

Assisted Dying Services Notice 2021

Pursuant to section 88 of the New Zealand Public Health and Disability Act 2000, the Crown issues the following notice.

Contents [To Come]

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Part A

Information about this notice

A1 Title

This notice is the Assisted Dying Services Notice 2021.

A2 Commencement

This notice comes into force on [to come] 2021.

Purpose

A3 Purpose of this notice

- (1) The purpose of this notice is to set out the terms and conditions on which the Crown will fund health practitioners for assisted dying services that are delivered in accordance with the End of Life Choice Act 2019 ("the Act").
- (2) This notice does not cover:
 - (a) health practitioners who provide assisted dying services in their capacity as an employee of a District Health Board or who are entitled to have their claim for assisted dying services satisfied (whether directly or indirectly) under any other arrangement with the Ministry, a District Health Board, or any other government agency; or
 - (b) pharmacists who dispense medication for the purposes of section 20 of the Act.

Defined in notice: Act, assisted dying services, Crown, health practitioner.

A4 Objectives

The objective of the Crown providing funding for health practitioners to deliver assisted dying services is to support equity of access to assisted dying services for eligible persons.

Defined in this notice: assisted dying services, Crown, health practitioner.

Amendment or revocation of terms and conditions of this notice

A5 When notice under section 88(2) of the New Zealand Public Health and Disability Act 2000 not required

- (1) This clause applies to a proposal to amend or revoke the terms and conditions of this notice.
- (2) If this clause applies, the terms and conditions of this notice may be amended or revoked without giving the 12 weeks' notice that would, but for this subclause, be required to be given under section 88(2) of the New Zealand Public Health and Disability Act 2000.
- (3) The Ministry may amend or revoke this notice without notice in order to give effect to:
 - (a) any change of law or Crown direction;

- (b) any standards of care developed by the Support and Consultation for End of Life in New Zealand (SCENZ) Group;
- (c) any workforce standards and training requirements for assisted dying services required by the Ministry;
- (d) any increase to the prices paid for assisted dying services under this notice, as set out in the Pricing Schedule; and
- (e) any data or reporting requirements the Ministry considers are necessary to administer and improve assisted dying services.

Defined in this notice: assisted dying services, Crown, Ministry, Pricing Schedule.

Part B

Specific requirements

Subpart BA – Eligibility

BA1 Eligibility to claim under this notice

- (1) To be able to claim for assisted dying services under this notice, a health practitioner must:
- (a) be a medical practitioner, nurse practitioner, or psychiatrist as defined in the Act;
 - (b) have completed and be up to date with the training requirements for assisted dying services required by the Ministry as set out on the Ministry's website;
 - (c) to deliver assisted dying services under Module 1 as a replacement medical practitioner, be on the list of medical practitioners made and maintained by the SCENZ Group under section 25 of the Act who are willing to act as replacement medical practitioners;
 - (d) to deliver assisted dying services under Module 2 as an independent medical practitioner, be on the list of medical practitioners made and maintained by the SCENZ Group under section 25 of the Act who are willing to act as independent medical practitioners; and
 - (e) to deliver assisted dying services under Module 3 as a psychiatrist, be on the list of health practitioners made and maintained by the SCENZ Group under section 25 of the Act who are willing to act as psychiatrists.

Defined in this notice: assisted dying services, claim, health practitioner, Ministry, Module 1, Module 2, Module 3.

Subpart BB – Service standards and requirements

BB1 Service standards

- (1) A health practitioner may only claim for assisted dying services that are delivered:
- (a) in a timely, efficient, professional, and ethical manner;
 - (b) in a way that embraces, supports, and encourages a Māori worldview of health and provides high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi;
 - (c) in a culturally appropriate manner that reflects the culture and values of the person being provided assisted dying services; and
 - (d) in accordance with:
 - (i) the standards of care developed by the SCENZ Group;

- (ii) the requirements for reporting assisted dying services, as set out on the Ministry's website;
- (iii) the requirements of the health practitioner's responsible authority, including acting within the health practitioner's scope of practice (as those terms are defined in the Health Practitioners Competence Assurance Act 2003);
- (iv) the requirements of the Code;
- (v) all relevant law, including the requirements set out in the Act, the Health Practitioners Competence Assurance Act 2003, the Privacy Act 2020 and the Health Information Privacy Code 2020; and
- (vi) the specific requirements set out in Part B of this notice.

Defined in this notice: Act, assisted dying services, claim, health practitioner, Ministry.

BB2 Relationship between health practitioner and person seeking or eligible for assisted dying services

In addition to complying with their duties under the Code, a health practitioner must ensure that the relationship between the health practitioner (including the staff who work with them) and a person seeking or eligible for assisted dying services supports the person's decisions about whether to discuss their wish to exercise the option of receiving assisted dying services with others (such as family, friends, and counsellors) and how they would like others to be involved in their care.

Defined in this notice: assisted dying services, Code, health practitioner.

BB3 Assisting the Registrar in relation to complaints

In addition to complying with their duties under the Code, a health practitioner must, when requested by the Registrar, cooperate with, and provide information to assist, the Registrar in relation to complaints received under the Act.

Defined in this notice: Act, Code, health practitioner

Subpart BC – Funding and claiming

BC1 Scope of funding

- (1) Subject to clause CA1, the Ministry will fund claims for assisted dying services on a modular basis as set out in this notice.
- (2) The ability for a health practitioner to claim for assisted dying services in respect of a Module under clause BC2 or a travel allowance under clause BC4 will not be affected if the health practitioner ceases to deliver assisted dying services to a person at any point during that Module because:
 - (a) an opinion is reached in accordance with the Act that the person is not eligible for assisted dying;
 - (b) the person decides not to receive any further assisted dying services;

- (c) the person dies before the administration of medication; or
- (d) the health practitioner suspects that a person who has expressed the wish to exercise the option of receiving assisted dying is not expressing their wish free from pressure from any other person;
- (e) the health practitioner is no longer able to deliver assisted dying services due to incapacity, illness, or injury.

Defined in this notice: Act, assisted dying services, claim, health practitioner, Ministry, Module.

BC2 Claiming for assisted dying services

- (1) A health practitioner may claim for the performance of a Module.

Module 1:

- (2) Module 1 comprises all services associated with the following services delivered by the attending medical practitioner as set out in the following sections of the Act:
 - (a) section 11(2) (providing the required information);
 - (b) sections 12(2) and (5) (completing the relevant form);
 - (c) sections 13(2) and (3) (giving first opinion); and
 - (d) section 14(2) (requesting an opinion from an independent medical practitioner);
 - (e) if applicable, section 15(2) (together with the independent medical practitioner requesting an opinion from a psychiatrist).

Module 2:

- (3) Module 2 comprises all services associated with the following services delivered by an independent medical practitioner as set out in the following sections of the Act:
 - (a) sections 14(3) and (4) (giving second opinion); and
 - (b) section 15(2) (requesting opinion from a psychiatrist) or
 - (c) section 16(4) (advising that the person is not eligible for assisted dying as appropriate).

Module 3:

- (4) Module 3 comprises all services associated with the following services delivered by a psychiatrist as set out in the following sections of the Act:
 - (a) sections 15(3) and (4) (giving third opinion); and
 - (b) section 16(4) (advising that the person is not eligible for assisted dying as appropriate).

Module 4:

- (5) Module 4 comprises all services associated with the following services delivered by an attending medical practitioner as set out in the following sections of the Act:
- (a) sections 16(2) and (5) advising that the person is not eligible for assisted dying and completing relevant form);
 - (b) sections 17(2) and (3) (advising that person is eligible for assisted dying);
 - (c) section 18(2) (eligible person to choose date and time for the administration of medication); and
 - (d) sections 19(2) and (3) (provisional arrangements for the administration of medication).

Module 5

- (6) Module 5 comprises the following services delivered by an attending medical practitioner or attending nurse practitioner as set out in the following sections of the Act:
- (a) sections 20(2) to (5) (administration of medication); and
 - (b) section 21(1) (reporting death to the Registrar).
- (7) The attending medical practitioner or attending nurse practitioner will be able to make a separate claim for Module 5 if the eligible person chooses to receive the medication at a time on a later date that is not more than 6 months after the date initially chosen for the administration of the medication under section 20(2)(b) of the Act.

Defined in this notice: Act, claim, health practitioner, Module, Module 1, Module 2, Module 3, Module 4, and Module 5.

BC3 Payment by Modules

- (1) Payment for approved claims for assisted dying services will comprise:
- (a) the Module 1 Fee for Module 1;
 - (b) the Module 2 Fee for Module 2;
 - (c) the Module 3 Fee for Module 3;
 - (d) the Module 4 Fee for Module 4; and
 - (e) the Module 5 Fee for Module 5.

Defined in this notice: assisted dying services, claim, Module 1, Module 1 Fee, Module 2, Module 2 Fee, Module 3, Module 3 Fee, Module 4, Module 4 Fee, Module 5, Module 5 Fee, Pricing Schedule.

BC4 Travel allowance

- (1) A health practitioner may claim under this notice for travel time within the bands set out in subclause (2) to deliver:
 - (a) Module 5; or
 - (b) Modules 1 to 4, where the health practitioner considers (acting reasonably) that travel is necessary or desirable. Circumstances in which travel may be necessary or desirable include (but are not limited to) where:
 - (i) the person requesting assisting dying services has limited mobility; or
 - (ii) the health practitioner considers travel is necessary to appropriately assess the competence of the person requesting assisted dying services.
- (2) The bands for which health practitioners may claim for travel time under subclause (1) are as follows:

	Travel time each way	Total travel time
Band A	Up to 30 minutes	Up to 1 hour
Band B	Over 30 minutes to an hour	Up to 2 hours
Band C	Over 1 hour to 2 hours	Up to 4 hours

- (3) An attending medical practitioner or attending nurse practitioner may claim for travel exceeding Band C ("out of area travel") that is required to deliver Module 5. Such claims must:
 - (a) identify the travel destinations that the attending medical practitioner and/or attending nurse practitioner will be travelling to and from; and
 - (b) provide an explanation as to why the out of area travel is necessary.
- (4) The Ministry has discretion to:
 - (a) accept a claim made under subclause (3); and
 - (b) if the Ministry accepts such a claim, determine the amount that the Ministry will pay to the attending medical practitioner and/or attending nurse practitioner.
- (5) An attending medical practitioner or attending nurse practitioner may claim for the cost of flights and accommodation that may be required to deliver Module 5 services at the location requested by the person to receive those services
- (6) Claims under subclause (5) must:
 - (a) set out the proposed costs of the flights and accommodation;
 - (b) set out the reasons why these costs need to be incurred; and
 - (c) be submitted to the Registrar as soon as is practical and no less than five working days before the date of the flight to the relevant location (unless reasons outside

of the attending medical practitioner and attending health practitioner's control mean this not possible).

- (7) The Ministry has discretion to:
 - (a) accept a claim made under subclause (5); and
 - (b) if the Ministry accepts such a claim, determine the amount that the Ministry will pay to or towards meeting those costs.
- (8) The attending medical practitioner or attending nurse practitioner must submit evidence of the actual costs of the relevant flights and accommodation to the Ministry within 10 working days after travel has been completed, in order to receive payment from the Ministry.

BC5 Other payments that may be claimed

- (1) In addition to being able to claim for assisted dying services, health practitioners may also claim for a medical practitioner or nurse practitioner to supervise an attending medical practitioner or attending nurse practitioner administering medication under section 20 of the Act for the first time, where attendance is agreed to by the person.

Defined in this notice: Act, assisted dying services, claim, health practitioner, Ministry.

BC6 Pricing Schedule

- (1) The Pricing Schedule available on the Ministry's website sets out the prices that will be paid for claims for assisted dying services made in accordance with this notice.
- (2) The Ministry will undertake a review of the prices it pays for assisted dying services as set out in the Pricing Schedule once every two years and submit that to the Minister of Health.

Defined in this notice: assisted dying services, claim, Ministry, Pricing Schedule

Subpart BD – Reporting requirements

BD1 Reporting requirements

- (1) The Ministry will publish on its website a list of all the reporting requirements for assisted dying services.
- (2) The Ministry requires all reporting information to be provided through electronic means, unless there are good reasons for not doing so, for example because the health practitioners are unable to access or use the electronic platform being used by the Ministry.

Defined in this notice: assisted dying services, health practitioner, Ministry.

Part C

General requirements

Subpart CA – Entitlement to claim

CA1 Entitlement to make a claim

- (1) In order to make a claim for assisted dying services:
- (a) the health practitioner must:
 - (i) meet the eligibility requirements set out in clause BA1;
 - (ii) have not been suspended or disqualified by the Ministry from making a claim for assisted dying services under clause CA2; and
 - (iii) subject to clause BC1(2), have delivered the assisted dying services which are being claimed in accordance with this notice;
 - (iv) properly complete their claim in accordance with the requirements specified by the Ministry;
 - (v) supply the NHI number and any other relevant information of the person seeking assisted dying services;
 - (vi) complete the reporting requirements associated with the claim under clause BD1 correctly and provide the required reporting information to the Ministry, the Registrar, and the SCENZ Group within the required timeframes; and
 - (b) the health practitioner must not:
 - (i) be providing the assisted dying services in their capacity as an employee of a District Health Board;
 - (ii) be entitled to have the claim satisfied (whether directly or indirectly) under any other arrangement with the Ministry, a District Health Board, or any other government agency; or
 - (iii) charge the person receiving assisted dying services a co-payment for those assisted dying services.

Defined in this notice: assisted dying services, claim, co-payment, health practitioner, Ministry.

CA2 Suspension or disqualification of health practitioner's entitlement to claim

- (1) The Ministry may temporarily suspend a health practitioner from making a claim for assisted dying services under this notice:
- (a) in the event of a serious complaint being made of gross misconduct, negligence, or a substantial or repeated breach of this notice by the practitioner;

- (b) if the Ministry, at its sole discretion, is satisfied that that health practitioner cannot meet the conditions of this notice; or
 - (c) where proceedings have commenced against the health practitioner for an offence under the Act or other legislation relevant to the provision of assisted dying services for the period of time until such proceedings have been completed.
- (2) The Ministry may permanently disqualify a health practitioner from making a claim for assisted dying services under this notice if:
- (a) the health practitioner has been convicted of an offence under the Act or other legislation relevant to the provision of assisted dying services; or
 - (b) the Ministry, at its sole discretion, is satisfied that the health practitioner has committed gross misconduct, negligence, or a substantial or repeated breach of this notice.

Defined in this notice: Act, assisted dying services, claim, health practitioner, Ministry.

CA3 Process for suspending or disqualifying health practitioner's entitlement to claim

- (1) Before the Ministry may suspend or disqualify a health practitioner from making a claim for assisted dying services under clause CA2, the Ministry must:
- (a) notify, in writing, the health practitioner of its intention to suspend or disqualify the health practitioner from making a claim; and
 - (b) provide written reasons for suspending or disqualifying the health practitioner from making a claim.
- (2) The health practitioner has 20 working days from receipt of the written notification to provide a response to the Ministry with any reasons that the practitioner considers are relevant to the Ministry's proposed suspension or disqualification.
- (3) If, at the end of the 20 working day period, the Ministry is not satisfied with the written response from the health practitioner, it may give final notice of 20 working days that it will suspend or disqualify the health practitioner from making a claim for assisted dying services.

Defined in this notice: assisted dying services, claim, health practitioner, Ministry, working day.

Subpart CB – Payment and lodgement of claims

CB1 Payment of claims

- (1) Claims will be paid on or before the 22nd day of the month (or, if that day is not a working day, the next working day) following the Ministry's acceptance of a claim made in accordance with this notice.
- (2) Payment will be made by way of direct credit.

- (3) If a claim must be returned to a health practitioner for correction of claiming details and a corrected claim has been submitted by the health practitioner, the corrected claim will be paid based on the date of receipt of the corrected claim.
- (4) No claim for assisted dying services will be paid if the claim is received more than 6 months after delivery of those assisted dying services.
- (5) Subclause (4) applies unless, in its sole discretion, the Ministry considers there were circumstances beyond the control of the health practitioner that prevented the claim being submitted any earlier.
- (6) The Ministry may make payments under this notice based on buyer-created tax invoice(s). This would involve the Ministry issuing a buyer-created tax invoice to pay claims under this notice.
- (7) To be eligible to be paid by a buyer created tax invoice, health practitioners must be GST registered.
- (8) Those health practitioners who are not GST registered will be able to claim a GST exclusive amount under this notice

Defined in this notice: assisted dying services, buyer created tax invoices, claim, GST, health practitioner, Ministry, working day.

CB2 Set-off

- (1) If the Ministry determines that a health practitioner has been overpaid or that a health practitioner was not entitled to a payment, or any part of a payment, the Ministry may recover that amount as a debt due and owing or deduct any overpayment from any subsequent payment payable to that health practitioner.
- (2) Before making any deduction, the Ministry will advise the health practitioner of the proposed deduction and give the health practitioner:
 - (a) the reason for the deduction; and
 - (b) 10 working days to request that the Ministry reconsider the deduction.

Defined in this notice: health practitioner, Ministry, working day.

CB3 Electronic claiming

- (1) A health practitioner must claim electronically by submitting a claim file to the Ministry via secure electronic transmission.
- (2) The claim file must be in a format as determined by the Ministry from time to time.
- (3) A health practitioner who submits a claim file must:
 - (a) retain a copy of the claim file in a format that allows the claim to be available to the auditors of the Ministry; and
 - (b) retain a record of the date the claim file was submitted, and the total amount claimed.

Defined in this notice: claim, health practitioner, Ministry.

CB4 Withholding of payments

- (1) This clause applies if, in the opinion of the Ministry based on reasonable grounds:
 - (a) a health practitioner is materially or intentionally in breach of this notice; or
 - (b) a claim made by that health practitioner is materially or intentionally false.
- (2) If this clause applies, the Ministry may, in addition to, or instead of, any other remedy under this notice or at law, withhold some or all of the payments due to the health practitioner until:
 - (a) the health practitioner has remedied the breach; or
 - (b) the Ministry is satisfied of the veracity of the health practitioner's claim.
- (3) Before withholding any payment under subclause (2), the Ministry must inform the health practitioner in writing:
 - (a) of the breach or false claim; and
 - (b) that, if the breach is not remedied or the Ministry is not satisfied of the veracity of the health practitioner's claim, within a specified period of not less than 20 working days, payments will be withheld after the expiry of that specified period.

Defined in this notice: claim, health practitioner, Ministry, working day.

CB5 Reconsideration of claim

A health practitioner may request, in writing, within 3 months from the date on which they receive notice that a claim has been declined that the Ministry reconsider the claim.

Defined in this notice: claim, health practitioner, Ministry.

Subpart CC – Audit

CC1 Audit

- (1) A health practitioner must provide the Ministry and its authorised agents ("the auditors") with access on 24 hours' notice (or immediate access if the auditor reasonably suspects that a fraudulent application has been made or fraudulent claiming has occurred) to:
 - (a) all records (both physical and electronic) related to the provision of assisted dying services by the health practitioner;
 - (b) the premises where assisted dying services are provided, unless it is a private home; and
 - (c) the premises where the records are kept.
- (2) For the purposes of carrying out an audit, a health practitioner must allow the auditors to interview:

- (a) anyone who works with the health practitioner (whether as an employee or otherwise); and
 - (b) any person in relation to whom the health practitioner has submitted a claim for an assisted dying service under this notice.
- (3) If the audit identifies an overpayment of a claim or evidence of non or partial delivery of assisted dying services, or other breach of this notice, the Ministry may do all or any of the following:
 - (a) obtain a full or partial repayment of the claim, either directly or by using its right to set-off in accordance with clause CB2; and
 - (b) suspend or disqualify the health practitioner from making a claim for assisted dying services under this notice in accordance with clause CA2.
- (4) The Ministry's right to audit under this clause continues after this notice ends but only to the extent that it is relevant to the period that the health practitioner was providing assisted dying services under this notice.

Defined in this notice: assisted dying services, audit, claim, health practitioner, Ministry

CC2 Inspection of records under Health Act 1956

- (1) If the Ministry exercises powers under section 22G of the Health Act 1956 and, following inspection under that section, the Ministry is unable to verify any of a health practitioner's claims under this notice, the Ministry may do all or any of the following:
 - (a) require the health practitioner to report at such intervals and on such financial matters as the Ministry may specify;
 - (b) recover monies from the health practitioner under this notice;
 - (c) without payments under this notice from the health practitioner in accordance with clause CB4;
 - (d) suspend or disqualify the health practitioner from making a claim for assisted dying services under this notice in accordance with clause CA2; and
 - (e) take any further action that it considers necessary in the circumstances.

Defined in this notice: assisted dying services, claim, health practitioner, Ministry.

Subpart CD – Relationship with the Ministry

CD1 Public statements and advertising

- (1) Neither the Ministry nor a health practitioner claiming under this notice may directly or indirectly criticise the other publicly, without first fully discussing the matters of concern with the other party in good faith and in a co-operative and constructive manner.

- (2) Nothing in this clause prevents either the Ministry or a health practitioner from discussing any matters of concern with their respective staff, subcontractors, agents, or advisers.
- (3) A health practitioner must not use the Ministry's name or logo without the Ministry's prior written consent and then only in accordance with the Ministry's instructions.

Defined in this notice: Act, claim, health practitioner, Ministry.

CD2 Dispute resolution

- (1) This clause does not apply to disputes about any of the following matters:
 - (a) the suspension or disqualification of a health practitioner from making a claim for assisted dying services; and
 - (b) the variation or revocation of this notice.
- (2) Subject to subclause (1), if the Ministry or a health practitioner has any dispute with the other under this notice, then the Ministry and the health practitioner will use their best endeavours to settle the dispute by agreement.
- (3) If the dispute is not settled by agreement within 20 working days, then, unless it is agreed otherwise, either party may (by written notice to the other) require that the dispute be submitted for mediation by:
 - (a) a single mediator agreed by the Ministry and the health practitioner; and
 - (b) if the Ministry and the health practitioner cannot agree on a mediator, a mediator nominated by the Resolution Institute.
- (4) If a dispute is submitted for mediation under subclause (2):
 - (a) the mediator will not be deemed to be acting as an expert or an arbitrator;
 - (b) the mediator will determine the procedure and timetable for the mediation; and
 - (c) the cost of the mediation will be shared equally between the Ministry and the health practitioner (unless otherwise agreed).
- (5) If the dispute is not settled by mediation in accordance with subclause (3), then either party may commence proceedings in the District Court.
- (6) The Ministry and the health practitioner will continue to comply with all their obligations under this notice until the dispute is resolved.

Defined in this notice: assisted dying services, claim, health practitioner, Ministry.

CD3 Uncontrollable events

- (1) Neither the Ministry nor a health practitioner affected by an uncontrollable event will be in default under the terms of this notice if the default is caused by that uncontrollable event.

- (2) The Ministry or the health practitioner must:
 - (a) promptly give written notice to the other specifying:
 - (i) the cause and extent of the party's inability to perform any of the party's obligations; and
 - (ii) the likely duration of the non-performance; and
 - (b) in the meantime, take all reasonable steps to remedy or reduce the impact of the uncontrollable event.
- (3) Performance of any obligation affected by an uncontrollable event must be resumed as soon as is reasonably possible after the uncontrollable event ends, or its impact is reduced.

Defined in this notice: health practitioner, Ministry, uncontrollable event.

CD4 Confidentiality

- (1) Except as provided under this notice, neither the Ministry nor a health practitioner may disclose any confidential information to any person.
- (2) The Ministry or the health practitioner may publish this notice, in any media, including publication on the internet.
- (3) Both the Ministry and the health practitioner will ensure that confidential information is kept in confidence and in accordance with any legal requirements, and only disclosed in accordance with this notice.
- (4) The Ministry or the health practitioner may disclose confidential information only in the following circumstances:
 - (a) disclosure is to a person involved in the provision of assisted dying services under this notice, if necessary, to provide those services;
 - (b) disclosure is to the SCENZ Group, the Review Committee, or the Registrar;
 - (c) disclosure is to the Ministry or the health practitioner's respective professional advisers and representative agents;
 - (d) if disclosure is permitted under this notice;
 - (e) the information is already in the public domain without being in breach of this clause;
 - (f) disclosure is authorised by law, including where the Ministry considers it necessary to disclose confidential information under the Official Information Act 1982 or otherwise under the Ministry's public law obligations; or
 - (g) if the other party has consented in writing to such disclosure.
- (5) Any disclosure of health information by either the Ministry or the health practitioner must comply with the Privacy Act 2020 and the Health Information Privacy Code 2020.

- (6) Both the Ministry and the health practitioner will ensure that confidential information is subject to user authorisation procedures during an audit carried out in accordance with clause CC1.

Defined in this notice: assisted dying services, confidential information, health practitioner, Ministry.

DRAFT

Schedule – Definition and Interpretation

1 Meanings of terms and expressions defined in Act

Any term or expression that is defined in the Act and used, but not defined, in this notice, has the same meaning as in the Act.

2 Definitions

In this notice, unless the context otherwise requires:

Act means the End of Life Choice Act 2019;

assisted dying services means the performance of one or more of Modules 1 to 5 (as defined in clause BC2);

audit means an audit, investigation, or review of:

- (a) the quality of end of life services provided;
- (b) the performance of assisted dying services in accordance with this notice; and
- (c) any other matter concerning compliance with any of the obligations of a health practitioner under this notice;

buyer-created tax invoices a tax invoice created by the buyer of a service that is approved by the Inland Revenue Department;

claim means a request for payment for assisted dying services made under this notice and submitted to the Ministry;

Code means the Code of Health and Disability Services Consumers' Rights 1996 issued under the Health and Disability Commissioner Act 1994;

confidential information means:

- (a) health information; or
- (b) any information disclosed by the Ministry to a health practitioner or by a health practitioner to the services manager or the Ministry at any time before revocation of this notice or arising out of the operation of this notice that:
 - (i) is agreed by Ministry and the health practitioner as being confidential; or
 - (ii) may reasonably be considered to be confidential taking into account all the circumstances, including the manner of and circumstances in which disclosure occurred; but
- (c) does not include the terms of this notice;

co-payment means any charge by the health practitioner to the person seeking or eligible for assisted dying services;

Crown means Her Majesty The Queen in right of New Zealand;

GST means good and services tax payable under the Goods and Services Tax Act 1985;

health practitioner means an attending medical practitioner, attending nurse practitioner, independent medical practitioner, or psychiatrist as those terms are defined in the Act;

National Health Index number (NHI number) means a unique identifier that is assigned to every person who uses health and disability support services in New Zealand;

the Ministry means Ministry of Health;

Module means any of Modules 1 to 5;

Module 1 means the services set out in clause BC2(2);

Module 2 means the services set out in clause BC2(3);

Module 3 means the services set out in clause BC2(4);

Module 4 means the services set out in clause BC2(5);

Module 5 means the services set out in clause BC2(6);

Module 1 Fee means the price to be paid for Module 1 as set out in the Pricing Schedule;

Module 2 Fee means the price to be paid for Module 2 as set out in the Pricing Schedule;

Module 3 Fee means the price to be paid for Module 3 as set out in the Pricing Schedule;

Module 4 Fee means the price to be paid for Module 4 as set out in the Pricing Schedule;

Module 5 Fee means the price to be paid for Module 5 as set out in the Pricing Schedule;

out of area travel means travel exceeding Band C as set out in clause BC4(2);

Pricing Schedule means the Schedule available on the Ministry's website that sets out the prices that will be paid for eligible claims for assisted dying services;

uncontrollable event means an event that is beyond the reasonable control of a person but does not include:

- (a) any risk or event that the person could have prevented or overcome by taking reasonable care including having in place a reasonable risk management process; or
- (b) lack of funds for any reason (other than where the Ministry has failed to make due payment); and

working day means:

- (a) a working day as defined in section 13 of the Legislation Act 2019; and
- (b) a day of the week other than the day observed in the appropriate area as the anniversary of the province of which the area forms a part.

3 Parts of speech and grammatical forms

Grammatical forms of a word that is defined in this notice have corresponding meanings in this notice.

4 Plural/Singular

Words in the singular include the plural and words in the plural include the singular.

5 Time

- (1) A period of time described as beginning at, on, or with a specified day, act, or event includes that day or the day of the act or event.
- (2) A period of time described as beginning from or after a specified day, act, or event does not include that day or the day of the act or event.
- (3) A period of time described as ending by, on, at, or with, or as continuing to or until, a specified day, act, or event includes that day or the day of the act or event.
- (4) A period of time described as ending before a specified day, act, or event does not include that day or the day of the act or event.
- (5) A reference to a number of days between 2 events does not include the days on which the events happened.
- (6) A thing that, under this notice, must or may be done on a particular day or within a limited period of time may, if that day or the last day of that period is not a working day, be done on the next working day.

6 Enactments

A reference to an Act includes:

- (a) all regulations under that Act;
- (b) all amendments to that Act; and
- (c) an Act substituting for it which incorporates any of its provisions.

7 Interpretational aids: list of defined terms

- (1) The list of defined terms following a clause is included in this notice only as interpretational aids. If there is conflict between an interpretational aid and a provision of this notice, the provision prevails.
- (2) If a defined term is used in a clause and is not included in the list of defined terms following the clause, the term is nevertheless used in the clause as defined.