

Serial
Voluntary Assisted Dying (Rights of the Terminally Ill) Bill 2025
Ms Uibo

A Bill for an Act to give eligible terminally ill Territorians the right to choose the timing and circumstances of their death in specific and restricted circumstances, to protect health practitioners who assist people to obtain the benefit of this legislation, to make related amendments to other Acts, and for related purposes

DRAFT ONLY

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NORTHERN TERRITORY OF AUSTRALIA

VOLUNTARY ASSISTED DYING (RIGHTS OF THE TERMINALLY ILL)
ACT 2025

Act No. [] of 2025

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NORTHERN TERRITORY OF AUSTRALIA

Act No. [] of 2025

An Act to give eligible terminally ill Territorians the right to choose the timing and circumstances of their death in specific and restricted circumstances, to protect medical practitioners who assist people to obtain the benefit of this legislation, to make related amendments to other Acts, and for related purposes

[Assented to [] 2025]
[Introduced [] 2025]

The Legislative Assembly of the Northern Territory enacts as follows:

Part 1 Preliminary

Division 1 Introductory matters

1 Short title

This Act may be cited as the *Voluntary Assisted Dying (Rights of the Terminally Ill) Act 2025*.

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 [date*], it commences on that day.

3 Objects

The main objects of this Act are to:

- (a) provide access to voluntary assisted dying for people with an advanced and progressive medical condition that will cause death; and
- (b) establish safeguards to ensure that voluntary assisted dying is accessed only by persons who meet this Act's eligibility criteria; and
- (c) establish the Voluntary Assisted Dying Review Board to oversee the administration of this Act, to review and report on access to this Act, and to provide advice about the operation of this Act; and
- (d) provide protections from liability for health practitioners and other persons who facilitate voluntary assisted dying in accordance with this Act; and
- (e) provide for mechanisms to ensure compliance with this Act.

Division 2 Interpretation and key terms and concepts

4 Definitions

In this Act:

administering practitioner for a person means:

- (a) the person mentioned in section 42; or
- (b) if the functions of the administering practitioner are transferred to another health practitioner under section 55 or 56 – that health practitioner.

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

administration request means a request for access to voluntary assisted dying made under section 50.

approved form means a form approved under section 103.

authorisation means an authorisation granted to an authorised practitioner under Part 7.

authorised administering practitioner, see Part 7.

authorised consulting practitioner, see Part 7.

authorised coordinating practitioner, see Part 7.

authorised practitioner means:

- (a) an authorised administering practitioner; or
- (b) an authorised consulting practitioner; or
- (c) an authorised coordinating practitioner.

Board means the Voluntary Assisted Dying Review Board established by section 70.

CEO means the Chief Executive Officer of the Agency.

consulting practitioner for a person means an authorised consulting practitioner who accepts a referral to undertake a second assessment under Part 2 Division 3.

contact person, see Part 4 Division 1 Subdivision 3.

coordinating practitioner for a person means a person who is:

- (a) an authorised coordinating practitioner who accepts the person's first request; or
- (b) a consulting practitioner for the person who accepts a transfer of the role of coordinating practitioner under Part 5 Division 1.

decision making capacity, see section 6.

designated authority means:

- (a) the Board; and
- (b) the CEO; and
- (c) the Registrar; and
- (d) the Territory Coroner; and
- (e) another body or person prescribed by regulation to be a designated authority.

eligibility criteria means the criteria set out in section 12.

family member of a person means the person's spouse or de facto partner, parent, sibling, child or grandchild.

final assessment requirements, see section 7.

final request, see section 33.

first assessment means an assessment undertaken in accordance with Part 2 Division 2.

first assessment report, see section 20.

first health practitioner, see section 18.

first request means a request for access to voluntary assisted dying made under section 16.

health practitioner means a health practitioner within the meaning of the Health Practitioner Regulation National Law.

medical condition means a medical condition whether caused by disease, illness or injury.

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

nurse practitioner means a nurse whose registration under the Health Practitioner Regulation National Law is endorsed as being qualified to practise as a nurse practitioner.

official voluntary assisted dying care navigation services means services established or made available as part of the VAD Health Service under section 87(2)(f) (VAD Health Service).

personal interest, see section 8.

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

practitioner administration, in relation to voluntary assisted dying medication, see section 5(2)(a) (Meaning of voluntary assisted dying).

practitioner administration decision means a decision made by a person under section 40 or 41 that the person will take voluntary assisted dying medication through practitioner administration.

Registrar means the Registrar of Births, Deaths and Marriages under the *Births, Deaths and Marriages Registration Act 1996*.

regulated substance means:

- (a) a Scheduled Substance under the *Medicines, Poisons and Therapeutic Goods Act 2012* prescribed by regulation to be a regulated substance; or
- (b) another substance prescribed by regulation to be a regulated substance.

second assessment, see section 24.

second assessment report, see section 24.

second health practitioner, see section 18.

second request means a request for access to voluntary assisted dying made under section 29.

self-administration, in relation to voluntary assisted dying medication, see section 5(2)(b) (Meaning of voluntary assisted dying).

self-administration decision means a decision made by a person under section 40 or 41 that the person will take voluntary assisted dying medication through self-administration.

threshold medical condition means a medical condition referred to in section 12(1)(c) (Eligibility criteria).

VAD Health Service, see section 87.

voluntary assisted dying, see section 5.

voluntary assisted dying medication means a regulated substance prescribed in accordance with the regulations for the purpose of causing a person's death under this Act.

Notes for section 4

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

A medical practitioner is defined in section 17 of the Interpretation Act 1978 to be a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).

5 Meaning of voluntary assisted dying

- (1) **Voluntary assisted dying** means the administration or self-administration of voluntary assisted dying medication to a person and includes steps reasonably related to such administration.

- (2) Voluntary assisted dying may occur through:
- (a) an administering practitioner administering voluntary assisted dying medication to a person to bring about their death (***practitioner administration***); or
 - (b) a person taking voluntary assisted dying medication themselves to bring about their death in the presence of an administering practitioner (***self-administration***).

6 Meaning of decision making capacity

- (1) A person has decision making capacity in relation to voluntary assisted dying if the person is able to:
- (a) understand the information relevant to the decision relating to access to voluntary assisted dying and the effect of the decision; and
 - (b) retain that information to the extent necessary to make the decision; and
 - (c) use or weigh that information as part of the process of making the decision; and
 - (d) communicate the decision and the person's views and needs as to the decision in some way, including by speech, gestures or other means.
- (2) For subsection (1), a person is presumed to have decision making capacity unless there is evidence to the contrary.
- (3) For subsection (1)(a), a person is taken to understand information relevant to a decision if the person understands an explanation of the information given to the person in a way that is appropriate to the person's circumstances, whether using modified language, visual aids or any other means.
- (4) In determining whether or not a person has decision making capacity, regard must be had to the following:
- (a) a person may have decision making capacity to make some decisions and not others;
 - (b) if a person does not have decision making capacity to make a particular decision, it may be temporary and not permanent;

- (c) it should not be assumed that a person does not have decision making capacity to make a decision because the person makes a decision that is, in the opinion of others, unwise;
 - (d) a person has decision making capacity to make a decision if it is possible for the person to make a decision with practicable and appropriate support.
- (5) A person who is assessing whether a person has decision making capacity for the purposes of this Act must take reasonable steps to conduct the assessment at a time and in an environment in which the person's decision making capacity can be most accurately assessed.

7 Final assessment requirements

For this Act, a person meets the ***final assessment requirements*** if:

- (a) the person has decision making capacity in relation to voluntary assisted dying; and
- (b) the person's decision to access voluntary assisted dying is made voluntarily and without coercion.

8 Personal interest

For this Act, a health practitioner has a personal interest in relation to a person if the health practitioner:

- (a) is a family member of the person; or
- (b) knows or believes they are a beneficiary under the will of the person; or
- (c) knows or believes they may otherwise benefit financially or in any other material way (other than by receiving reasonable fees for the provision of services relating to their role under this Act) from:
 - (i) assisting the person to access voluntary assisted dying; or
 - (ii) the death of the person.

9 Voluntary assisted dying not palliative care

- (1) For the purposes of the laws of the Territory, the administration of a voluntary assisted dying medication to a person in accordance with, or purportedly in accordance with, this Act is taken not to constitute palliative care of the person.
- (2) Nothing in subsection (1) prevents a person who is providing, or who has provided, palliative care to a person, or from a health service or other institution at which palliative care is provided to a person, from performing functions or otherwise being involved in the operation of this Act.
- (3) Nothing in this Act limits Part 3 of the *Health Care Decision Making Act 2023* in respect of the administration of palliative care and other forms of health care contemplated by that Act and, for the purposes of section 26 of that Act, a reference to administering palliative care in that section is taken not to include a reference to administering a voluntary assistance dying medication to a person in accordance with, or purportedly in accordance with, this Act.

10 Voluntary assisted dying not suicide

- (1) For the purposes of the laws of the Territory, and for the purposes of a contract, deed or other instrument entered into in the Northern Territory or governed by a law of the Territory, the death of a person by the administration or self-administration of a voluntary assisted dying medication in accordance with this Act does not constitute the death by suicide of the person.
- (2) Without limiting subsection (1), for the purposes of the laws of the Territory, and any professional standard or code of conduct (however described), a person who performs an act or omission in relation to the voluntary assisted dying of a person in accordance with this Act will be taken not, by that act or omission alone, to have aided, abetted, counselled or procured the suicide of the other person.

11 Determination of cause of death

For the purposes of the laws of the Territory, a person who dies as a result of the administration or self-administration of a voluntary assisted dying medication under this Act is taken to have died from the medical condition referred to in section 12(1)(c) (Eligibility criteria).

Division 3 Eligible persons

12 Eligibility criteria

- (1) For a person to be eligible for access to voluntary assisted dying:
 - (a) the person must be an adult; and
 - (b) the person must, at the time of making a first request, have been ordinarily resident in:
 - (i) Australia for at least 2 years; and
 - (ii) the Northern Territory for at least 12 months; and
 - (c) the person must have been diagnosed with a medical condition that:
 - (i) is advanced, progressive and will cause death; and
 - (ii) is expected to cause death within 12 months; and
 - (iii) is causing suffering that the person considers to be intolerable; and
 - (d) the person must have been provided information about their various end-of-life choices, including further treatment and palliative care; and
 - (e) the person must have decision-making capacity in relation to voluntary assisted dying; and
 - (f) the person's decision to access voluntary assisted dying must be:
 - (i) enduring, which will be represented by the person's request for voluntary assisted dying being affirmed more than once in accordance with this Act; and
 - (ii) made voluntarily and without coercion.
- (2) Whether a person's medical condition will cause the person's death is to be determined by reference to available medical treatment that is acceptable to the person.
- (3) For subsection (1)(c)(iii):
 - (a) whether suffering is intolerable is to be determined by the person requesting access to voluntary assisted dying; and

- (b) suffering caused by a person's medical condition includes suffering caused by treatment provided for that medical condition; and
 - (c) suffering includes physical, psychological and existential suffering.
- (4) For subsections (1)(c) and (3), a person:
 - (a) may meet a requirement that applies under those subsections if the person has a disability, mental disorder or mental illness; but
 - (b) does not meet a requirement that applies under those subsections only because the person has:
 - (i) a disability that:
 - (A) substantially impairs the person's communication, learning or mobility; and
 - (B) results in the person needing services to support the person to live with the disability; or
 - (ii) a mental disorder or mental illness.

Division 4 Principles

13 Principles

- (1) A person exercising a power or performing a function under this Act must have regard to the following principles:
 - (a) human life is of fundamental importance and should be valued;
 - (b) a person's autonomy, including autonomy in relation to end of life choices, should be respected;
 - (c) freedom of conscience should be respected, including the right to:
 - (i) participate in voluntary assisted dying; and
 - (ii) decline to participate in voluntary assisted dying;
 - (d) a person's equality should be respected and a person should be free from discrimination;

- (e) a vulnerable person should be protected from coercion and exploitation in relation to issues associated with voluntary assisted dying;
 - (f) human suffering should be reduced;
 - (g) the provision of voluntary assisted dying should reflect established standards of safe and high-quality care;
 - (h) a person should be supported in making informed decisions about end of life choices;
 - (i) a person's freedom of thought, conscience, religion and belief, and enjoyment of their culture and recognition or understanding of their cultural values, should be respected.
- (2) For the purposes of subsection (1), a reference to a person exercising a power or performing a function under this Act includes NTCAT.

14 Recognition of Aboriginal culture, values and beliefs

- (1) This section applies to:
- (a) a person who is exercising a power or performing a function under this Act; or
 - (b) a person or body that is developing any guidelines or information for the purposes of this Act.
- (2) The person or body must give particular attention to the need to ensure:
- (a) in relation to subsection (1)(a) – that any interaction with an Aboriginal person who is a designated person is respectful of Aboriginal culture, values and beliefs surrounding end of life care to the extent that this is considered by the person to be relevant; and
 - (b) in relation to subsection (1)(b) – that any guidelines or documents are respectful of Aboriginal culture, values and beliefs surrounding end of life care to the extent that this is relevant and reasonably practicable.
- (3) In this section:

Aboriginal person means a person who is a member of the Aboriginal race of Australia.

designated person means a person who:

- (a) has been diagnosed with a threshold medical condition and is considering accessing voluntary assisted dying under this Act; or
- (b) is taking steps to access voluntary assisted dying under this Act; or
- (c) is accessing voluntary assisted dying under this Act.

Division 5 Criminal Code

15 Application of Criminal Code

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

Note for section 15

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.

Part 2 Assessment of eligibility for access to voluntary assisted dying

Division 1 First request for assessment

16 First request

- (1) A person may make a request to a health practitioner for access to voluntary assisted dying (a **first request**).
- (2) A person's first request must be:
 - (a) clear and unambiguous; and
 - (b) made by the person personally.
- (3) The request may be made in writing or orally, or by communicating in any other way available to the person.

17 No obligation to continue after making first request

- (1) A person who has made a first request may decide at any time not to continue the request and assessment process.

- (2) The request and assessment process ends if a person decides not to continue the request and assessment process (and the other provisions of this Act must be read subject to this section).
- (3) If the request and assessment process has ended under subsection (2), the person may commence a fresh request and assessment process by making a new first request.

18 Assessment by two health practitioners

- (1) A person is not able to access voluntary assisted dying unless two health practitioners (a ***first health practitioner*** and a ***second health practitioner***) have, on the basis of a first request by the person, assessed the person as being eligible for access to voluntary assisted dying.
- (2) The first health practitioner must be an authorised coordinating practitioner.
- (3) The second health practitioner must be an authorised consulting practitioner.
- (4) The first health practitioner and the second health practitioner must not have a personal interest in relation to the person making the request.

Division 2 Assessment by coordinating practitioner

19 Receipt of first request

- (1) A health practitioner is under no obligation to accept a first request or to undertake a first assessment.
- (2) On acceptance of a person's first request, the health practitioner to whom the request is made becomes the ***coordinating practitioner*** for the person.
- (3) If a health practitioner decides not to accept a person's first request, the health practitioner must give notice of the decision to the person in accordance with the regulations.

20 First assessment

- (1) The coordinating practitioner for a person undertakes a ***first assessment*** for the person.
- (2) When undertaking a first assessment, the coordinating practitioner must assess whether the person requesting access to voluntary assisted dying meets the eligibility criteria.

- (3) An assessment under subsection (2) must comply with any requirement prescribed by regulation.
- (4) If the coordinating practitioner is unable to determine whether a person requesting access to voluntary assisted dying meets one or more of the eligibility criteria, the coordinating practitioner must refer the person to a health practitioner or health practitioners with appropriate skills and training.
- (5) A referral under subsection (4) must also be consistent with any requirements prescribed by regulation as to the expertise, experience and qualifications of the health practitioner to whom the referral is made.
- (6) If the coordinating practitioner refers the person to a health practitioner under subsection (4), the coordinating practitioner may adopt the determination of the health practitioner in relation to the matter or matters in respect of which the referral was made.
- (7) The coordinating practitioner must prepare a report at the conclusion of a first assessment (the **first assessment report**).
- (8) The first assessment report must comply with any requirements prescribed by regulation.

21 Information to be provided if person assessed as meeting eligibility criteria by coordinating practitioner

- (1) If the coordinating practitioner is satisfied that the person requesting access to voluntary assisted dying meets all the eligibility criteria, the coordinating practitioner must inform the person about the following matters:
 - (a) the person's diagnosis and prognosis (which may, without limiting any other examination or investigation, be obtained from a referral to another health practitioner under this Act);
 - (b) the treatment options available to the person and the likely outcomes of that treatment;
 - (c) palliative care options available to the person and the likely outcomes of that care;
 - (d) the support services that are available to the person, including any official voluntary assisted dying care navigation services that are available in the Territory;
 - (e) the potential risks of taking voluntary assisted dying medication or having it administered;

- (f) that the expected outcome of taking voluntary assisted dying medication or having it administered is death;
 - (g) that the person may decide at any time not to continue with their request for access to voluntary assisted dying.
- (2) The regulations may prescribe the manner and form in which the information required under subsection (1) must be provided to the person.

22 Referral to second health practitioner

The coordinating practitioner must refer the person to a second health practitioner for a second assessment if the coordinating practitioner is satisfied that the person:

- (a) meets the eligibility criteria; and
- (b) understands the information required to be provided under section 21.

Division 3 Assessment by consulting practitioner

23 Receipt of referral

- (1) A health practitioner is under no obligation to accept a referral or to undertake a second assessment.
- (2) On acceptance of a referral, the health practitioner becomes the **consulting practitioner**.
- (3) If a health practitioner decides not accept a referral, the health practitioner must give notice of the decision to the coordinating practitioner in accordance with the regulations.
- (4) If a health practitioner decides not accept a referral, the coordinating practitioner may then take steps to find another health practitioner (who must be an authorised consulting practitioner) to become the consulting practitioner for the purposes of undertaking the second assessment (and this section applies with appropriate modifications until a consulting practitioner is found to undertake the second assessment).

24 Second assessment

- (1) When undertaking a second assessment, the consulting practitioner must assess whether the person requesting access to voluntary assisted dying meets the eligibility criteria (the **second assessment**).

- (2) An assessment under subsection (1) must comply with any requirement prescribed by regulation.
- (3) If the consulting practitioner is unable to determine whether a person requesting access to voluntary assisted dying meets one or more of the eligibility criteria, the consulting practitioner must refer the person to a health practitioner or health practitioners with appropriate skills and training.
- (4) A referral under subsection (3) must also be consistent with any requirements prescribed by regulation as to the expertise, experience and qualifications of the health practitioner to whom the referral is made.
- (5) If the consulting practitioner refers the person to a health practitioner under subsection (3), the consulting practitioner may adopt the determination of the health practitioner in relation to the matter or matters in respect of which the referral was made.
- (6) The consulting practitioner must prepare a report at the conclusion of a second assessment (the **second assessment report**).
- (7) The second assessment report must comply with any requirements prescribed by regulation.

25 Information to be provided if person assessed as meeting eligibility criteria by consulting practitioner

- (1) If the consulting practitioner is satisfied that the person requesting access to voluntary assisted dying meets all the eligibility criteria, the consulting practitioner must inform the person about the following matters:
 - (a) the person's diagnosis and prognosis (which may, without limiting any other examination or investigation, be obtained from a referral to another health practitioner under this Act);
 - (b) the treatment options available to the person and the likely outcomes of that treatment;
 - (c) palliative care options available to the person and the likely outcomes of that care;
 - (d) the support services that are available to the person, including any official voluntary assisted dying care navigation services that are available in the Territory;
 - (e) the potential risks of taking voluntary assisted dying medication or having it administered;

- (f) that the expected outcome of taking voluntary assisted dying medication or having it administered is death;
 - (g) that the person may decide at any time not to continue with their request for access to voluntary assisted dying.
- (2) The regulations may prescribe the manner and form in which the information required under subsection (1) must be provided to the person.

Division 4 Outcome of first and second assessments and reporting

26 Outcome of first and second assessments

- (1) A person is eligible for access to voluntary assisted dying if the coordinating practitioner and the consulting practitioner are satisfied that the person:
 - (a) meets the eligibility requirements; and
 - (b) understands the information provided to the person under sections 21 and 25.
- (2) If the coordinating practitioner assesses a person as eligible for access to voluntary assisted dying but a consulting practitioner assesses the person as not eligible for access to voluntary assisted dying, the coordinating practitioner may refer the person to another health practitioner for a further second assessment (as a consulting practitioner).
- (3) A health practitioner who receives a referral under subsection (2) must be an authorised consulting practitioner.

27 Coordinating practitioner report to Board about eligibility criteria

- (1) For this section, an **eligibility determination** is a determination provided by a coordinating practitioner and a consulting practitioner as to whether a person:
 - (a) is eligible for access to voluntary assisted dying; or
 - (b) is not eligible for access to voluntary assisted dying.
- (2) An eligibility determination is provided at the time that the consulting practitioner informs the coordinating practitioner of the outcome of their assessment as to whether the person is eligible for access to voluntary assisted dying.

- (3) The coordinating practitioner must within 14 days of an eligibility determination being provided in relation to a person, give the Board a report about the person's eligibility determination in the approved form.
- (4) A report under subsection (3) must include, or be accompanied by, the following:
 - (a) a record of the first request; and
 - (b) the first assessment report; and
 - (c) the second assessment report; and
 - (d) any other information required by regulation.

28 Coordinating practitioner to keep person informed and provide report

The coordinating practitioner for a person must provide the person with:

- (a) a copy of the report given to the Board under section 27 in accordance with the regulations; and
- (b) any other information or advice prescribed by regulation.

Part 3 Request for access to voluntary assisted dying

Division 1 Second request for access to voluntary assisted dying

29 Second request

- (1) A person assessed as eligible for access to voluntary assisted dying in accordance with section 26(1) (Outcome of first and second assessments) may make a written request (a **second request**) requesting access to voluntary assisted dying.
- (2) The second request must:
 - (a) be in writing; and
 - (b) state that:
 - (i) the request is made voluntarily and without coercion; and

- (ii) the person understands the nature and effect of the request that the person is making; and
 - (c) be signed by the person making the request in the presence of 2 eligible witnesses and the person's coordinating practitioner; and
 - (d) be given to the person's coordinating practitioner.
- (2) Despite subsection (1)(c), a person (an **agent**) may sign a second request on behalf of the person making the request if:
- (a) the person making the request:
 - (i) is unable to sign the request; and
 - (ii) asks the agent to sign the request; and
 - (b) the agent:
 - (i) is an adult; and
 - (ii) is not a witness to the signing of the request; and
 - (iii) is not the person's coordinating practitioner or consulting practitioner; and
 - (iv) signs the request in the presence of the person making the request.

30 Witness to making of second request

- (1) A person is eligible to witness the making of a second request if the person is:
- (a) an adult; and
 - (b) not an ineligible witness.
- (2) A person is an **ineligible witness** for the purposes of a second request if the person:
- (a) knows or believes they are a beneficiary under the will of the person making the request; or
 - (b) knows or believes that they may otherwise benefit financially or in any other material way from the death of the person making the request; or

- (c) is an owner, or is responsible for the management, of a facility at which:
 - (i) the person making the request is resident; or
 - (ii) the person making the request is being treated; or
 - (d) is directly involved in providing health services or professional care services to the person making the request; or
 - (e) is the coordinating practitioner or consulting practitioner of the person making the request.
- (3) Not more than one witness may be a family member of the person making the request.

31 Certification of witness to signing of second request

- (1) Each witness to the signing of a person's second request must certify in writing that:
- (a) if the request was signed by the person making the request:
 - (i) the request was signed by the person in the presence of the witness; and
 - (ii) the person, at the time the person signed the request, appeared to sign the request voluntarily and without coercion; and
 - (iii) the person, at the time the person signed the request, appeared to understand the nature and effect of signing the request;
 - (b) if the request was signed by an agent in the presence of the witness:
 - (i) the person appeared to ask, voluntarily and without coercion, the agent to sign the request; and
 - (ii) the request was signed by the agent in the presence of the person making the request; and
 - (iii) at the time the agent signed the request, that the person making the request appeared to understand the nature and effect of making the request; and
 - (c) the witness is not knowingly an ineligible witness.
- (2) A certification under subsection (1) must be signed by the witness making it in the presence of the coordinating practitioner.

32 Notification to Board about second request

A coordinating practitioner who receives a second request under this Division must give the Board a copy of the request within 14 days of receiving the request.

Division 2 Final request and final assessment

33 Final request

- (1) A person who has made a second request may make a further request for access to voluntary assisted dying to the person's coordinating practitioner (a ***final request***).
- (2) A person's final request must be:
 - (a) clear and unambiguous; and
 - (b) made by the person personally.
- (3) The request may be made in writing or orally, or by communicating in any other way available to the person.
- (4) A person's final request must be made in the presence of a witness.

34 Witness to making of final request

- (1) A person is eligible to witness the making of a final request if the person is:
 - (a) an adult; and
 - (b) not excluded from acting as a witness by the regulations.
- (2) The witness to a person making a final request must certify in the approved form that:
 - (a) the person, at the time the person made the request, appeared to be acting voluntarily and without coercion; and
 - (b) the person, at the time the person made the request, appeared to understand the nature and effect of the request; and
 - (c) the person's request appeared to be enduring.

35 Timing of final request

- (1) A person's final 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) in any case, at least one day after the day on which the second assessment that assessed the person as eligible for access to voluntary assisted dying was completed.
- (2) Subsection (1)(a) does not apply if the coordinating practitioner for the person considers that the person's death is likely to occur before the expiry of the time period specified in that subsection, and this is consistent with the prognosis of the consulting practitioner for the person set out in the second assessment report.

36 Final assessment

- (1) On receipt of a final request made by a person, the coordinating practitioner for the person must:
 - (a) undertake an assessment to decide whether the person meets the final assessment requirements (the **final assessment**); and
 - (b) if the coordinating practitioner decides that the person meets the final assessment requirements and is satisfied that all other relevant requirements have been completed, prepare a report in the approved form (a **final assessment report**) that includes:
 - (i) the coordinating practitioner's decision in relation to the final assessment; and
 - (ii) any other information prescribed by regulation; and
 - (c) tell the person about the decision.
- (2) The validity of the request and assessment process is not affected by any minor or technical error in a final assessment report.

37 Notifying Board about outcome of final assessment

- (1) A coordinating practitioner who has prepared an final assessment report must give the Board a copy of the report within 7 days after completing the report.
- (2) The report given to the Board must be accompanied by any information required by regulation.

38 No obligation to continue after making final request

A person in respect of whom a final review 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

Subdivision 1 Application of Division

39 Application

This Division applies if a person is seeking access to voluntary assisted dying and the person's coordinating practitioner has prepared a final assessment report under this Act.

Subdivision 2 Administration decision by eligible person

40 Making administration decision

- (1) The person may decide that they will access voluntary assisted dying by:
 - (a) practitioner administration of voluntary assisted dying medication; or
 - (b) self-administration of voluntary assisted dying medication.
- (2) The decision:
 - (a) must be:
 - (i) clear and unambiguous; and
 - (ii) made by the person personally; and
 - (b) may be made in consultation with, and on the advice of, the person's coordinating practitioner.
- (3) The decision:
 - (a) may be made in writing or orally, or by communicating in any other way available to the person; and
 - (b) takes effect when the person tells their coordinating practitioner about the decision.

- (4) The coordinating practitioner must:
 - (a) record the decision in accordance with the regulations; and
 - (b) give the Board notice of the decision within 4 business days after the day on which the person tells the coordinating practitioner about the decision.
- (5) A notice under subsection (4)(b) must be in the approved form.

41 Changing administration decision

- (1) If a person has an administration decision in effect, the person may, at any time:
 - (a) if the person has made a decision that the person will take voluntary assisted dying medication through practitioner administration – decide instead that the person will take voluntary assisted dying medication through self-administration; or
 - (b) if the person has made a decision that the person will take voluntary assisted dying medication through self-administration – decide instead that the person will take voluntary assisted dying medication through practitioner administration.
- (2) The change of decision:
 - (a) must be:
 - (i) clear and unambiguous; and
 - (ii) made by the person personally; and
 - (b) may be made in consultation with, and on the advice of, the person's coordinating practitioner.
- (3) The change of decision:
 - (a) may be made in writing or orally, or by communicating in any other way available to the person; and
 - (b) takes effect when the person tells their coordinating practitioner about the change of decision.
- (4) The coordinating practitioner must:
 - (a) record the change of decision in accordance with the regulations; and

- (b) give the Board notice of the change of decision within 4 business days after the day on which the person tells the coordinating practitioner about the change of decision.

- (5) A notice under subsection (4)(b) must be in the approved form.

42 Administering practitioner

- (1) A person may ask their coordinating practitioner or another health practitioner (the ***requested practitioner***) to act as their administering practitioner if the person has made an administration decision.
- (2) The requested practitioner must be an authorised administering practitioner.
- (3) Within 4 business days after the day on which the person makes a request, the requested practitioner must:
 - (a) decide to act or to refuse to act as the person's administering practitioner; and
 - (b) tell the person about the decision.
- (4) The requested practitioner becomes the administering practitioner for the person when they tell the person that they agree to act as the person's administering practitioner.
- (5) The requested practitioner must give the Board notice of the decision within 4 business days after the day on which the requested practitioner tells the person that they agree to act as their administering practitioner.
- (6) A notice under subsection (5) must be in the approved form.
- (7) If the requested practitioner refuses to act as the person's administering practitioner, the practitioner must:
 - (a) tell the person that other health practitioners may be able to assist the person with their request; and
 - (b) give the person information about:
 - (i) another health practitioner who may be able to act as the person's administering practitioner; or
 - (ii) if the requested practitioner does not know of another health practitioner for the purposes of subparagraph (i) – any official voluntary assisted dying care navigation services that are available in the Territory.

- (8) The requested practitioner must record the following information in accordance with the regulations:
- (a) that the request was made; and
 - (b) the practitioner's decision; and
 - (c) if the practitioner refused to act as the person's administering practitioner – the steps taken by the practitioner to comply with subsection (7).

43 Revocation of administration decision

- (1) A person may revoke an administration decision at any time by:
- (a) if the person has an administering practitioner – telling their administering practitioner; or
 - (b) in any other case – telling their coordinating practitioner.
- (2) An administration decision may be revoked in writing or orally, or by communicating in any other way available to the person.
- (3) The administering practitioner or coordinating practitioner who is told of the revocation must:
- (a) record the revocation in accordance with the regulations; and
 - (b) give the Board notice of the decision within 4 business days after the day on which the practitioner is told of the revocation.
- (4) A notice under subsection (3)(b) must be in the approved form.

Subdivision 3 Contact person

44 Application

This Subdivision applies if a self-administration decision is in effect for a person.

45 Appointment of contact person

- (1) The person must appoint someone to be the person's contact person.
- (2) A person may be appointed as the contact person only if the person:
- (a) is an adult; and
 - (b) consents to being appointed as the contact person.

- (3) Without limiting who may be appointed as the contact person, the person may appoint their coordinating practitioner or their consulting practitioner.
- (4) The appointment must:
 - (a) be in writing; and
 - (b) be prepared by:
 - (i) the person; or
 - (ii) another person who is an adult and is asked by the person to prepare it; and
 - (c) include any information prescribed by regulation.
- (5) The appointment takes effect when the person gives their coordinating practitioner the appointment prepared under subsection (4).
- (6) The coordinating practitioner must give the Board a copy of the appointment within 4 business days after the day the coordinating practitioner receives the appointment.

46 Coordinating practitioner must give information to contact person

Within 4 business days after the day the person's coordinating practitioner gives the Board a copy of the appointment under section 45(6), the coordinating practitioner must give the contact person information about:

- (a) the functions of a contact person under this Act; and
- (b) the support services available to assist the contact person to comply with their obligations; and
- (c) any other information prescribed by regulation.

47 Ending contact person appointment

- (1) The appointment of a contact person may be ended by:
 - (a) the person giving the contact person written notice that they have decided to bring the appointment to an end; or
 - (b) the contact person giving the person who made the appointment written notice that they no longer want to be the person's contact person.

- (2) A notice under subsection (1)(a) or (b) must include any information prescribed by regulation.
- (3) If an appointment is ended under this section, the person who made the appointment must:
 - (a) tell their coordinating practitioner that the appointment has ended; and
 - (b) make another appointment under this Division.
- (4) The coordinating practitioner who is told that the appointment of a contract person has ended must give the Board notice about the appointment ending within 4 business days after the day on which the practitioner is told about the appointment ending.
- (5) A notice under subsection (4) must be in the approved form.

48 Effect of change or revocation of administration decision

- (1) This section applies if a person:
 - (a) changes their administration decision under section 41(1)(b) or revokes a self-administration decision; and
 - (b) has a contract person appointment in effect when the administration decision is changed or revoked.
- (2) The contract person appointment ends when the administration decision is changed or revoked.

Division 2 Management of voluntary assisted dying medication

49 Prescribed scheme for medication

- (1) The acquisition, prescription, collection, storage, management, use, return or disposal of voluntary assisted dying medication must occur in accordance with the regulations.
- (2) Without limiting subsection (1), the regulations may provide for the following:
 - (a) the approval of a regulated substance for use as voluntary assisted dying medication;
 - (b) the approval of pharmacists for the purposes of the acquisition, supply and disposal of voluntary assisted dying medication;

- (c) requirements to be placed on pharmacists with respect to the acquisition, supply and disposal of voluntary assisted dying medication;
- (d) processes, procedures and requirements for the prescription of voluntary assisted dying medication;
- (e) labelling requirements for voluntary assisted dying medication;
- (f) the roles and responsibilities of health practitioners and contact persons with respect to the collection, storage, management, use, return or disposal of voluntary assisted dying medication, including with respect to the transfer of voluntary assisted dying medication between health practitioners or contact persons;
- (g) processes, procedures and requirements in connection with the administration or self-administration of voluntary assisted dying medication;
- (h) the provision of information in connection with the supply of voluntary assisted dying medication;
- (i) recording and reporting requirements in connection with the acquisition, prescription, collection, storage, management, transfer, use, return or disposal of voluntary assisted dying medication.

Division 3 Administration of medication

50 Access to voluntary assisted dying

- (1) This section applies if:
 - (a) the coordinating practitioner for a person has decided that the person meets the final assessment requirements; and
 - (b) the person has an administration decision in effect; and
 - (c) voluntary assisted dying medication has been prescribed for the person and that medication has been obtained by or on behalf of the person; and
 - (d) the person requests access to voluntary assisted dying (an ***administration request***).
- (2) The request under subsection (1)(d) must be:
 - (a) clear and unambiguous; and

- (b) made by the person personally; and
 - (c) made in the presence of the person's administering practitioner and another person acting as an independent witness.
- (3) The person may make the request orally or by communicating in any other way available to the person.
- (4) The person acting as the independent witness must be a person who is:
 - (a) an adult; and
 - (b) not excluded from acting as a witness by the regulations.
- (5) The person's administering practitioner may:
 - (a) in the case of a decision of the person to access voluntary assisted dying by practitioner administration – administer the voluntary assisted dying medication to the person; and
 - (b) in the case of a decision by the person to access voluntary assisted dying by self-administration:
 - (i) supply, or oversee the supply of, the voluntary assisted dying medication to the person; and
 - (ii) be present to assist (as required) the self-administration of the voluntary assisted dying medication by the person.
- (6) The person may at any time decide not to take any further step in relation to accessing voluntary assisted dying under this section.

Division 4 Notification of voluntary assisted dying

51 Report and certificate on death

- (1) After the death of a person who has accessed voluntary assisted dying:
 - (a) the person's administering practitioner must prepare a report in accordance with the regulations; and
 - (b) the independent witness must prepare a certificate in accordance with the regulations.
- (2) The report and certificate must be provided to the Board in accordance with the regulations.

52 Notification of medical condition of person to Registrar and Territory Coroner

- (1) In addition to the other requirements under the *Births, Deaths and Marriages Act 1996*, a medical practitioner who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death and believes on reasonable grounds or knows the person has accessed voluntary assisted dying under this Act, must notify the Registrar and the Territory Coroner of:
 - (a) the medical practitioner's belief or knowledge that the person has accessed voluntary assisted dying under this Act; and
 - (b) the medical condition that was the ground for the person to access voluntary assisted dying.
- (2) This section applies in addition to any reporting requirement under the regulations.

Part 5 Transfer of functions

Division 1 Coordinating practitioner

53 Transfer of coordinating practitioner's role

- (1) The coordinating practitioner for a person may transfer the role of coordinating practitioner under this Act:
 - (a) at the request of the person; or
 - (b) at the coordinating practitioner's own initiative.
- (2) A coordinating practitioner must act on a request under subsection (1)(a) in circumstances prescribed by regulation.

54 Steps to transfer coordinating practitioner's role

- (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 being eligible for access to voluntary assisted dying; and
 - (b) the consulting practitioner accepts the transfer of the role.

- (2) Within 7 days after being requested by the coordinating practitioner to accept a transfer under subsection (1), the consulting practitioner must inform the coordinating practitioner whether the consulting practitioner accepts or refuses the transfer of the role.
- (3) If there is no consulting practitioner, or the consulting practitioner refuses the transfer of the role of coordinating practitioner, the coordinating practitioner may:
 - (a) request another health practitioner, who must be an authorised coordinating practitioner, to undertake the role; and
 - (b) transfer the role of coordinating practitioner to that other health practitioner if that practitioner:
 - (i) assesses the person as eligible for access to voluntary assisted dying; and
 - (ii) accepts the transfer of the role.
- (4) Subject to the outcome of an assessment under subsection (3)(b)(i), any decision of the previous coordinating practitioner continues to have effect despite the transfer of the role.
- (5) If the role of coordinating practitioner is transferred under this Division, the person to whom that role relates must be informed in accordance with requirements prescribed by regulation.

Division 2 Administering practitioner

55 Transfer request made by administering practitioner

- (1) This section applies if:
 - (a) a person has an administering practitioner; and
 - (b) the administering practitioner (the ***original practitioner***) is unable or unwilling to exercise their functions as administering practitioner.
- (2) The original practitioner must ask another health practitioner, who must be an authorised administering practitioner, to become the person's administering practitioner (a ***transfer request***) if the person consents to the request being made.
- (3) The other health practitioner must tell the original practitioner whether the other health practitioner accepts or refuses to accept the request within 4 business days after the day on which the original practitioner makes the transfer request.

- (4) If the other health practitioner accepts the transfer request, the original practitioner must:
 - (a) tell the person that the request has been accepted and give the other health practitioner's name and contact details to the person; and
 - (b) record the transfer in accordance with the regulations; and
 - (c) give the Board notice of the request acceptance as soon as practicable, but not later than 4 business days after the original practitioner does the things mentioned in paragraph (a); and
 - (d) tell the other health practitioner about the notice given under paragraph (c) as soon as practicable after giving the notice.
- (5) A notice under subsection (4)(c) must be in the approved form.
- (6) When the original practitioner gives the Board notice under subsection (4)(c):
 - (a) the other health practitioner becomes the person's administering practitioner (the **new practitioner**); and
 - (b) the functions of the original practitioner transfer to the new practitioner.

56 Transfer request made by person

- (1) This section applies if a person has an administering practitioner.
- (2) The person may ask another health practitioner, who must be an authorised administering practitioner, to become their administering practitioner (a **transfer request**).
- (3) The other health practitioner must tell the person whether the other health practitioner accepts or refuses to accept the transfer request within 4 business days after the day on which the person makes the transfer request.
- (4) If the other health practitioner accepts the transfer request, the other health practitioner must:
 - (a) tell the person and the person's administering practitioner that the request has been accepted; and
 - (b) if the person's coordinating practitioner is not the person's administering practitioner – tell the coordinating practitioner about the request acceptance; and

- (c) give the Board notice of the request acceptance as soon as practicable, but not later than 4 business days after the other health practitioner does the things mentioned in paragraph (a).

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

- (1) This section applies if:
 - (a) the functions of a person's administering practitioner (the **original practitioner**) are transferred to another health practitioner under this Division; and
 - (b) the original practitioner is the person's coordinating practitioner when the administering practitioner functions are transferred.
- (2) The original practitioner does not become the coordinating practitioner for the person.
- (3) This section does not limit the operation of Division 1.

Part 6 Participation in voluntary assisted dying – health practitioners and services

58 Health practitioners with conscientious objection

- (1) A health practitioner who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following:
 - (a) provide information about voluntary assisted dying;
 - (b) participate in any part of a request or assessment process for voluntary assisted dying;
 - (c) supply, prescribe or administer voluntary assisted dying medication;
 - (d) be present during voluntary assisted dying.
- (2) A health practitioner exercising a conscientious objection under subsection (1) must:
 - (a) take reasonable steps to disclose the objection to the person; and
 - (b) if so required under the regulations – offer to refer the person to another health practitioner in accordance with any prescribed requirements.

59 Health and residential facilities

- (1) A relevant service provider must not refuse to allow any of the following to occur in relation to any patient or resident at a prescribed establishment operated by the relevant service provider:
 - (a) the provision of information about voluntary assisted dying;
 - (b) the making of a request or undertaking an assessment process for voluntary assisted dying.
- (2) Subsection (1) applies subject to any exception or exemption prescribed by regulation.
- (3) A relevant service provider has the right to refuse to authorise or permit the supply or administration of voluntary assisted dying medication to any patient or resident at a prescribed establishment operated by the relevant service provider.
- (4) However, if a relevant service provider exercises their right of refusal under subsection (3), the relevant service provider who must ensure that:
 - (a) the patient or resident is advised of the relevant service provider's refusal; and
 - (b) arrangements are in place under which the patient or resident may be transferred to another place or facility which, in the opinion of the relevant service provider, is a place where the person may access voluntary assisted dying; and
 - (c) reasonable steps are taken to facilitate the transferred referred to in paragraph (b) if requested by the patient or resident.
- (5) In this section:

prescribed establishment means:

- (a) the whole or any part of a hospital, institution or facility that is operated or designed to provide inpatient or outpatient treatment, diagnosis or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services; or
- (b) the whole or any part of residential premises or facility, including an aged care facility and a place that provides short-term respite care; or
- (c) any other service or facility of a kind prescribed by regulation.

relevant service provider means a person or body that operates a prescribed establishment.

Part 7 Authorised practitioners

60 Application for authorisation

- (1) A health practitioner may apply to the CEO for authorisation as one or more of the following:
 - (a) a coordinating practitioner;
 - (b) a consulting practitioner;
 - (c) an administering practitioner.
- (2) An application must:
 - (a) be in the approved form; and
 - (b) include any information prescribed by regulation or required by the approved form; and
 - (c) be accompanied by the prescribed fee.
- (3) The CEO may, in writing, require the applicant to provide the CEO with any additional information specified by the CEO.
- (4) The CEO is not required to consider an application while waiting for any information required under subsection (3) to be provided to the CEO.

61 Eligibility for authorisation

- (1) A health practitioner is eligible for authorisation as an authorised coordinating practitioner or authorised consulting practitioner if the health practitioner:
 - (a) is a medical practitioner or nurse practitioner; and
 - (b) meets any other eligibility requirements prescribed by regulation.
- (2) A health practitioner is eligible for authorisation as an authorised administering practitioner if the health practitioner:
 - (a) is a medical practitioner, nurse practitioner or nurse; and
 - (b) meets any other eligibility requirements prescribed by regulation.

- (3) The regulations may make different provision under subsections (1) and (2) according to the category of health practitioner and function under this Act to which they are expressed to apply.

62 Deciding application

If a health practitioner applies for authorisation, the CEO must, in writing:

- (a) if the health practitioner is eligible for authorisation – authorise the health practitioner; or
- (b) if the health practitioner is not eligible for authorisation – refuse to authorise the health practitioner.

63 Authorisation conditions

- (1) An authorised practitioner's authorisation is subject to the following conditions:
 - (a) any condition the CEO considers appropriate;
 - (b) any condition prescribed by regulation.
- (2) The CEO may, if the CEO considers it appropriate to do so, by notice in writing to an authorised practitioner, vary a condition under subsection (1)(a).
- (3) An authorised practitioner may, on application made to the CEO in writing, request the CEO to vary a condition under subsection (1)(a) and the CEO may, as the CEO considers appropriate:
 - (a) grant the variation; or
 - (b) refuse to grant the variation.
- (4) A condition under subsection (1)(a) may be varied by the addition, substitution or deletion of one or more conditions.

64 Mandatory training

An authorisation is subject to the following conditions:

- (a) that the authorised practitioner will not act in the capacity to which the authorisation relates under this Act unless the authorised practitioner has completed any training prescribed by regulation for the purposes of this paragraph (which may be completed before or after the authorisation has been given); and

- (b) that the authorised practitioner will complete any training or professional development prescribed by regulation for the purposes of this paragraph over a period prescribed by regulation.

65 Requirement to inform CEO of changes

An authorised practitioner must notify the CEO, in the approved form, of any of the following events within 14 days after the day the authorised practitioner becomes aware of the event or circumstance:

- (a) a change in the authorised practitioner's name;
- (b) a change in the authorised practitioner's contact details;
- (c) a change in the authorised practitioner's eligibility to be an authorised practitioner;
- (d) any other event or circumstances prescribed by regulation.

66 Duration of authorisation and renewal

- (1) Subject to this Act, an authorisation continues in force (unless sooner revoked) for a period prescribed by regulation or determined by the CEO and notified to the authorised practitioner in writing.
- (2) The CEO may, as the CEO thinks fit, grant a temporary authorisation for a period of less than 12 months.
- (3) An authorisation may be renewed from time to time in accordance with the regulations and on payment of the prescribed fee.

67 Revocation of authorisation

- (1) The CEO may revoke an authorised practitioner's authorisation if the CEO is satisfied that the authorised practitioner:
 - (a) is no longer eligible to be an authorised practitioner; or
 - (b) has breached a condition that applies in relation to the authorisation.
- (2) The CEO must not act under subsection (1) until the CEO has complied with the procedures prescribed by regulation.

68 Surrender of authorisation

An authorised practitioner may surrender the authorisation by notice in writing given to the CEO in accordance with the regulations.

69 Register of authorised practitioners

- (1) The CEO must keep a register of authorised practitioners.
- (2) The register must include the details prescribed by regulation.
- (3) The CEO may vary the register at any time in order to ensure that it is up to date.
- (4) The CEO must ensure that the register is available to the public in accordance with any requirements prescribed by regulation.

Part 8 Governance and service delivery framework

Division 1 Voluntary Assisted Dying Review Board

Subdivision 1 Establishment

70 Establishment

The Voluntary Assisted Dying Review Board is established.

Subdivision 2 Functions and powers

71 Functions

- (1) The Board has the following functions:
 - (a) to monitor matters related to voluntary assisted dying;
 - (b) to review, for each completed request for voluntary assisted dying, the exercise of functions and powers under this Act in accordance with requirements prescribed by regulation;
 - (c) to record and keep information prescribed by regulation about requests for, and provision of, voluntary assisted dying;
 - (d) to promote compliance with the requirements of this Act by the provision of information in respect of voluntary assisted dying to health practitioners and members of the community;
 - (e) to promote continuous improvement in the quality and safety of voluntary assisted dying to those who exercise any function or power under this Act;

- (f) to refer to the following entities issues identified by the Board in relation to voluntary assisted dying that are relevant to the functions of the entities:
 - (i) Commissioner of Police;
 - (ii) the Territory Coroner;
 - (iii) the CEO;
 - (iv) the Australian Health Practitioner Regulation Agency;
 - (g) to analyse information given to the Board under this Act and research matters related to the operation of this Act;
 - (h) to provide information about voluntary assisted dying, and other matters identified by the Board in the performance of a function under this Act;
 - (i) to provide, on the Board's initiative or on request, information, reports and advice to the Minister or the CEO in relation to:
 - (i) the operation of this Act; or
 - (ii) the Board's functions; or
 - (iii) the improvement of processes and safeguards for voluntary assisted dying;
 - (j) any other function given to the Board under this Act or conferred by the Minister.
- (2) For subsection (1)(b), a person's request for voluntary assisted dying is **completed** if:
- (a) the person has died; or
 - (b) the request has been discontinued.

72 Board to act independently and in public interest

- (1) In performing its functions, the Board must act independently and in the public interest.
- (2) Without limiting subsection (1), the Board is not subject to direction by the Minister about how it performs its functions.

73 Powers

The Board has the powers necessary to perform its functions.

74 Board may seek external advice

- (1) Despite any other Act or law, the Board may, in relation to any decision or determination under this Act, seek any medical, legal or other professional advice as the Board thinks necessary or appropriate to make that decision or determination.
- (2) Without limiting subsection (1), the regulations may provide for the establishment of an advisory panel to advise or assist the Board in the performance of its functions under this Act.

Subdivision 3 Constitution and proceedings

75 Members of Board

- (1) The Board consists of at least 5 but not more than 9 members appointed by the Minister.
- (2) The Minister must, in making appointments, seek to ensure that the persons appointed to the Board collectively have, in the opinion of the Minister, the knowledge, skills and experience necessary to enable the Board to carry out its functions effectively.

76 Terms and conditions of office

- (1) Subject to this Act, a member of the Board will hold office on conditions, and for a term not exceeding 4 years, determined by the Minister and specified in the instrument of appointment.
- (2) A member of the Board is eligible for reappointment at the expiration of a term of office.

77 Acting members

- (1) The Minister may appoint a person to be an acting member of the Board.
- (2) An appointment under this section will be on terms and conditions determined by the Minister and specified in the instrument of appointment.
- (3) In the absence of a member, the acting member:
 - (a) is, if available, to act in the place of the member; and
 - (b) while acting as a member, has all the functions of the member and is taken to be a member of the Board.
- (4) The Minister may at any time terminate an appointment under this section.

78 Chairperson and Deputy Chairperson

- (1) The Minister must appoint:
 - (a) a member of the Board to be the Chairperson of the Board; and
 - (b) another member of the Board to be the Deputy Chairperson of the Board.
- (2) An appointment under this section will be on terms and conditions determined by the Minister and specified in the instrument of appointment.
- (3) The Deputy Chairperson is to act as Chairperson:
 - (a) during the absence or inability to act of the Chairperson; or
 - (b) during a vacancy in the office of Chairperson.
- (4) A person appointed under this section vacates the office to which the person has been appointed if:
 - (a) the appointment is terminated by the Minister under the conditions of appointment; or
 - (b) the person resigns the office in writing to the Minister; or
 - (c) the person ceases to hold office as a member of the Board.

79 Remuneration

- (1) The Minister may determine the remuneration, including travelling and other allowances, to be paid to a member or acting member of the Board after taking into account any matter prescribed by regulation.
- (2) The Minister may alter or revoke a determination under subsection (1), including after a person becomes a member or acting member.
- (3) The *Assembly Members and Statutory Officers (Remuneration and Other Entitlements) Act 2006* does not apply in relation to an appointment to the Board.

80 Vacancy in office of member

The office of a member of the Board becomes vacant:

- (a) if the member completes a term of office and is not reappointed; or

- (b) if the member resigns the office in writing to the Minister; or
- (c) if the member is removed from office by the Minister for breach of a condition of appointment or on another ground considered reasonable by the Minister; or
- (d) if the appointment of the member is terminated for a reason prescribed by regulation.

81 Meetings

- (1) The Chairperson must convene as many meetings of the Board as are necessary for it to perform its functions.
- (2) The quorum of the Board is a majority of the members of the Board.
- (3) A meeting of the Board is presided over by:
 - (a) the Chairperson; or
 - (b) in the absence of the Chairperson – the Deputy Chairperson; or
 - (c) in the absence of the Chairperson and the Deputy Chairperson – another member of the Board chosen by the members present at the meeting.
- (4) Questions arising at a meeting are determined by a majority of votes.
- (5) At a meeting, the presiding member:
 - (a) has a deliberative vote; and
 - (b) in the event of an equality of votes, also has a casting votes.
- (6) The Board must keep accurate minutes of its meetings.
- (7) The Board may determine:
 - (a) the manner in which meetings may be conducted, including by electronic means; and
 - (b) the use of emails for making decisions between meetings; and
 - (c) other procedures and matters relating to meetings and proceedings of the Board.

82 Validity of acts

A decision of the Board is not invalidated by a vacancy in the membership of the Board or a defect in the appointment of a member of the Board.

Subdivision 4 Related matters

83 Committees

The Board may establish any committee to assist it in the performance of its functions as the Board thinks appropriate.

84 Delegations

- (1) The Board may delegate any of the Board's functions or powers to:
 - (a) a member of the Board; or
 - (b) a committee established by the Board; or
 - (c) an advisory panel established under section 74; or
 - (d) any other person or body in circumstances authorised by regulation.
- (2) The Board must advise the Minister of a delegation of a function or power that is, in its opinion, significant.

85 Administrative support for Board

The CEO must ensure the Board has the resources and administrative support reasonably required to fulfil its functions efficiently and effectively under this Act.

86 Protection from liability

- (1) A person is not civilly or criminally liable for an act done or omitted to be done by the person in good faith in the exercise of a power or performance of a function as any of the following:
 - (a) a member of the Board;
 - (b) a member of a committee established by the Board.
- (2) In addition, the person is not civilly or criminally liable for an act done or omitted to be done by the Board in the exercise of a power or performance of a function under this Act.

(3) Subsections (1) and (2) do not affect any liability the Territory would, apart from those subsections, have for the act or omission.

(4) In this section:

exercise of a power includes the purported exercise of the power.

performance of a function includes the purported performance of the function.

Division 2 Provision of services

87 VAD Health Service

(1) The Minister must ensure that a unit or office (the **VAD Health Service**) is established and maintained within the Agency to take responsibility for the delivery of:

- (a) medical and clinical services contemplated by this Act; and
- (b) related support services.

(2) The VAD Health Service must be a multi-disciplinary service that includes, or has access to:

- (a) health practitioners who are qualified to act under this Act; and
- (b) persons who have expertise relevant to providing clinical, counselling and other relevant allied health or support services to persons who:
 - (i) have been diagnosed with a threshold medical condition and are considering accessing voluntary assisted dying under this Act; or
 - (ii) are taking steps to access voluntary assisted dying under this Act; or
 - (iii) are accessing voluntary assisted dying under this Act; and
- (c) persons who have expertise relevant to providing:
 - (i) family support services in connection with voluntary assisted dying; or
 - (ii) social support services in connection with voluntary assisted dying; or
 - (iii) bereavement support services; and

- (d) interpreters; and
 - (e) pharmacists who have expertise relevant to providing for the safety, supply, storage and disposal of voluntary assisted dying medication; and
 - (f) persons who can assist in accessing and navigating the services associated with voluntary assisted dying.
- (3) The CEO must ensure that the VAD Health Service has, subject to subsection (4), a reasonable degree of autonomy in relation to delivering the services contemplated by subsection (1).
- (4) The CEO may determine:
- (a) the structure of the VAD Health Service; and
 - (b) the resources to be made available to the VAD Health Service, subject to the requirement that the VAD Health Service must be provided with reasonable resources to fulfil its functions efficiently and effectively under this Act.
- (5) VAD Health Services may satisfy (in whole or in part) the requirements under subsection (2) by engaging people on contract as required from time to time.

Division 3 Guidelines

88 CEO to establish guidelines

- (1) The CEO must establish and maintain clinical guidelines for the purposes of this Act.
- (2) The clinical guidelines must include guidelines with respect to:
- (a) dealing with requests for access to voluntary assisted dying under this Act; and
 - (b) the roles and responsibilities of persons who provide support and other services to persons who:
 - (i) have been diagnosed with a threshold medical condition and are considering accessing voluntary assisted dying under this Act; or
 - (ii) are taking steps to access voluntary assisted dying under this Act; or
 - (iii) are accessing voluntary assisted dying under this Act; and

- (c) the roles and responsibilities of pharmacists in relation to the safety, supply, storage and disposal of voluntary assisted dying medication; and
 - (d) the administration or self-administration of voluntary assisted dying medication; and
 - (e) any other matter prescribed by regulation.
- (3) The clinical guidelines may include other guidance, advice or information determined to be relevant by the CEO.
- (4) The CEO:
 - (a) must consult:
 - (i) with the Board in relation to any proposed guidelines or amendments to the guidelines; and
 - (ii) with other persons and bodies, and with interested members of the public, in relation to any proposed guidelines or amendments to the guidelines to the extent prescribed by regulation; and
 - (b) may undertake any other consultation in relation to the preparation, review or amendment of the guidelines as the CEO may determine.
- (5) The CEO must ensure that a current copy of the clinical guidelines is published on the Agency's website.

Division 4 Interpreters

89 Accreditation and requirements

- (1) For this Act, an interpreter who assists a person in relation to requesting access to or accessing voluntary assisted dying:
 - (a) must be accredited by a prescribed body; and
 - (b) must not:
 - (i) be a family member of the person; or
 - (ii) have knowledge or believe of:
 - (A) being a beneficiary under a will of the person; or
 - (B) otherwise benefitting financially or in any other material way from the death of the person; or

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- (iii) be an owner, or be responsible for the management, of a facility where the person is resident; or
 - (iv) be directly involved in providing health services or professional care services to the person; or
 - (v) be the person's coordinating practitioner or consulting practitioner.
- (2) If a person acts under this Act with the assistance of an interpreter, the interpreter must provide a certification that the interpreter provided a true and correct translation of any material translated in accordance with any requirement prescribed by regulation.

Part 9 Review

90 Review by NTCAT

- (1) NTCAT has jurisdiction to review a decision (a **reviewable decision**) specified in Schedule 1.
- (2) An **affected person**, for a reviewable decision, is a person specified in Schedule 1 for the decision.
- (3) An affected person for a reviewable decision may apply to NTCAT for review of the decision.
- (4) If an application is made by an affected person for a review of a decision prescribed by regulation for the purposes of this subsection, NTCAT must give notice of the application and any order or determination (however described) of the Tribunal in respect of the application to:
 - (a) the coordinating health practitioner for the person; and
 - (b) the CEO; and
 - (c) the Board.

Note for section 90

The Northern Territory Civil and Administrative Tribunal Act 2014 sets out the procedure for applying to the Tribunal for review and other relevant matters in relation to reviews.

Part 10 Protections from liability for acting in accordance with Act

91 Provision of advice and information and taking other authorised action

- (1) A health practitioner is not prevented, in relation to a person to whom the health practitioner provides health services or professional care services, from:
- (a) initiating a discussion with that person about potentially accessing voluntary assisted dying; or
 - (b) providing information to that person about voluntary assisted dying.
- (2) A health practitioner is not, in taking action referred to in subsection (1), to be regarded as having engaged in unprofessional conduct or professional misconduct.

92 Protection from criminal liability of person who assists or facilitates request for or access to voluntary assisted dying

A person does not commit an offence if the person, in good faith, does something or fails to do something:

- (a) that assist or facilitates any other person who the person believes on reasonable grounds is requesting access to or is accessing voluntary assisted dying in accordance with this Act; and
- (b) that apart from this section would constitute an offence under any other Act or law.

93 No liability for health practitioner who acts in accordance with this Act

- (1) A health practitioner who, in good faith and without negligence, acts under this Act believing on reasonable grounds that the act is in accordance with this Act is not in respect of that act:
- (a) guilty of an offence; or
 - (b) liable for unprofessional conduct or professional misconduct; or
 - (c) liable in any civil proceeding; or
 - (d) liable for contravention of any code of conduct.

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- (2) This section does not prevent a health practitioner from providing medical treatment or support for the purpose of ensuring a person's comfort.

94 No liability for health practitioner or ambulance paramedic present after person access voluntary assisted dying

- (1) A health practitioner or a person providing an ambulance service who, in good faith, does not administer life saving or life sustaining medical treatment to a person who has not requested it, and believes on reasonable grounds that the person is dying after being administered or self administering a voluntary assisted dying medication in accordance with this Act, is not, in respect of that omission to act:
- (a) guilty of an offence; or
 - (b) liable for unprofessional conduct or professional misconduct; or
 - (c) liable in any civil proceeding; or
 - (d) liable for contravention of any code of conduct.
- (2) This section does not prevent a health practitioner or a person providing an ambulance service from providing medical treatment or support for the purpose of ensuring a person's comfort.

95 Certain provisions of Criminal Code do not apply

The following sections of the Criminal Code do not apply in relation to voluntary assisted dying occurring in accordance with this Act:

- (a) section 151;
- (b) section 155;
- (c) section 162.

Part 11 Offence provisions

96 Offence to induce another person to request voluntary assisted dying

- (1) A person commits an offence if:
- (a) the person induces another person to make a request for access to voluntary assisted dying; and

- (b) the inducement constitutes (wholly or in part) dishonest or undue influence.

Maximum penalty: # penalty units or imprisonment for # years.

- (2) In this section:

request includes:

- (a) a first request; and
- (b) a second request; and
- (c) a final request; and
- (d) an administration request.

97 Offence to induce administration of voluntary assisted dying medication

A person commits an offence if:

- (a) the person induces another person to be administered, or to self-administer, voluntary assisted dying medication; and
- (b) the inducement constitutes (wholly or in part) dishonest or undue influence.

Maximum penalty: # penalty units or imprisonment for # years.

98 Failure to provide information

A person commits an offence if:

- (a) the person is required to provide a form, record, certificate or other document or information to a designated authority under this Act; and
- (b) the person contravenes this requirement.

Maximum penalty: # penalty units.

99 False form or record

A person commits an offence if the person falsifies a form, record, certificate or other document required under this Act.

Maximum penalty: # penalty units or imprisonment for # years.

100 False statement

A person commits an offence if:

- (a) the person makes a statement in a form, record, certificate or other document in respect of a person who requests access to voluntary assisted dying; and
- (b) the person knows that the statement is false in a material particular.

Maximum penalty: # penalty units or imprisonment for # years.

101 Misleading information

(1) A person commits an offence if:

- (a) the person intentionally gives information to another person for the purposes of this Act; and
- (b) the information is misleading and the person has knowledge of that circumstance.

Maximum penalty: # penalty units or imprisonment for # years.

(2) A person commits an offence if:

- (a) the person intentionally gives a document to another person; and
- (b) the person is a designated authority; and
- (c) the document contains misleading information and the person has knowledge of that circumstance.

Maximum penalty: # penalty units or imprisonment for # years.

(3) Strict liability applies to subsection (2)(b).

(4) 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 other person's or designated authority's attention; and

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- (b) to the extent to which the defendant can reasonably do so – gives the other person or designated authority the information necessary to remedy the misleading aspect of the information or document.

Note for subsection (4)

The defendant has an evidential burden In addition to the matters mentioned (see section 43BU of the Criminal Code).

102 Conditions of authorisation

- (1) A person commits an offence if:
 - (a) the person intentionally engages in conduct; and
 - (b) the person is an authorised practitioner; and
 - (c) the conduct contravenes a condition of the authorisation and the person is reckless in relation to that result.

Maximum penalty: # penalty units.

- (2) A person commits an offence if:
 - (a) the person engages in conduct; and
 - (b) the person is an authorised practitioner; and
 - (c) the conduct contravenes a condition of the authorisation.
- Maximum penalty: # penalty units.
- (3) Strict liability applies to subsection (1)(b) and (2)(b).
 - (4) An offence against subsection (2) is an offence of strict liability.
 - (5) It is a defence to a prosecution for an offence against this section if the defendant took reasonable steps and exercised due diligence to prevent the commission of the offence.
 - (6) The defendant has a legal burden of proof in relation to a matter mentioned in subsection (5).

Part 12 Miscellaneous

103 Approved forms

- (1) The Minister may approve forms for this Act.

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- (2) The Minister must publish the approved form on the Agency's website.

104 Offence to disclose 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 proceeding arising out of the operation of this Act; or
 - (ii) to a person who is otherwise entitled to the information; or
 - (iii) authorised by regulation; and
 - (e) the person is reckless in relation to the result and circumstance referred to in paragraph (d).

Maximum penalty: 200 penalty units or imprisonment for 2 years.

- (2) Strict liability applies to subsection (1)(a).
- (3) If the information referred to in subsection (1) relates to a person, it is a defence to a prosecution for an offence against that subsection if the person has consented to the disclosure of the information.

Note for section 104

In addition to the circumstances specified in this section, a person who discloses information mentioned in this section will not be criminally responsible for an offence if the disclosure is justified or excused by or under a law (see section 43BE of the Criminal Code).

105 Commencement of criminal proceedings

- (1) Despite any other law, proceedings for an offence under this Act may be instituted within 3 years after the act or omission alleged to constitute the offence.

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- (2) Proceedings for an offence against this Act may only be commenced by a person authorised by the Minister.

106 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 provide for the following:
- (a) the undertaking or performance of acts or functions under this Act by the use of electronic forms of communication, including as to the presence or involvement of a particular person;
 - (b) the procedures associated with any process under this Act;
 - (c) requirements relating to the recording, revising and updating information about a person, including a health record;
 - (d) requirements relating to the keeping and provision of information and records;
 - (e) requirements relating to the provision of reports and other information to a designated authority;
 - (f) requirements relating to the giving of notice in connection with any act or step, or proposed act or step, under this Act;
 - (g) the provision of information to people who are seeking to access voluntary assisted dying, who are supporting a person who is seeking to access voluntary assisted dying, or who are taking any other step or performing any function or role, in connection with the provision (or possible provision) of access to voluntary assisted dying;
 - (h) the exemption of a person, or class of persons, from the operation of a specified provision or provisions of this Act and the imposition of conditions in respect of an exemption;
 - (i) maximum penalties for an offence against the regulations.

Part 13 Amendment of [#####] Act [year]

107 Act amended

This [Part/Division/Act] amends the [] Act [year].

Note: Consequential amendments to various Acts will be included after the conclusion of consultation and before the Bill is finalised for Introduction to the Legislative Assembly. These Acts are expected to include:

- (a) the *Births, Deaths and Marriages Registration Act 1996*; and
- (b) the *Coroner's Act 1993*; and
- (c) the *Criminal Code*; and
- (d) the *Health Care Decision Making Act 2023*.

108 Section # [amended/repealed] [(section hdg)]

(1) Section #

OR

Section #

109 Repeal of Part

This Part is repealed on the day after it commences.

Schedule Reviewable decisions and affected persons

section 90

Item	Reviewable decision	Affected person
1	A decision of a health practitioner that a person has not been ordinarily resident in Australia for at least 2 years or has not been ordinarily resident in the Northern Territory for at least 12 months	The person to whom the decision relates
2	A decision of a health practitioner that a person does not have decision-making capacity in relation to voluntary assisted dying	The person to whom the decision relates
3	A decision of the CEO to refuse an application for an authorisation under Part 7	The applicant for the authorisation
4	A decision of the CEO to impose a condition in relation to an authorisation under Part 7	The applicant for the authorisation
5	A decision of the CEO to vary a condition of an authorisation under Part 7	The authorised practitioner
6	A decision of the CEO not to vary a condition of an authorisation under Part 7 on application made to the CEO	The authorised practitioner
7	A decision of the CEO to revoke an authorisation under Part 7	The authorised practitioner
