsection (3), the coordinating practitioner for the person is authorised to prescribe an approved substance for the person that is of a sufficient dose to cause death.

(3) The coordinating practitioner must not prescribe an approved substance for the person unless satisfied that a requested practitioner has agreed under section 58 to act as the administering practitioner for the person.

(4) The approved supplier who is given the prescription for the person is authorised to:

(a) possess an approved substance for the purpose of preparing and supplying the substance to the administering practitioner for the person; and

(b) prepare the approved substance; and

(c) supply the approved substance to the administering practitioner for the person.

(5) The administering practitioner for the person is authorised to:

(a) receive the approved substance from the approved supplier or a delivery person; and

(b) possess the approved substance for the purpose of preparing and administering the substance to the person; and

(c) prepare the approved substance.

(6) In addition to the acts authorised under subsection (5), the administering practitioner for the person is authorised to administer the approved substance to the person if the practitioner is satisfied at the time of administration that:

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

(b) the person is acting voluntarily and without coercion; and

(c) the person has not revoked the practitioner administration decision.

61 Certification following administration of approved substance

(1) After the administering practitioner for a person administers an approved substance to the person, the practitioner must certify in writing that:

(a) the person made a practitioner administration decision and did not revoke the decision; and

(b) the administering practitioner was satisfied at the time of administering the approved substance to the person that:

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

(ii) the person was acting voluntarily and without coercion.

(2) The certification under subsection (1) must be in the approved form (the ***practitioner administration form***).

(3) Within 2 business days after administering the approved substance, the administering practitioner for the person must give a copy of the practitioner administration form to the Review Board.

(4) The administering practitioner for a person commits an offence of strict liability if the practitioner fails to comply with the requirement under subsection (3).

Maximum penalty: 20 penalty units.

(5) As soon as practicable after giving a copy of the practitioner administration form to the Review Board, the administering practitioner must give a copy of the form to the coordinating practitioner for the person.

62 Transfer of administering practitioner's role on practitioner's initiative

(1) The administering practitioner for a person (the ***original administering practitioner***) must request another health practitioner who is eligible to act as the administering practitioner for the person under section 88(1) to be the administering practitioner for the person if:

(a) the coordinating practitioner for the person has prescribed an approved substance for the person; and

(b) the original administering practitioner is unable or unwilling for any reason to administer the approved substance to the person.

(2) If the other health practitioner (the ***new administering practitioner***) agrees to take on the role, the original administering practitioner for the person must:

(a) as soon as practicable after the agreement:

(i) inform the person of the transfer of the role and the name and contact details of the new administering practitioner; and

(ii) record the transfer in the person's medical record; and

(b) within 2 business days after the new administering practitioner accepts the request, complete the approved form (the ***administering practitioner transfer form***) and give a copy of the form to the Review Board.

(3) The original administering practitioner commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (2)(b).

Maximum penalty: 20 penalty units.

(4) When the original administering practitioner gives the Review Board a copy of the administering practitioner transfer form:

(a) the new administering practitioner becomes the administering practitioner for the person; and

(b) the original administering practitioner ceases to be the administering practitioner for the person.

(5) If the original administering practitioner has possession of an approved substance issued in relation to a person when the role is transferred:

(a) the original administering practitioner is authorised to give the approved substance to the new administering practitioner; and

(b) the new administering practitioner is authorised to receive the approved substance from the original practitioner.

63 Transfer of administering practitioner's role on request of person

(1) A person who has an administering practitioner (the ***original administering practitioner***) may ask another health practitioner to act as the administering practitioner for the person instead of the original administering practitioner.

(2) The health practitioner must, within 2 business days after the person makes the request:

(a) decide to act or refuse to act as the administering practitioner for the person; and

(b) inform the person of the decision; and

(c) if the practitioner refuses to act as the administering practitioner for the person – inform the person of the reason for the refusal.

(3) The health practitioner must refuse to act as the administering practitioner for the person if the practitioner is not eligible under section 88(1) to be the administering practitioner for the person.

(4) The health practitioner may refuse to act as the administering practitioner for the person if the practitioner:

(a) has a conscientious objection to voluntary assisted dying or is otherwise unwilling to perform the functions of an administering practitioner; or

(b) is unavailable or otherwise unable to perform the functions of an administering practitioner.

(5) If the health practitioner accepts the request, the practitioner must:

(a) as soon as practicable after accepting the request:

(i) inform the original administering practitioner for the person of the transfer; and

(ii) record the transfer in the person's medical record; and

(b) within 2 business days after the practitioner accepts the request, complete the administering practitioner transfer form and give a copy of the form to the Review Board.

(6) The health practitioner commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (5)(b).

Maximum penalty: 20 penalty units.

(7) When the health practitioner gives the Review Board a copy of the administering practitioner transfer form:

(a) the health practitioner becomes the administering practitioner for the person; and

(b) the original administering practitioner ceases to be the administering practitioner for the person.

(8) If the original administering practitioner for a person has possession of an approved substance issued in relation to the person when the role is transferred:

(a) the original administering practitioner is authorised to give the approved substance to the new administering practitioner; and

(b) the new administering practitioner is authorised to receive the approved substance from the original administering practitioner.

Division 2 Contact person

64 Role of contact person

(1) The contact person for a person is authorised to:

(a) receive an approved substance from an approved supplier or a delivery person; and

(b) possess the approved substance for the purposes of paragraphs (c) to (e); and

(c) prepare the approved substance for self-administration by the person; and

(d) give the approved substance to the person to self-administer; and

(e) give the approved substance, or any unused or remaining substance, to an approved disposer as required by section 69(2); and

(f) if the Review Board requests information from the contact person under this Act – give information to the Review Board.

(2) The contact person for a person must inform the coordinating practitioner for the person if the person dies, whether as a result of self-administering an approved substance or from some other cause, within 2 business days of becoming aware of the death.

Note for subsection (2)

The coordinating practitioner for a person is required to notify the Review Board of the person's death within 2 business days of becoming aware that the person has died – see section 85(1).

65 Appointment of contact person

(1) Subject to subsection (2), a person who has made a self-administration decision must appoint another person to be the contact person for the person.

(2) A person must not be appointed as a contact person unless the person:

(a) is an adult; and

(b) consents to the appointment.

(3) The appointment must:

(a) be in the approved form (the ***contact person appointment form***); and

(b) be completed by the person making the appointment.

(4) The person being appointed as the contact person must certify in the contact person appointment form that the person understands the contact person's role under this Act and accepts the obligations of being a contact person.

(5) The appointment takes effect when the person making the appointment gives the coordinating practitioner for the person the contact person appointment form.

(6) Within 2 business days after the coordinating practitioner for the person receives the contact person appointment form, the practitioner must give a copy of the form to the Review Board.

(7) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with the requirement under subsection (6).

Maximum penalty: 20 penalty units.

66 Review Board must give information to contact person

Within 2 business days after the Review Board receives a contact person appointment form, the Review Board must give the contact person named in the form information about:

(a) the role and obligations 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.

67 Ending contact person appointment

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

(a) the person who made the appointment by giving the contact person written notice that the person no longer wants the person to be their contact person; or

(b) the contact person by giving the person who made the appointment written notice that the contact person no longer wants to be the person's contact person.

(2) Another person may prepare the written notice required under subsection (1)(a) on behalf of the person ending the appointment if:

(a) the person ending the appointment is unable to prepare the notice; and

(b) the other person is an adult; and

(c) the other person signs the notice in the presence of the person ending the appointment.

(3) If a contact person appointment is ended under subsection (1), the person who made the appointment must:

(a) inform the coordinating practitioner for the person that the appointment has ended; and

(b) make another appointment under section 65.

(4) Within 2 business days after the person informs the coordinating practitioner for the person about the appointment ending, the practitioner must complete the approved form and give a copy of the form to the Review Board.

(5) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (4).

Maximum penalty: 20 penalty units.

68 Effect of revocation of administration decision on contact person

If a person revokes their self-administration decision under section 55(1)(a) and had appointed a contact person under section 65, the appointment ends when the decision is revoked.

69 Contact person to return approved substance

(1) This section applies to the contact person for a person if:

(a) the person revokes their self-administration decision after an approved supplier has supplied an approved substance for the person; or

(b) the person dies after an approved supplier has supplied an approved substance for the person whether or not the person dies as a result of self-administering an approved substance.

(2) The contact person for the person must, as soon as practicable but not more than 2 days after the day on which the person revokes the self-administration decision or dies, give the approved substance, or any unused or remaining substance, to an approved disposer.

(3) The contact person for a person commits an offence if:

(a) the contact person intentionally engages in conduct; and

(b) the conduct results in the approved substance, or any unused or remaining substance, not being given to an approved disposer within 2 days after the person revokes their self-administration decision or dies; and

(c) the contact person is reckless in relation to the result mentioned in paragraph (b).

Maximum penalty: 100 penalty units.

(4) It is a defence to a prosecution for an offence against subsection (3) if the defendant took reasonable steps to return the approved substance within the required period.

Division 3 Prescribing, supplying and disposing of approved substance

70 Approved suppliers and disposers

(1) Subject to subsection (2), the Chief Health Officer may, in writing, approve a pharmacist, to be:

(a) an approved supplier for the purposes of this Act; or

(b) an approved disposer for the purposes of this Act.

(2) Before approving a pharmacist to be an approved supplier or an approved disposer, the Chief Health Officer must be satisfied the pharmacist meets the applicable approved requirements.

71 Information to be given before prescribing approved substance

The coordinating practitioner for a person who has made an administration decision must, before prescribing an approved substance for the person, give the person the information prescribed by regulation.

72 Prescription for approved substance

(1) If the coordinating practitioner for a person prescribes an approved substance for the person, the prescription must:

(a) include a statement that clearly indicates it is for an approved substance; and

(b) contain the other information prescribed by regulation.

(2) The prescription may not provide for the approved substance to be supplied on more than one occasion.

(3) The coordinating practitioner must give the prescription directly to an approved supplier.

(4) To avoid doubt, the requirement under subsection (3) to give the prescription directly to an approved supplier does not prevent the prescription from being given by post, courier or electronic means.

(5) Within 2 business days after issuing the prescription, the coordinating practitioner for the person must complete the approved form and give a copy of the form to the Review Board.

(6) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (5).

Maximum penalty: 20 penalty units.

73 Approved supplier to authenticate prescription

An approved supplier who is given a prescription for an approved substance must not supply the substance in accordance with the prescription unless the approved supplier has confirmed:

(a) the authenticity of the prescription; and

(b) the identity of the person who issued the prescription; and

(c) the identity of the person to whom the substance is to be supplied.

74 Information to be given when supplying approved substance

If an approved supplier supplies an approved substance to a person or the contact person for a person following a self-administration decision, the approved supplier must give the person or the contact person the information prescribed by regulation.

75 Labelling requirements for approved substance

An approved supplier who supplies an approved substance must comply with the labelling requirements prescribed by regulation.

76 Approved supplier to record and notify of supply

(1) An approved supplier who supplies an approved substance must complete a record of the supply in the approved form.

(2) Within 2 business days after supplying the approved substance, the approved supplier must give a copy of the form to the Review Board.

(3) An approved supplier commits an offence of strict liability if the supplier fails to comply with the requirement under subsection (2).

Maximum penalty: 20 penalty units.

77 Possessing approved substance for delivery

(1) A ***delivery person*** is a person who meets the requirements prescribed by regulation.

(2) A delivery person is authorised to:

(a) receive an approved substance from an approved supplier for the purposes mentioned in paragraphs (b) and (c); and

(b) possess the substance for the purpose mentioned in paragraph (c); and

(c) transport and deliver the substance to the person to whom it is addressed.

(3) In addition to the acts authorised under subsection (2), a delivery person is authorised to:

(a) receive an approved substance, or any unused or remaining substance, from a person who was supplied the substance, or the contact person for the person, for the purposes mentioned in paragraphs (b) and (c); and

(b) possess the substance for the purpose mentioned in paragraph (c); and

(c) transport and deliver the substance to an approved disposer.

(4) A delivery person must comply with the requirements prescribed by regulation in relation to doing a thing mentioned in subsection (2) or (3).

(5) For the purposes of subsections (2) and (3), the following persons are authorised to give an approved substance to a delivery person:

(a) an approved supplier;

(b) a person who was supplied the substance;

(c) the contact person for the person mentioned in paragraph (b).

78 Storage of approved substance

A person who has possession of an approved substance must store the substance in accordance with the requirements prescribed by regulation.

79 Disposal of approved substance

(1) If an approved substance, or any unused or remaining substance, is given to an approved disposer in accordance with this Act, the disposer is authorised to:

(a) possess the substance for the purpose of disposing of it; and

(b) dispose of the substance.

(2) The approved disposer must dispose of the approved substance, or any unused or remaining substance, as soon as practicable after receiving it.

80 Approved disposer to record and notify of disposal

(1) Within 2 business days after an approved disposer disposes of an approved substance, the disposer must complete a record of the disposal in the approved form and give a copy of the form to the Review Board.

(2) An approved disposer commits an offence of strict liability if the disposer fails to comply with a requirement under subsection (1).

Maximum penalty: 20 penalty units.

81 Disposal of approved substance by administering practitioner

(1) This section applies to the administering practitioner for a person if:

(a) the person revokes their practitioner administration decision and the practitioner has possession of an approved substance supplied for the person when the decision is revoked; or

(b) the person dies, whether or not the person dies as a result of being administered an approved substance, and the practitioner has possession of any unused or remaining substance supplied for the person.

(2) The administering practitioner is authorised to:

(a) possess the approved substance, or any unused or remaining substance, for the purpose of disposing of it; and

(b) dispose of the substance.

(3) The administering practitioner must dispose of the approved substance as soon as practicable after the person revokes their practitioner administration decision or dies.

(4) In disposing of the approved substance, the administering practitioner must comply with the *Medicines, Poisons and Therapeutic Goods Act 2012*.

82 Administering practitioner to record and notify of disposal

(1) Within 2 business days after the administering practitioner for the person disposes of an approved substance, or any unused or remaining substance, the practitioner must complete a record of the disposal in the approved form and give a copy of the approved form to the Review Board.

(2) The administering practitioner for a person commits an offence of strict liability if the practitioner fails to comply with a requirement under subsection (1).

Maximum penalty: 20 penalty units.

83 Other requirements for disposal

A regulation may prescribe other requirements with which an approved disposer or the administering practitioner for a person must comply in relation to disposing of an approved substance or any unused or remaining substance.

Division 4 Notification of death and information about death

84 Notification of death to Registrar of Births, Deaths and Marriages

(1) This section applies to a medical practitioner who:

(a) is required to give the Registrar of Births, Deaths and Marriages written notice of the death of a person under section 34(1) of the *Births, Deaths and Marriages Registration Act 1996*; and

(b) knows or believes on reasonable grounds that a person died after an approved substance was administered by or to the person under this Act.

(2) In the notice, the medical practitioner:

(a) must specify that the person's cause of death was the disease, illness or medical condition that the person had been diagnosed with and that made the person eligible for access to voluntary assisted dying; and

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

85 Notification of death to Review Board

(1) The following persons must, within 2 business days after becoming aware that a person has died, by any cause, notify the Review Board in the approved form of the person's death:

(a) the coordinating practitioner for the person;

(b) if the medical practitioner mentioned in section 84(1) is not the coordinating practitioner for the person – the medical practitioner mentioned in section 84(1).

(2) The coordinating practitioner for the person or the medical practitioner commits an offence of strict liability if the practitioner fails to comply with the requirement under subsection (1).

Maximum penalty: 20 penalty units.

(3) Subsection (1) does not apply if the administering practitioner for the person gives the Review Board a copy of the practitioner administration form in relation to the person under section 61.

86 Requirement to provide information to Review Board

(1) The Review Board may, by written notice, require the following persons to give the Review Board information about a person's death:

(a) the coordinating practitioner for the person;

(b) the contact person for the person, if applicable;

(c) the administering practitioner for the person, if applicable.

(2) The notice must specify:

(a) the information the Review Board requires; and

(b) a reasonable period for the person to comply with the notice; and

(c) that the person may request an extension of the period mentioned in paragraph (b) before or after the period ends.

(3) The Review Board may extend the period for the person to comply with the notice before or after the period ends.

(4) A person commits an offence of strict liability if the person fails to comply with the notice.

Maximum penalty: 20 penalty units.

Part 5 Eligibility requirements for practitioners

87 Eligibility to act as coordinating practitioner or consulting practitioner

(1) A medical practitioner is eligible to act as a coordinating practitioner or a consulting practitioner for a person if:

(a) the medical practitioner holds:

(i) specialist registration and has practised for at least 1 year as the holder of that registration; or

(ii) specialist registration and has practised for at least 5 years as the holder of general registration; or

(iii) general registration and has practised for at least 5 years as the holder of that registration; and

(b) the medical practitioner has completed the approved training; and

(c) the medical practitioner meets the approved requirements; and

(d) the medical practitioner is not a family member of the person; and

(e) the medical practitioner does not know or believe that the practitioner:

(i) is a beneficiary under the will of the person; or

(ii) may otherwise benefit financially or in any other material way from the death of the person, other than by receiving reasonable fees for the provision of services as the coordinating practitioner or consulting practitioner for the person.

(2) In this section:

general registration means general registration under the Health Practitioner Regulation National Law in the medical profession.

specialist registration means specialist registration under the Health Practitioner Regulation National Law in the medical profession in a recognised speciality.

88 Eligibility to act as administering practitioner

(1) A health practitioner is eligible to act as an administering practitioner for a person if:

(a) the health practitioner is:

(i) a medical practitioner who holds:

(A) specialist registration and has practised for at least 1 year as the holder of that registration; or

(B) specialist registration and has practised for at least 5 years as the holder of general registration; or

(C) general registration and has practised for at least 5 years as the holder of that registration; or

(ii) a nurse practitioner; or

(iii) a registered nurse who has practised for at least 5 years in the nursing profession; or

(iv) an Aboriginal and Torres Strait Islander health practitioner who has practised for at least 5 years in the Aboriginal and Torres Strait Islander health practice profession; and

(b) the health practitioner has completed the approved training; and

(c) the health practitioner meets the approved requirements; and

(d) the health practitioner is not a family member of the person; and

(e) the health practitioner does not know or believe that the practitioner:

(i) is a beneficiary under the will of the person; or

(ii) may otherwise benefit financially or in any other material way from the death of the person, other than by receiving reasonable fees for the provision of services as the administering practitioner for the person.

(2) In this section:

Aboriginal and Torres Strait Islander health practitioner means a person who is registered under the Health Practitioner Regulation National Law to practise in the Aboriginal and Torres Strait Islander health practice profession (other than as a student).

nurse practitioner means a person:

(a) registered under the Health Practitioner Regulation National Law to practise in the nursing profession (other than as a student); and

(b) whose registration is endorsed as being qualified to practise as a nurse practitioner.

registered nurse means a person registered under the Health Practitioner Regulation National Law:

(a) to practise in the nursing profession (other than as a student); and

(b) in the registered nurses division of that profession.

Part 6 Protection from liability

89 Protection for persons assisting with access to voluntary assisted dying or present when substance administered

A person does not incur any criminal liability if the person:

(a) in good faith, assists another person to request access to, or access, voluntary assisted dying in accordance with this Act; or

(b) is present when another person self-administers, or is administered, an approved substance in accordance with the Act.

90 Protection for persons acting in accordance with Act

(1) This section applies to a person if the person, in good faith and with reasonable care and skill, does a thing:

(a) in accordance with this Act; or

(b) believing on reasonable grounds that the thing is done in accordance with this Act.

(2) The person does not incur any criminal or civil liability under this Act for doing the thing.

(3) The doing of the thing is not, in itself, to be regarded as:

(a) a breach of professional ethics or standards or any principles of conduct applicable to the person's employment; or

(b) professional misconduct or unprofessional conduct.

(4) In this section, a reference to the doing of a thing includes a reference to an omission to do a thing.

91 Protection for protected persons who do not administer lifesaving treatment

(1) This section applies to a protected person if the protected person, in good faith, does not administer lifesaving treatment to another person in circumstances where:

(a) the other person has not requested the administration of lifesaving treatment; and

(b) the protected person believes on reasonable grounds that the other person is dying after self-administering, or being administered, an approved substance in accordance with this Act.

(2) The protected person does not incur any criminal or civil liability for not administering the lifesaving treatment.

(3) The omission to administer the lifesaving treatment is not, in itself, to be regarded as:

(a) a breach of professional ethics or standards or any principles of conduct applicable to the protected person's employment; or

(b) professional misconduct or unprofessional conduct.

(4) In this section:

ambulance officer means a person employed or engaged (including on a voluntary basis) by a provider of an ambulance service to provide medical or other assistance to persons in an emergency.

lifesaving treatment means lifesaving or life-preserving medical treatment.

protected person means:

(a) a health practitioner; or

(b) an ambulance officer; or

(c) a person, other than a person referred to in paragraph (a) or (b), who has a duty to administer lifesaving treatment to another person.

92 Provisions of Part do not affect complaints or referrals

To avoid doubt, this Part does not prevent:

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

(b) the making of a complaint about a person under the *Health and Community Services Complaints Act 1998*; or

(c) the making of any other notification or complaint (however described) about a person to an oversight body.

Part 7 Review by NTCAT

Division 1 Jurisdiction and application of reviewable decisions

93 Review by NTCAT

(1) NTCAT has jurisdiction to review a decision (a ***reviewable decision***) specified in the Schedule.

(2) An ***affected person***, for a reviewable decision, is:

(a) a person who is the subject of the decision; or

(b) an agent of a person mentioned in paragraph (a); or

(c) any other person who NTCAT considers has a sufficient and genuine interest in the rights and interests of a person mentioned in paragraph (a) in relation to voluntary assisted dying.

(3) Despite section 34(2) and (4) of the NTCAT Act, a decision notice is not required to be provided to a person mentioned in subsection (2)(b) and (c).

(4) An affected person for a reviewable decision may apply to NTCAT for review of the decision.

(5) For a reviewable decision mentioned in the Schedule, item 1, 3, 5 or 7, the application must be made within 5 days after the day on which the decision notice was given to the person who is the subject of the decision.

(6) For a reviewable decision mentioned in the Schedule, item 2, 4, 6 or 8, the application must be made within 28 days after the day on which the decision notice was given to the person who is the subject of the decision.

Note for section 93

The NTCAT Act sets out the procedure for applying to NTCAT for review and other relevant matters in relation to reviews.

94 Application for review suspends process for accessing voluntary assisted dying

(1) This section applies to a person who is the subject of a reviewable decision if an affected person applies to NTCAT for review of the decision.

(2) If the request and assessment process for the person has not been completed:

(a) the request and assessment process is suspended; and

(b) no further step in the process may be taken until the application for review is either withdrawn or determined.

(3) If the request and assessment process for the person has been completed:

(a) the process for accessing voluntary assisted dying under Part 4 is suspended; and

(b) no further step under that Part may be taken until the application for review is either withdrawn or determined.

(4) For this section, a request and assessment process for a person is complete if the coordinating practitioner for the person has given a copy of the final review form in relation to the person to the Review Board.

95 NTCAT must give notice of application for review

If an affected person applies for review of a reviewable decision, NTCAT must, within 3 business days after receiving the application, give a copy of the application to:

(a) each party to the application; and

(b) if the person who is the subject of the decision has a consulting practitioner – the consulting practitioner for the person; and

(c) the Review Board.

96 Application for review taken to be withdrawn if person dies

If an application for review of a reviewable decision is made and the person who is the subject of the decision dies, the application is taken to be withdrawn.

Division 2 Procedural matters

97 Parties to proceeding

The following persons are parties to an application for a review of a reviewable decision:

(a) if the person who is the subject of the reviewable decision is not the applicant – the person;

(b) if the decision was made by a person other than the coordinating practitioner for the person – the coordinating practitioner.

Note for section 97

The applicant and the decision maker are also parties to an application – see section 127(1) of the NTCAT Act.

98 Closed proceedings

(1) Despite section 60 of the NTCAT Act:

(a) a proceeding under this Part is not to be open to the public and must be heard in private; and

(b) information that identifies, or is likely to lead to the identification of, the person who is the subject of the proceeding must not be published.

(2) NTCAT may make an order allowing specified people to be present at the hearing if satisfied that it is appropriate to make the order.

99 Constitution of NTCAT for proceedings under this Act

For a proceeding under this Act, NTCAT must be constituted by at least one of the following persons:

(a) the President of NTCAT;

(b) a member appointed with reference to section 16(2)(a) of the NTCAT Act.

Division 3 Decisions of NTCAT

100 Orders following review of reviewable decision

(1) If NTCAT reviews a reviewable decision, NTCAT may decide that:

(a) for a reviewable decision mentioned in the Schedule, items 1 and 2:

(i) the person meets the requirements for an exemption to the residency requirements; or

(ii) the person does not meet the requirements for an exemption to the residency requirements; or

(b) for a reviewable decision mentioned in the Schedule, items 3(a), 4(a), 5(a) and 6(a):

(i) the person had been ordinarily resident in Australia for at least 2 years immediately before making a first request; or

(ii) the person had not been ordinarily resident in Australia for at least 2 years immediately before making a first request; or

(c) for a reviewable decision mentioned in the Schedule, items 3(b), 4(b), 5(b) and 6(b):

(i) the person had been ordinarily resident in the Territory for at least 12 months immediately before making a first request; or

(ii) the person had not been ordinarily resident in the Territory for at least 12 months immediately before making a first request; or

(d) for a reviewable decision mentioned in the Schedule, items 3(c), 4(c), 5(c), 6(c), 7(a) and 8(a):

(i) the person has decision-making capacity in relation to voluntary assisted dying; or

(ii) the person does not have decision-making capacity in relation to voluntary assisted dying; or

(e) for a reviewable decision mentioned in the Schedule, items 3(d), 4(d), 5(d), 6(d), 7(b) and 8(b):

(i) the person is acting voluntarily and without coercion; or

(ii) the person is not acting voluntarily and without coercion.

101 Effect of NTCAT decision

(1) If, on the review of a reviewable decision made in relation to a person, NTCAT makes a decision mentioned in section 100(1)(a)(ii), (b)(ii), (c)(ii), (d)(ii) or (e)(ii):

(a) the person is taken to be ineligible for access to voluntary assisted dying for the purposes of the request and assessment process; and

(b) if the request and assessment process in relation to the person had not been completed when the application for review was made – the request and assessment process ends; and

(c) if the request and assessment process in relation to the person had been completed when the application for review was made – the process for accessing voluntary assisted dying under Part 4 ends and no step under that Part is to be taken in relation to the person.

(2) If, on the review of a reviewable decision (the ***original decision***) made in relation to a person, NTCAT makes a decision mentioned in section 100(1)(a)(i), (b)(i), (c)(i), (d)(i) or (e)(i) and the decision is contrary to the original decision:

(a) NTCAT must set aside the original decision and substitute its own decision; and

(b) subsection (3), (4), (5) or (6) (as applicable) applies to the person.

(3) If the original decision was a decision mentioned in the Schedule, item 2:

(a) the person is taken to have been granted an exemption under section 20(2)(a); and

(b) section 94 ceases to apply to the person.

(4) If the original decision was a decision of the coordinating practitioner for a person as part of a first assessment mentioned in the Schedule, item 4 and the effect of NTCAT's substituted decision is that the person would be assessed as meeting the requirements of the first assessment:

(a) the coordinating practitioner is taken to have assessed the person as meeting the requirements of the first assessment; and

(b) section 94 ceases to apply to the person.

(5) If the original decision was a decision of the consulting practitioner for a person as part of a consulting assessment mentioned in the Schedule, item 6 and the effect of NTCAT's substituted decision is that the person would be assessed as meeting the requirements of the consulting assessment:

(a) the consulting practitioner is taken to have assessed the person as meeting the requirements of the consulting assessment; and

(b) section 94 ceases to apply to the person.

(6) If the original decision was a decision of the coordinating practitioner for a person as part of a final review mentioned in the Schedule, item 8 and the effect of NTCAT's substituted decision is that a positive final review form would have been given under section 46:

(a) the coordinating practitioner is taken to have completed a positive final review form; and

(b) section 94 ceases to apply to the person.

(7) In this section:

positive final review form means a final review form in which the coordinating practitioner certifies that the practitioner is satisfied that:

(a) the request and assessment process has been completed in accordance with this Act; and

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

(c) the person is acting voluntarily and without coercion.

102 Coordinating practitioner may refuse to continue in role

(1) This section applies to the coordinating practitioner for a person if:

(a) a decision of NTCAT is substituted for a decision of the coordinating practitioner under section 101; and

(b) the decision of NTCAT is about:

(i) whether the person has decision-making capacity in relation to voluntary assisted dying; or

(ii) whether the person is acting voluntarily and without coercion.

(2) The coordinating practitioner may:

(a) refuse to continue to perform the role of coordinating practitioner; and

(b) transfer the role in accordance with section 48 or 49.

Division 4 General matters

103 Oral reasons and findings of fact

(1) Despite section 105(2) of the NTCAT Act, NTCAT may give the reasons for a decision in any proceeding to the parties orally.

(2) Within 28 days after the day the reasons are given orally, a party may request NTCAT to give the reasons in writing.

(3) If requested by a party, NTCAT must give the reasons in writing to the parties within 28 days after the request is made.

(4) The President of NTCAT may extend the time limits in subsections (2) and (3).

104 Publication of decision

(1) For section 106 of the NTCAT Act, before deciding to publish its final decision in a proceeding, NTCAT must take into account the following:

(a) whether the privacy of a person appearing in the proceeding will be adversely affected by the publication;

(b) whether the publication of the decision will result in a serious risk to the health or safety of the person who is the subject of the proceeding or any other person;

(c) whether the publication of the decision is in the public interest.

(2) If NTCAT publishes its final decision under section 106 of the NTCAT Act, NTCAT must not include in the publication any information that identifies or is likely to lead to the identification of the person who is subject of the proceeding.

105 Coordinating practitioner must notify Review Board of NTCAT decision

(1) Within 2 business days after NTCAT makes a final decision in a proceeding, the coordinating practitioner for the person who is the subject of the proceeding must, in writing, notify the Board of the decision.

(2) The coordinating practitioner for a person commits an offence of strict liability if the practitioner fails to comply with the requirement under subsection (2).

Maximum penalty: 20 penalty units.

Part 8 Review Board

Division 1 Establishment

106 Establishment of Review Board

The Review Board is established.

107 Staff and services

The Health CEO must ensure that the Review Board is provided with the staff, services and facilities, and other resources and support, that are reasonably necessary to enable the Review Board to perform its functions.

Division 2 Functions and powers

108 Functions and powers of Review Board

(1) The Review Board has the following functions:

(a) to monitor the operation of this Act;

(b) to review each completed request for access to voluntary assisted dying, including compliance with the Act for each request;

(c) to refer issues identified by the Review Board in relation to voluntary assisted dying to the following persons or bodies if those issues are relevant to the person or body:

(i) the Commissioner of Police;

(ii) the Australian Health Practitioner Regulation Agency established under the Health Practitioner Regulation National Law;

(iii) a coroner;

(iv) the Registrar of Births, Deaths and Marriages;

(v) the Health CEO;

(vi) the Commissioner for Health and Community Services Complaints established under section 9 of the *Health and Community Services Complaints Act 1998*;

(d) to record and keep information prescribed by regulation about requests for, and provision of, voluntary assisted dying;

(e) to analyse information given to the Review Board under this Act and research matters related to the operation of this Act;

(f) to provide, on the Review Board's own initiative or on request, information, reports and advice to the Minister or the Health CEO in relation to the following:

(i) the operation of this Act;

(ii) the Review Board's functions;

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

(g) to promote compliance with, and understanding of, the Act, including by providing information and resources about the operation of the Act to health practitioners and community members;

(h) to promote continuous improvement in the compassionate, safe and practical operation of the Act;

(i) to consult and engage with the community and any entity the Review Board considers appropriate in relation to voluntary assisted dying;

(j) to provide information, including the number of completed requests, at regular intervals to the Territory Coroner;

(k) any other function given to the Review Board under this Act or another Act.

(2) The Review Board has the powers necessary to perform its functions.

(3) In this section:

completed request means a request for access to voluntary assisted dying that has been completed because:

(a) the person who made the request has died; or

(b) the request has been discontinued.

Territory Coroner, means the Local Court Judge appointed to be the Territory Coroner under section 4(2) of the *Coroners Act 1993*.

109 Review Board must act independently and in public interest

(1) In performing its functions, the Review Board must act independently and in the public interest.

(2) Without limiting subsection (1), the Review Board is not subject to direction by any person, including the Minister, about how it performs its functions.

Division 3 Composition and membership

110 Composition of Review Board

The Review Board consists of:

(a) the Chief Health Officer; and

(b) at least 4 other members appointed by the Minister under section 111(1).

111 Members of Review Board

(1) The Minister may, on recommendation of the Chief Health Officer, appoint a person to be a member of the Review Board.

(2) An appointment under subsection (1) must be in writing.

(3) Of the persons appointed under subsection (1):

(a) at least one member must have expertise in law; and

(b) at least one member must have expertise in one of the following areas:

(i) medicine;

(ii) nursing;

(iii) pharmacy;

(iv) psychology; and

(c) at least one member must be an Aboriginal person who represents the interests of Aboriginal people in the Territory in relation to cultural matters relating to voluntary assisted dying; and

(d) at least one member must be employed by, or represent, an Aboriginal community-controlled health organisation in the Territory.

(4) The Minister must ensure that the membership of the Review Board:

(a) includes people with a range of experience, knowledge and skills relevant to the Review Board's functions; and

(b) reflects the social, cultural and geographic characteristics of the Territory community.

112 Term of appointment

(1) A member of the Review Board appointed by the Minister holds office for the period, not exceeding 3 years, specified in the instrument of appointment.

(2) A member may be reappointed.

113 Vacation of office

(1) A person ceases to be a member of the Review Board if:

(a) the person resigns by giving written notice to the Minister; or

(b) the person's term of appointment comes to an end and the person is not reappointed; or

(c) the person's appointment is terminated under section 114.

(2) The exercise of a power or the performance of a function by the Review Board is not affected only by a vacancy on the Review Board.

114 Termination of appointment

The Minister may, in writing, terminate the appointment of a member of the Review Board for any of the following reasons:

(a) inability, inefficiency, misbehaviour or physical or mental incapacity;

(b) if the member was appointed with reference to section 111(3)(d):

(i) the member is no longer employed by, or represents, an Aboriginal community-controlled health organisation in the Territory; or

(ii) the Aboriginal community-controlled health organisation requests that the appointment be terminated.

115 Chairperson and Deputy Chairperson

(1) The Chief Health Officer is the Chairperson of the Review Board.

(2) The Chairperson has the following functions:

(a) to lead and direct the work of the Review Board;

(b) to ensure the Review Board exercises its functions appropriately;

(c) any other function given to the Chairperson under this Act or another Act.

(3) The Minister may, in writing, appoint a member of the Review Board to be the Deputy Chairperson of the Review Board.

(4) If the Chairperson is unable to exercise the powers or perform the functions of the Chairperson because of illness, absence or other cause, the Deputy Chairperson must act in the office of Chairperson.

Division 4 Meetings

116 Conduct of meetings

(1) Subject to this Division, the Review Board may conduct its business, including its meetings, in the way it considers appropriate.

(2) The first meeting of the Review Board must be convened by the Chairperson and subsequent meetings must be held at times and places decided by the Review Board.

(3) A question at a meeting is to be decided by a majority of the votes of the members present at the meeting.

(4) If the votes are equal, the member presiding has a casting vote.

117 Quorum

A quorum for a meeting of the Review Board consists of one half of the total number of its members plus one.

118 Presiding member

(1) The Chairperson is to preside at all meetings at which the Chairperson is present.

(2) If the Chairperson is not present at a meeting, the Deputy Chairperson is to preside.

(3) If neither the Chairperson nor the Deputy Chairperson is present at a meeting, the member of the Review Board chosen by the members present is to preside.

119 Attendance at meetings

A member of the Review Board may attend a meeting of the Review Board in person, by telephone or by audiovisual link.

120 Minutes

The Review Board must cause accurate minutes to be kept of the proceedings at each of its meetings.

121 Disclosure of interests

(1) A member of the Review Board who has a material personal interest in a matter being considered, or about to be considered, by the Review Board must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest at a meeting of the Board.

(2) A member of the Review Board who has a material personal interest in a matter being considered by the Review Board:

(a) must not be present while the matter is being considered at a meeting; and

(b) must not vote, whether at a meeting or otherwise, on the matter.

Division 5 General matters

122 Request for information

The Review Board may request any person, including a person's contact person, to give information to the Review Board to assist the Review Board in performing any of its functions under this Act.

123 Assistance to Review Board

To assist the Review Board in performing its functions, the Review Board may consult with any person in relation to the following matters:

(a) cultural matters;

(b) medical matters;

(c) legal matters;

(d) any other matter in relation to voluntary assisted dying.

124 Annual report

(1) The Review Board must, within 6 months after the end of each financial year, prepare and give to the Minister a report in relation to the performance of the Review Board's functions during the financial year.

(2) The report must include:

(a) any recommendations the Review Board considers appropriate in relation to voluntary assisted dying; and

(b) the number of completed requests for voluntary assisted dying that the Review Board has reviewed under section 108(1)(b) during the previous financial year; and

(c) a summary, in de-identified form, of the information required to be recorded and kept by the Review Board under section 108(1)(d) and received during the previous financial year.

(3) The report must not include:

(a) personal information about a person who has requested access to voluntary assisted dying or a health practitioner or any other person who has participated in the request and assessment process or the process for accessing voluntary assisted dying; or

(b) information that would prejudice:

(i) a criminal investigation or criminal proceeding; or

(ii) a civil proceeding; or

(iii) an inquest held by a coroner.

(4) The Minister must table a copy of the report in the Legislative Assembly within 6 sitting days after receiving the report.

Part 9 Offences

125 Inducing person to make or revoke request for access to voluntary assisted dying

(1) A person commits an offence if:

(a) the person intentionally engages in conduct; and

(b) the conduct is:

(i) dishonest; or

(ii) coercive; and

(c) the conduct results in another person making:

(i) a first request; or

(ii) a formal request; or

(iii) an administration decision; and

(d) the person intends the result mentioned in paragraph (c).

Maximum penalty: 7 years imprisonment.

Note for subsection (1)(b)(i)

See section 43AGA of the Criminal Code in relation to the meaning of and fault element for dishonest conduct.

(2) A person commits an offence if:

(a) the person intentionally engages in conduct; and

(b) the conduct is:

(i) dishonest; or

(ii) coercive; and

(c) the conduct results in another person revoking:

(i) a first request; or

(ii) a formal request; or

(iii) an administration decision; and

(d) the person intends the result mentioned in paragraph (c).

Maximum penalty: 100 penalty units.

Note for subsection (2)(b)(i)

See section 43AGA of the Criminal Code in relation to the meaning of and fault element for dishonest conduct.

(3) Strict liability applies to subsections (1)(b)(ii) and (2)(b)(ii).

(4) For this section, a person engages in conduct that results in a result mentioned in subsection (1)(c) or (2)(c) if the person's conduct substantially contributes to the result.

126 Inducing person to self-administer approved substance

(1) A person commits an offence if:

(a) the person intentionally engages in conduct; and

(b) the conduct is:

(i) dishonest; or

(ii) coercive; and

(c) the conduct results in another person self-administering an approved substance; and

(d) the person intends the result mentioned in paragraph (c).

Maximum penalty: 7 years imprisonment.

Note for subsection (1)(b)(i)

See section 43AGA of the Criminal Code in relation to the meaning of and fault element for dishonest conduct.

(2) Strict liability applies to subsection (1)(b)(ii).

(3) For this section, a person engages in conduct that results in another person self-administering an approved substance if the person's conduct substantially contributes to the self-administration.

127 Unauthorised administration of approved substance

(1) A person commits an offence if the person:

(a) administers an approved substance to another person; and

(b) does so with the intention of causing the death of the person; and

(c) is not authorised under section 60(6) to administer the substance to the other person.

Maximum penalty: 7 years imprisonment.

(2) Subsection (1)(b) is the fault element for the conduct in subsection (1)(a).

(3) Strict liability applies to subsection (1)(c).

128 Acting as coordinating practitioner, consulting practitioner or administering practitioner when not eligible

(1) A person commits an offence if:

(a) the person intentionally acts as the coordinating practitioner or consulting practitioner for another person; and

(b) the person is not, under section 87, eligible to act as a coordinating practitioner or consulting practitioner for the person; and

(c) the person has knowledge of the circumstance mentioned in paragraph (b).

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

(2) A person commits an offence if:

(a) the person intentionally acts as the administering practitioner for another person; and

(b) the person is not, under section 88, eligible to act as an administering practitioner for the person; and

(c) the person has knowledge of the circumstance mentioned in paragraph (b).

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

129 Giving misleading information to Review Board

(1) A person commits an offence if:

(a) the person intentionally gives information to the Review Board; and

(b) the information is misleading and the person has knowledge of that circumstance.

Maximum penalty: 200 penalty units or imprisonment for 2 years.

(2) A person commits an offence if:

(a) the person intentionally gives a document to the Review Board; and

(b) the document contains misleading information and the person has knowledge of that circumstance.

Maximum penalty: 200 penalty units or imprisonment for 2 years.

(3) It is a defence to a prosecution for an offence against subsection (1) or (2) if the defendant, when giving the information or document:

(a) draws the misleading aspect of the information or document to the Review Board's attention; and

(b) to the extent to which the defendant can reasonably do so – gives the Review Board the information necessary to remedy the misleading aspect of the information or document.

(4) In this section:

misleading information means information that is misleading in a material particular or because of the omission of a material particular.

130 Disclosure of certain information

(1) A person commits an offence if:

(a) the person obtains information in the course of performing a function connected with the administration of this Act or exercising a power under this Act; and

(b) the information is confidential and the person is reckless in relation to that circumstance; and

(c) the person intentionally engages in conduct; and

(d) the conduct results in the disclosure of the information and the disclosure is not:

(i) for a purpose connected with the administration of this Act, including a legal or disciplinary proceeding arising out of the operation of this Act; or

(ii) authorised or required by law; or

(iii) with the consent of:

(A) the person to whom the information relates; or

(B) an executor or administrator of the estate of the person to whom the information relates; and

(e) the person is reckless in relation to the result and circumstance referred to in paragraph (d).

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

(2) Strict liability applies to subsection (1)(a).

131 Authority to prosecute

(1) A proceeding for an offence against this Act must not be commenced without the approval of the Health CEO.

(2) An approval may be given in relation to a particular case or a particular class of cases.

(3) A document purporting to be the approval of the Health CEO is evidence of that approval.

(4) Subsection (1) does not apply in relation to a prosecution commenced with the consent of the Attorney-General or the Director of Public Prosecutions.

Part 10 Miscellaneous matters

132 Exercise of enforcement powers under *Medicines, Poisons and Therapeutic Goods Act 2012*

(1) The functions of an authorised officer under section 179A of the *Medicines, Poisons and Therapeutic Goods Act 2012* also include to investigate and enforce compliance with this Act (the ***further function***).

(2) For the performance of the further function by an authorised officer:

(a) the authorised officer may exercise the authorised officer's powers under Chapter 4, Parts 4.1 to 4.5 (the ***applied provisions***) of the *Medicines, Poisons and Therapeutic Goods Act 2012*; and

(b) a reference in the applied provisions of that Act to an offence against that Act is taken to be a reference to an offence against this Act; and

(c) a reference in the applied provisions of that Act to a contravention of that Act is taken to be a reference to a contravention of this Act.

(3) In this section:

authorised officer, see section 274(1) of the *Medicines, Poisons and Therapeutic Goods Act 2012*.

133 Technical error does not invalidate process

(1) The validity of the request and assessment process or the administration process is not affected by:

(a) a minor or technical error in any of the following documents:

(i) a first assessment record form;

(ii) a consulting assessment record;

(iii) a formal request;

(iv) a final review form;

(v) a contact person appointment form; or

(b) the failure of a person to provide a form within the time required under this Act.

(2) In this section:

administration process means the process that consists of the following steps:

(a) an administration decision;

(b) administration of an approved substance.

134 Interpreters

(1) An interpreter for a person requesting access to voluntary assisted dying:

(a) must be accredited by a body prescribed by regulation; and

(b) must not:

(i) be a family member of the person; or

(ii) know or believe that the interpreter is a beneficiary under the will of the person; or

(iii) know or believe that the interpreter may otherwise benefit financially or in any other material way, other than by receiving reasonable fees for the provision of interpreting services from:

(A) assisting the person to access voluntary assisted dying; or

(B) the person's death; or

(iv) be an owner, or be responsible for the management, of a facility where the person is a resident; or

(v) be directly involved in providing a health service, an aged care service or a personal care service to the person.

(2) Despite subsection (1), an interpreter can, with written approval of the Chief Health Officer, provide interpretation services for a person requesting access to voluntary assisted dying even if the interpreter does not meet the requirements mentioned in subsection (1).

(3) The Chief Health Officer may, in writing, approve an interpreter who does not meet the requirements mentioned in subsection (1) to provide interpretation services for a person requesting access to voluntary assisted dying if the Chief Health Officer is satisfied that:

(a) no other interpreter is reasonably available; or

(b) there are exceptional circumstances for the approval.

135 Approved training

(1) The Chief Health Officer must approve training for the purposes of this Act.

(2) The approved training may provide for the following matters:

(a) the operation of this Act in relation to health practitioners, including the functions of coordinating practitioners, consulting practitioners and administering practitioners;

(b) assessing whether or not a person meets the eligibility criteria for accessing voluntary assisted dying;

(c) identifying and assessing risk factors for coercion;

(d) other matters relating to the operation of this Act.

136 Approved requirements

(1) The Chief Health Officer must approve:

(a) requirements for pharmacists for the purposes of section 70(2); and

(b) requirements for medical practitioners for the purposes of section 87(1)(c); and

(c) requirements for health practitioners for the purposes of section 88(1)(c).

(2) The Chief Health Officer must publish the approved requirements on the Agency's website.

(3) In this section:

Agency means the Agency administering the *Health Service Act 2021*.

137 Approved forms

The Chief Health Officer may approve forms for use under this Act.

138 Guidelines

(1) The Chief Health Officer may make guidelines relating to any matter under this Act.

(2) The Chief Health Officer must publish the guidelines on the Agency's website.

(3) In this section:

Agency means the Agency administering the *Health Service Act 2021*.

139 Delegation

The Chief Health Officer may, in writing, delegate to a person any of the Chief Health Officer's powers or functions under this Act.

140 Official voluntary assisted dying care navigator service

(1) The Chief Health Officer may approve a person or an Agency to be an official voluntary assisted dying care navigator service for this Act.

(2) The purpose of an official voluntary assisted dying care navigator service is to provide support, assistance and information to people relating to voluntary assisted dying.

(3) The Chief Health Officer must publish a list of persons and Agencies approved under subsection (1) on the Agency's website.

(4) In this section:

Agency means the Agency administering the *Health Service Act 2021*.

141 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 on which section 2(1) of the Act commences; and

(b) every 5 years after the first review of the Act is tabled in the Legislative Assembly.

(2) Without limiting subsection (1), a review of the operation and effectiveness of this Act must include consideration of:

(a) the principles set out in section 4; and

(b) the eligibility criteria for access to voluntary assisted dying.

(3) A report on the outcome of the review is to be tabled by the Minister in the Legislative Assembly as soon as practicable after the review has been completed.

142 Regulations

(1) The Administrator may make regulations under this Act.

Note for subsection (1)

See section 65 of the Interpretation Act 1978.

(2) A regulation may:

(a) provide for an offence against a regulation to be an offence of strict or absolute liability; or

(b) subject to paragraph (c), provide for a fine not exceeding 200 penalty units for an offence against a regulation; or

(c) for an offence against a regulation that is an offence of strict or absolute liability, provide for a fine not exceeding 100 penalty units.

Part 11 Repeal

143 Acts repealed

The following Acts are repealed:

(a) *Rights of the Terminally Ill Act 1995* (Act No. 12 of 1995);

(b) *Rights of the Terminally Ill Amendment Act 1996* (Act No. 5 of 1996).

Part 12 Consequential amendments

Division 1 Advance Personal Planning Act 2013

144 Act amended

This Division amends the *Advance Personal Planning Act 2013*.

145 Section 24 amended (Excluded matters)

(1) After section 24(1)(d)

insert

(da) make, or revoke, a request for access to voluntary assisted dying under the *Rights of the Terminally Ill Act 2026*;

(2) After section 24(2)

insert

(3) In this section:

request for access to voluntary assisted dying includes any step in the process for access to voluntary assisted dying under the *Rights of the Terminally Ill Act 2026*.

Division 2 Amendments to births, deaths and marriages registration legislation

Subdivision 1 Births, Deaths and Marriages Registration Act 1996

146 Act amended

This Subdivision amends the *Births, Deaths and Marriages Registration Act 1996*.

147 Section 34 amended (Notification of deaths by doctors)

After section 34(1)

insert

Note for subsection (1)

The Rights of the Terminally Ill Act 2026 requires the doctor mentioned in subsection (1) to also notify the Review Board of a person's death under section 85(1) of that Act.

148 Section 37 amended (Registration)

After section 37(2)

insert

(3) For subsection (1), when making an entry about the death of a person who the Registrar knows or believes on reasonable grounds died after an approved substance was administered by or to the person under the *Rights of the Terminally Ill Act 2026*, the Registrar:

(a) must record in the entry the person's cause of death as the disease, illness or medical condition with which the person had been diagnosed that made the person eligible to access voluntary assisted dying under section 19(1)(d) of that Act; and

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

(4) In this section:

approved substance, see section 8(2) of the *Rights of the Terminally Ill Act 2026*.

Subdivision 2 Births, Deaths and Marriages Registration Regulations 1996

149 Regulations amended

This Subdivision amends the *Births, Deaths and Marriages Registration Regulations 1996*.

150 Regulation 5 amended (Notification of deaths by doctors)

Regulation 5, at the end

insert

Note for paragraph (e)

If the doctor knows or believes on reasonable grounds that a person has died after an approved substance was administered by or to the person under the Rights of the Terminally Ill Act 2026, the doctor must not include any reference to voluntary assisted dying as the cause of death in the notice – see section 84(2) of the Rights of the Terminally Ill Act 2026.

Division 3 Coroners Act 1993

151 Act amended

This Division amends the *Coroners Act 1993*.

152 Section 12A inserted

After section 12

insert

12A Death under *Rights of the Terminally Ill Act 2026* not reportable death

(1) Despite section 12(1), definition of ***reportable death***, the death of a person who has self-administered, or has been administered, an approved substance in accordance with the *Rights of the Terminally Ill Act 2026* is not a reportable death.

(2) In this section:

approved substance, see section 8(2) of the *Rights of the Terminally Ill Act 2026*.

Division 4 Criminal Code

153 Act amended

This Division amends the Criminal Code.

154 Section 162 amended (Assisting and encouraging suicide)

After section 162(4)

insert

(5) To avoid doubt, the death of a person who has self-administered, or has been administered, an approved substance in accordance with the *Rights of the Terminally Ill Act 2026* does not constitute suicide.

Note for subsection (5)

See section 11 of the Rights of the Terminally Ill Act 2026.

(6) In this section:

approved substance, see section 8(2) of the *Rights of the Terminally Ill Act 2026*.

Division 5 Guardianship of Adults Act 2016

155 Act amended

This Division amends the *Guardianship of Adults Act 2016*.

156 Section 24 amended (Excluded matters)

(1) Section 24, before 'A guardian'

insert

(1)

(2) After section 24(d)

insert

(da) make, or revoke, a request for access to voluntary assisted dying under the *Rights of the Terminally Ill Act 2026*;

(3) Section 24, at the end

insert

(2) In this section:

request for access to voluntary assisted dying includes any step in the process for access to voluntary assisted dying under the *Rights of the Terminally Ill Act 2026*.

Division 6 Health Care Decision Making Act 2023

157 Act amended

This Division amends the *Health Care Decision Making Act 2023*.

158 Section 30 amended (Restricted health care)

(1) After section 30(1)(g)

insert

(ga) making, or revoking, a request for access to voluntary assisted dying under the *Rights of the Terminally Ill Act 2026*;

(2) After section 30(3)

insert

(4) In this section:

request for access to voluntary assisted dying includes any step in the process for access to voluntary assisted dying under the *Rights of the Terminally Ill Act 2026*.

Division 7 Medicines, Poisons and Therapeutic Goods Act 2012

159 Act amended

This Division amends the *Medicines, Poisons and Therapeutic Goods Act 2012*.

160 Section 5 amended (Definitions)

Section 5, definition ***acting in an official capacity***, after 'this Act'

insert

or another Act

161 Section 32A inserted

After section 32

insert

32A Relationship with *Rights of the Terminally Ill Act 2026*

This Act does not affect the operation of the *Rights of the Terminally Ill Act 2026* or make unlawful anything done in accordance with that Act.

162 Chapter 4, Part 4.1 amended (Interpretation)

Chapter 4, Part 4.1, heading

omit, insert

Part 4.1 Preliminary matters

163 Section 179A inserted

After section 179, in Chapter 4, Part 4.1

insert

179A Functions of authorised officers

An authorised officer has the functions conferred on the authorised officer under this Act or another Act.

Division 8 Misuse of Drugs Act 1990

164 Act amended

This Division amends the *Misuse of Drugs Act 1990*.

165 Section 4AB inserted

After section 4A

insert

4AB Relationship with *Rights of the Terminally Ill Act 2026*

This Act does not affect the operation of the *Rights of the Terminally Ill Act 2026* or make unlawful anything done in accordance with that Act.

Division 9 Repeal of Part

166 Repeal of Part

This Part is repealed on the day after it commences.

Schedule Reviewable decisions

section 93

Item	Reviewable decision
1	A decision of the Chief Health Officer under section 20(2)(a) to grant an exemption to the residency criteria.
2	A decision of the Chief Health Officer under section 20(2)(b) to refuse to grant an exemption to the residency criteria.
3	A decision of the coordinating practitioner for a person, as part of a first assessment under section 25(1), that the person: (a) has been ordinarily resident in Australia for at least 2 years immediately before the person made a first request; or (b) has been ordinarily resident in the Territory for at least 12 months immediately before the person made a first request; or (c) has decision-making capacity in relation to voluntary assisted dying; or (d) is acting voluntarily and without coercion.
4	A decision of the coordinating practitioner for a person, as part of a first assessment under section 25(1), that the person: (a) has not been ordinarily resident in Australia for at least 2 years immediately before the person made a first request; or (b) has not been ordinarily resident in the Territory for at least 12 months immediately before the person made a first request; or (c) does not have decision-making capacity in relation to voluntary assisted dying; or (d) is not acting voluntarily and without coercion.

5 A decision of the consulting practitioner for a person, as part of a consulting assessment under section 32(1)(a), that the person:

(a) has been ordinarily resident in Australia for at least 2 years immediately before the person made a first request; or

(b) has been ordinarily resident in the Territory for at least 12 months immediately before the person made a first request; or

(c) has decision-making capacity in relation to voluntary assisted dying; or

(d) is acting voluntarily and without coercion.

6 A decision of the consulting practitioner for a person, as part of a consulting assessment under section 32(1)(a), that the person:

(a) has not been ordinarily resident in Australia for at least 2 years immediately before the person made a first request; or

(b) has not been ordinarily resident in the Territory for at least 12 months immediately before the person made a first request; or

(c) does not have decision-making capacity in relation to voluntary assisted dying; or

(d) is not acting voluntarily and without coercion.

7 A decision of the coordinating practitioner for a person, as part of a final review under section 46(1)(b), that a person:

(a) has decision-making capacity in relation to voluntary assisted dying; or

(b) is acting voluntarily and without coercion.

8 A decision of the coordinating practitioner for a person, as part of a final review under section 46(1)(b), that a person:

(a) does not have decision-making capacity in relation to voluntary assisted dying; or

(b) is not acting voluntarily and without coercion.