

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.

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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 **7 November 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 ("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 payment 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, Ministry.

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 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 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, SCENZ Group.

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; and
- b. have completed the training requirements for assisted dying services, as required by the Ministry from time to time and set out on the Ministry's website.

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

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 prompt, efficient, professional, and ethical manner;
- b. in a way that embraces, supports, and encourages a Māori worldview of health and provides high-quality, equitable services for Māori;
- 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 on assisted dying services, as set out on the Ministry's website;
 - iii. the requirements of the health practitioner's responsible authority, including requirements to act within the health practitioner's scope of practice;
 - iv. the standards of any professional college of which the health practitioner is a member;
 - v. the requirements of the Code, except to the extent modified by the Act;
 - vi. 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
 - vii. the specific requirements set out in Part B of this notice.

Defined in this notice: Act, assisted dying services, claim, Code, health practitioner, Ministry, responsible authority, scope of practice.

BB2 Assisting the Registrar (Assisted Dying) 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 Modules 1 to 4 under clause

BC2, a travel allowance under clause BC3, or other payments 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;
- d. the health practitioner suspects on reasonable grounds 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; or
- e. the health practitioner is no longer able to deliver assisted dying services due to incapacity, illness, or injury.

(3) If, at any time within three working days prior to the chosen date for the administration of medication under section 20 of the Act, any of the circumstances described at subclauses (2)(a) to (d) (inclusive) occur and as a consequence the attending medical practitioner and/or attending nurse practitioner does not administer medication to the relevant person under section 20 of the Act, the attending medical practitioner and/or attending nurse practitioner may claim partial payment for Module 5 services in accordance with the Pricing Schedule. To avoid doubt, an attending medical practitioner may claim partial payment of the supervisor fee (see clause BC4(1)) or the supporting health practitioner fee (see clause BC4(2) to (4)) where applicable.

Defined in this notice: Act, assisted dying services, attending medical practitioner, attending nurse practitioner, claim, health practitioner, Ministry, Module 1, Module 2, Module 3, Module 4, Module 5, Pricing Schedule, supporting health practitioner.

BC2 Claiming for Assisted Dying Services

(1) A health practitioner may claim the applicable amount set out in the Pricing Schedule for the performance of a Module.

Module 1:

(2) Module 1 comprises any or all of the following services (as applicable in the circumstances) delivered by the attending medical practitioner as set out in the following sections of the Act:

- a. section 11(2) (responding to a request);
- 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 any or all of the following services (as applicable in the circumstances) 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);
- b. section 15(2) (requesting opinion from a psychiatrist); and
- c. section 16(4) (advising that the person is not eligible for assisted dying as appropriate).

Module 3:

(4) Module 3 comprises any or all of the following services (as applicable in the circumstances) delivered by a psychiatrist as set out in the following sections of the Act:

- a. sections 15(3) and (4) (determining competency); and
- b. section 16(4) (advising that the person is not eligible for assisted dying as appropriate).

Module 4:

(5) Module 4 comprises all of the services described at subclause (a), or any or all of the services described at subclause (b) (as applicable in the circumstances), delivered by an attending medical practitioner as set out in the following sections of the Act:

- a. where the person is not eligible for assisted dying:
 - i. sections 16(2) and (5) (advising that the person is not eligible for assisted dying and completing relevant form); and
 - ii. if the attending medical practitioner is the person's usual medical practitioner, arranging for any required clinical care and other relevant support services where appropriate;

- iii. if the attending medical practitioner is not the person's usual medical practitioner, providing a handover to the person's usual medical practitioner, or another medical practitioner who can provide or arrange for any required clinical care and other relevant support services where appropriate; or
- b. where the person is eligible for assisted dying:
 - i. sections 17(2) and (3) (advising that person is eligible for assisted dying);
 - ii. section 18(2) (eligible person to choose date and time for the administration of medication); and
 - iii. section 19(2) (provisional arrangements for the administration of medication).

(6) To avoid doubt, the obligations set out in subclauses (5)(a)(ii) and (iii) are contractual obligations and are in addition to the statutory obligations set out in the Act

Module 5

(7) 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. section 19(3) (prescription of medication and advice to Registrar);
- b. sections 20(2) to (5) (administration of medication); and
- c. section 21(1) (reporting death to the Registrar).

(8) The attending medical practitioner and/or attending nurse practitioner will be able to make a separate and additional 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 six 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, assisted dying services, claim, GP, health practitioner, Module, Module 1, Module 2, Module 3, Module 4, Module 5, Pricing Schedule, Registrar.

BC3 Travel Allowance

(1) A health practitioner may claim under this notice, in accordance with the Pricing Schedule, the following reasonable and actual travel costs where such travel is necessary to deliver assisted dying services:

- a. non-motor vehicle travel (such as flights);
- b. private motor vehicle travel for distances over 20 kilometres in a return trip;
- c. the health practitioner's hourly rate (as specified in the Pricing Schedule) for their travel time; and
- d. accommodation and meal costs in exceptional cases where overnight stays are necessary for the health practitioner to provide assisted dying services.

(2) Claims under subclause (1) must:

- a. be accompanied by invoices and (where relevant) GST receipts for the travel costs being claimed;
- b. identify the travel destinations that the attending medical practitioner and/or attending nurse practitioner has travelled to and from; and
- c. provide an explanation as to why the travel and/or an overnight stay was necessary.

(3) The Ministry will pay a claim made under subclause (1) unless the Ministry is not reasonably satisfied that the requirements for a travel claim have been met.

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

BC4 Other Payments That May be Claimed

The following payments may be claimed in addition to claims made for assisted dying services.

Supervisor Fee

(1) Attending medical practitioners may also claim for providing instruction to an attending nurse practitioner who administers medication under section 20 of the Act (whether or not the attending medical practitioner attends the administration of medication in person). Any such claim will be for the amount specified in the Pricing Schedule.

Optional Payment to Allow Another Health Practitioner to Support the First Time an Attending Medical Practitioner Administers Medication

(2) Where an attending medical practitioner will be administering medication under section 20 of the Act for the first time, that attending medical practitioner may request the support of a supporting health practitioner.

(3) If the supporting health practitioner:

- a. is entitled to claim payment for assisted dying services under clause CA1, the supporting health practitioner may claim the amount set out in the Pricing Schedule for providing such support; or
- b. is not themselves entitled to claim payment for assisted dying services under clause CA1, the attending medical practitioner may claim the amount set out in the Pricing Schedule for the services of the supporting health practitioner.

Cost of Obtaining Clinical Notes

(4) Where an attending medical practitioner:

- a. requires clinical records concerning the person requesting assisting dying services from that person's usual medical practitioner or nurse practitioner;
- b. is not themselves the usual medical practitioner or nurse practitioner of the person requesting assisting dying services;
- c. does not have otherwise have access to the clinical records of the person requesting assisting dying services;
- d. is required to pay for the provision of clinical records by the usual medical practitioner or nurse practitioner of the person requesting assisting dying services; and
- e. then the attending medical practitioner may claim the amount set out in the Pricing Schedule for obtaining clinical records.

Defined in this notice: Act, assisted dying services, claim, health practitioner, Pricing Schedule, supporting health practitioner.

BC5 Pricing Schedule Review

(1) The Ministry will use reasonable endeavours to undertake a review of the prices it pays for assisted dying services as set out in the Pricing Schedule once every two years.

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 practitioner is 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, at the time the claim is made:
 - 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;
 - iii. subject to clauses BC1(2) and (3), 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. provide all necessary information requested by the Ministry for the purpose of the Ministry's claims and payments systems;
 - vi. supply the NHI number and any other information required by the Ministry in respect of the person seeking assisted dying services; and
 - vii. have completed any applicable reporting requirements associated with the claim under clause BD1 correctly and provided the required reporting information to the Ministry, the Registrar, and/or the SCENZ Group (as required under clause BD1) 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 agency¹;
- iii. charge the person receiving assisted dying services a co-payment for those assisted dying services; or
- iv. demand, claim, or accept any fee, gratuity, commission, or benefit from any person other than the Ministry in connection with the provision of 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 material 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 material 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 the proposed suspension or disqualification.

(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.

CA4 Health Practitioner Must Notify Ministry of Bankruptcy

If a health practitioner has been adjudicated bankrupt pursuant to the Insolvency Act 2006 and such bankruptcy has not been discharged at the time the health practitioner makes a claim under this notice, that health practitioner is required to notify the Ministry of their bankruptcy status at the time the health practitioner makes a claim for assisted dying services.

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 six 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 seeking to recover that amount as a debt due and owing or deducting any overpayment, the Ministry will advise the health practitioner of the proposed debt recovery or deduction and give the health practitioner:

- a. the reason for the proposed recovery or deduction; and
- b. 10 working days to request that the Ministry reconsider the proposed debt recovery or deduction.

(3) At the end of the 10 working day period, if the health practitioner has not requested that the Ministry reconsider the proposed debt recovery or deduction or the Ministry is not satisfied with the health practitioner's request that the Ministry reconsider the proposed debt recovery or deduction, the Ministry may instigate a debt recovery process or make the deduction under subclause (1).

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 three 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 (“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 person's place of residence; 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 for 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 recovery of the claim 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. withhold 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 about the operation of this notice in respect of an individual health practitioner claiming under it, 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: 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, working day.

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) 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.

(2) 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. the information is already in the public domain without being in breach of this clause;
- e. disclosure is authorised by law, including but not limited to 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
- f. if the other party has consented in writing to such disclosure.

(3) 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.

(4) 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, audit, confidential information, health information, health practitioner, Ministry.

Schedule One - 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 assisted dying 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 means 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 information has the meaning given to that term in the Health Information Privacy Code 2020;

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;

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);

Pricing Schedule means Schedule Two attached to the notice that sets out the prices that will be paid for claims for assisted dying services made in accordance with this notice;

responsible authority means responsible authority as defined in section 5 of the Health Practitioners Competence

Assurance Act 2003;

SCENZ Group means the Support and Consultation for End of Life in New Zealand Group as described in section 25 of the End of Life Choice Act 2019;

scope of practice means scope of practice as defined in section 5 of the Health Practitioners Competence Assurance Act 2003;

supporting health practitioner means:

- a. a medical practitioner or nurse practitioner; or
- b. a health practitioner (as that term is defined in the Health Practitioners Competence Assurance Act 2003) approved by the Registrar

who provides support to an attending medical practitioner in accordance with clause BC4(2);

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

- c. 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
- d. lack of funds for any reason (other than where the Ministry has failed to make due payment);

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 two 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.

Schedule Two - Pricing Schedule

Modules 1-4

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Module	Who can Claim	Standard Payment Amount	Additional Payment Amount for Complex Cases (where needed)
Module 1 (clause BC2(2) of the notice)	Attending medical practitioner	\$724.80	\$483.20 (being available where attending medical practitioner spends more than three hours completing Module 1 services)
Module 2 (clause BC2(3) of the notice)	Independent medical practitioner	\$604.00	Not applicable
Module 3 (clause BC2(4) of the notice)	Psychiatrist	\$1,544.16	Not applicable
Module 4 (clause BC2(5) of the notice)	Attending medical practitioner	\$362.40	\$483.20 (being available where attending medical practitioner spends more than one and a half hours completing Module 4 services)

Module 5 - Complete

	Who can Claim	Payment Amount
Module 5 (clauses BC2(6) and (7) of the notice)	Attending medical practitioner or attending nurse practitioner	\$1,087.20
Supervisor fee (see clause BC4(1) of the notice)	Attending medical practitioner	50% of the fee for "Module 5 - complete", being \$543.60
Optional payment to allow another health practitioner to support where an attending medical practitioner will be administering medication for the first time (see clause BC4(2) to (3) of the notice)	Supporting health practitioner or attending medical practitioner on behalf of the supporting health practitioner	50% of the fee for attending medical practitioners or attending nurse practitioners for "Module 5 - complete", being \$543.60

Module 5 - Partial

	Who May Claim	Amount That Can be Claimed	
		<i>Within three working days²</i>	<i>On chosen date³</i>
Module 5 - partial (clause BC1(3) of the notice)	Attending medical practitioner or attending nurse practitioner	20% of the fee for "Module 5 - complete", being \$217.44	50% of the fee for "Module 5 - complete", being \$543.60
Supervisor fee (see clause BC4(1) of the notice)	Attending medical practitioner	20% of the fee for "Module 5 - complete", being \$108.72	50% of the fee for "Module 5 - complete", being \$271.80
Optional payment to allow another health practitioner to support where an attending medical practitioner will be administering medication for the first time (see clause BC4(2) to (3) of the notice)	Supporting health practitioner or attending medical practitioner on behalf of the supporting health practitioner	20% of the fee for "Module 5 - complete", being \$108.72	50% of the fee for "Module 5 - complete", being \$271.80

Travel (Clause BC3(1) of the Notice)

Type of Travel	Payment amount
Private motor vehicle travel costs for travel over 20 kilometres in a return trip (clause BC3(1)(b)) ⁴	Every kilometre over 20 kilometre in a return trip will be reimbursed at the Disability Support Services travel in-between travel rate

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Time to travel (clause BC3(1)(c))	The following hourly rates: <ul style="list-style-type: none"> • \$120.80 for attending medical practitioners and attending nurse practitioners; and • \$193.02 for psychiatrists.
Non-motor travel (such as flights) (clause BC3(1)(a))	Reimbursement based on actual and reasonable costs on submission of a claim in accordance with clause BC3(2) of the notice
Incidental costs (accommodation and meal costs) (clause BC3(1)(d))	Reimbursement based on actual and reasonable costs on submission of a claim in accordance with clause BC3(2) of the notice

Cost of Obtaining Clinical Notes

The payment amount for obtaining clinical notes in accordance with clause BC4(4) of the Notice is \$231.25.

Endnotes

[1](#) To avoid doubt, a health practitioner who provides assisted dying services both pursuant to clause CA1(b)(i) or (ii) and in his/her private capacity may claim under this notice for assisted dying services only to the extent that assisted dying services were provided in the health practitioner's private capacity.

[2](#) If, within three working days prior to the chosen date for the administration of medication under section 20 of the Act, any of the circumstances described at clauses BC1(2)(a) to (d) (inclusive) occur and as a consequence the attending medical practitioner and/or attending nurse practitioner does not administer medication to the relevant person under section 20 of the Act

[3](#) If, on the chosen date for the administration of medication under section 20 of the Act, any of the circumstances described at clauses BC1(2)(a) to (d) (inclusive) occur and as a consequence the attending medical practitioner and/or attending nurse practitioner does not administer medication to the relevant person under section 20 of the Act

[4](#) There is no compensation for private motor vehicle travel costs where the distance of travel is less than 20 kilometres in a return trip.