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**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

ELEVENTH ASSEMBLY

NURSE PRACTITIONERS LEGISLATION AMENDMENT BILL 2025

**EXPLANATORY STATEMENT
and
HUMAN RIGHTS COMPATIBILITY STATEMENT
(*Human Rights Act 2004*, s 37)**

**Presented by
Rachel Stephen-Smith MLA
Minister for Health
December 2025**

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NURSE PRACTITIONERS LEGISLATION AMENDMENT BILL 2025

The Nurse Practitioners Legislation Amendment Bill 2025 (the Bill) **is not** a Significant Bill. Significant Bills are bills that have been assessed as likely to have significant engagement of human rights and require more detailed reasoning in relation to compatibility with the *Human Rights Act 2004*.

This explanatory statement relates to the Bill as presented to the Legislative Assembly. It has been prepared to assist the reader of the Bill and to help inform debate on it. It does not form part of the Bill and has not been endorsed by the Assembly. The statement is to be read in conjunction with the Bill. It is not, and is not meant to be, a comprehensive description of the Bill.

OVERVIEW OF THE BILL

The Bill is an omnibus Bill which amends the following legislation:

- *Births, Deaths and Marriages Registration Act 1997* (BDMR Act);
- *Cemeteries and Crematoria Act 2020* (Cemeteries Act);
- *Coroners Act 1997* (Coroners Act); and
- *Medical Treatment (Health Directions) Act 2006* (Health Directions Act).

The Bill will remove legislative barriers to better enable nurse practitioners to work to the full extent of their clinical qualifications, training and capability.

Specifically, the Bill will provide nurse practitioners the practice authority to:

- issue cause of death certificates; and
- act as witnesses to non-written health directions, without a doctor also being required to witness that direction.

These amendments are expected to make healthcare more accessible and efficient, deliver value by creating greater efficiencies in the health system, and better enable the health workforce to flexibly meet health system needs.

Impact of legislation on the clinical practice of the nurse practitioner workforce

Nature of the nurse practitioner clinical workforce

Currently, there are approximately 3,194 nurse practitioners endorsed to practice across Australian states and territories, with 78 listing their principal place of practice as the ACT.¹ The Nursing and Midwifery Board of Australia (the Board) regulates the registration, endorsement, education requirements, and practice standards for Australian nurses and midwives.² To hold the protected title of nurse practitioner, a person must meet strict qualification criteria; they must be a highly experienced registered nurse, working at an

¹ Nursing and Midwifery Board of Australia. (2025). *Nursing and Midwifery Board of Australia registrant data*. [Nursing-and-Midwifery-Board---Report---Registrant-Data---31-March-2025.PDF](#)

² Nursing and Midwifery Board of Australia (2020). *Advance nursing practice and specialty areas within nursing*. [Nursing-and-Midwifery-Board---Fact-sheet---Advanced-nursing-practice-and-specialty-areas-within-nursing---May-2020.PDF](#)

advanced level of practice, who has successfully completed a master's level program of study approved by the Board.

Nurse practitioners are regulated by the *Health Practitioner Regulation National Law (ACT)* (National Law), in the same way as medical practitioners and other regulated allied health professionals, and are accountable to the Board. Nurse practitioners therefore operate within robust governance frameworks and are a highly experienced and qualified clinical workforce.

Alignment with broader program of reform

The potential and value of the nurse practitioner workforce to the health system has not yet been fully realised. Limitations in current ACT legislation, including the limitations in relation to cause of death certificates and non-written health directions addressed by this Bill, have contributed to the difficulties in realising the full potential of the nurse practitioner workforce.

Removal of these legislative barriers will better facilitate a “right touch” regulatory approach, focused on ensuring that limitations on practice authority are proportionate, consistent, targeted, transparent, accountable and agile with respect to regulation of the health workforce. This approach uses the minimum regulatory force to facilitate efficient and effective healthcare delivery, whilst prioritising protection of the public.

The reforms seek to broaden the activities the nurse practitioner profession is legislatively authorised to perform (referred to in this explanatory statement as *practice authority*). In contrast *scope of practice* refers to all activities an individual within that profession is both legislatively authorised to perform, and competent to do.³ A nurse practitioner's scope of practice is defined by the nurse practitioner and the Board in accordance with the National Law, and is founded on their education, training, credentialling and expertise of a particular clinical area.

Like medical practitioners and allied health professionals, providing the practice authority for nurse practitioners to undertake a particular task will not automatically mean that the task will come within an individual nurse practitioner's scope of practice. Extending practice authority will only extend the scope of practice for those nurse practitioners who have the appropriate education, training, credentialling and expertise in the particular healthcare setting. For example, extending practice authority for nurse practitioners to issue cause of death certificates may enable a palliative care nurse practitioner, who is the primary healthcare provider for a person, to issue a cause of death certificate. However, this may not be within the scope of practice for a nurse practitioner working in a different specialist area.

The amendments proposed in the Bill form part of a broader program of ACT and Commonwealth reform to enable the practice authority for nurse practitioners to deliver health services to the full potential of their scope of practice. This includes:

- Commonwealth reform to remove barriers (collaborative arrangements) to nurse practitioners and midwives providing services subsidised by the Medicare Benefits Scheme and prescribing medications under the Pharmaceutical Benefits Scheme.
- The passing of the *Voluntary Assisted Dying Act 2024* (ACT) which, when commenced, will provide practice authority for nurse practitioners to be an authorised practitioner to support a person accessing voluntary assisted dying.

³ ACT Government. (2025). Getting endorsed as a nurse practitioner. [Getting endorsed as a nurse practitioner - ACT Government](#)

- Reforms to the *Health Act 1993* (ACT) in 2024, which provided nurse practitioners' practice authority to prescribe medication for medical termination of pregnancy,⁴ to align with earlier Commonwealth Therapeutic Goods Administration changes.

The Bill will continue this process of reform to help ensure the right healthcare professional is able to provide the right care at the right time for health consumers in the ACT and align with contemporary approaches to right-touch legislation and policy for the nationally regulated health and nurse practitioner workforce.

Changes to practice authority proposed by the Bill

Authorising Medical Certificate of Cause of Death

The issuing of a cause of death certificate is a statutory requirement that documents the cause of death of an individual for legal purposes and enables the registration of the death with the registrar-general of the ACT.

Currently, section 35 of the BDMR Act provides that a doctor is required to issue a cause of death certificate within 48 hours of the person's death, and only a doctor is authorised to issue that certificate.

The Bill amends the BDMR Act so that a nurse practitioner is also authorised to issue a cause of death certificate within 48 hours of the person's death, where the nurse practitioner was responsible for the medical care of the individual immediately prior to death and can form an opinion as to the probable cause of death of the deceased person (see new section 35A).

Unlike the existing section 35, which applies to doctors issuing a death certificate, new section 35A will not require nurse practitioners to issue a death certificate, nor will it introduce a criminal offence if a nurse practitioner does not issue a death certificate. If a nurse practitioner does not issue a death certificate – for example, if the nurse practitioner decides that issuing the cause of death certificate will exceed their scope of practice – then the obligation to issue a death certificate will remain with the relevant doctor under section 35.

New section 35A also mirrors the list of circumstances under section 35 where the power (or requirement, in the case of section 35) to issue a cause of death certificate does not apply. The amendment proposes that nurse practitioners must not issue a cause of death certificate in certain circumstances, including where a doctor or another nurse practitioner has either already issued a certificate or reported the death to a Coroner.

Technical and consequential changes to the BDMR Act, Coroners Act and Cemeteries Act

The Bill will also make several technical and/or consequential amendments to ensure the effective operation between the BDMR Act, Coroners Act and Cemeteries Act with respect to the issuing of cause of death certificates. These include:

- Including a definition of 'cause of death certificate' for clarity and functionality of the operation of the BDMR Act (see clause 4), and minor amendments to update and align the BDMR Act, Coroners Act and Cemeteries Act with this new defined term where appropriate.

⁴ [Increased access to abortion services - Chief Minister, Treasury and Economic Development Directorate](#)

- A consequential amendment to section 35 of the BDMR Act to exclude doctors from being required to issue a 'cause of death certificate' if they believe another doctor or nurse practitioner has already done so (see clause 7).
- Relocating existing section 36 (updated to new section 38AA) to new Division 6.3 (Registration of deaths) (clause 10) and including a definition of 'death certificate' (in contrast with 'cause of death certificate') (see clause 9).
- Minor amendments to section 13 of the Cemeteries Act which sets out the definition of 'certification document' for Part 3, to correct outdated cross references to the BDMR Act and the Coroners Act (see clause 14).
- Consequential changes to section 42 of the Cemeteries Act to ensure existing offences in relation to the issuing of cause of death certificates that apply to doctors are extended to nurse practitioners (see clauses 15 to 17).
- Consequential changes to sections 13(1)(e) and (f) of the Coroners Act to prevent the necessary automatic referral of every death for which a nurse practitioner issues a cause of death certificate or is the primary care provider for the person (see clause 20).

Witnessing non-written health directions

A non-written health direction refers to a direction given by a person to refuse or require the withdrawal of medical treatment, which has been given orally or in another way (except in writing, which must meet the requirements of a written health direction).

Currently, a non-written health direction made under legislation is not legally valid unless it is witnessed by two health professionals present at the same time, one of whom is a doctor.

The Bill amends the Health Directions Act to enable nurse practitioners' practice authority to witness a non-written health direction as one of the two required health professional witnesses, without requiring a doctor to be the second health professional to witness the direction (see clause 23).

The Bill retains all the existing safeguards in respect of the witnessing of non-written health directions, and in respect of health directions generally.

CONSULTATION ON THE PROPOSED APPROACH

The amendments in the Bill were developed in targeted consultation with key stakeholders, including within ACT Government. Business units primarily within the Health and Community Services Directorate (HCSD) were consulted as relevant to their work, such as the Chief Medical Officer and GP advisors in the Office of General Practice and Primary Care and the Health Legal Policy Unit. Minor and technical amendments were also identified by the Justice and Community Safety Directorate (JACS), which holds administrative responsibility over the legislation amended by the Bill, or by the Parliamentary Counsel's Office (PCO).

The initial consultation which formed the impetus behind this legislative reform process was conducted between 2020-2022 based on an ACT nurse practitioner workforce and employer survey that informed part of the Nurse Practitioner Professional Practice Project (NP-PPP) Final Report. The NP-PPP Final Report recommended, amongst other things, legislative changes including nurse practitioner practice authority, defined in legislation, to authorise cause of death certificates and non-written health directions.

The HCSD conducted targeted consultations with key stakeholders during the development of the Bill, including meetings with key stakeholders via the Nurse Practitioner Taskforce, a targeted consultation process such as through the dissemination of consultation papers with opportunities for feedback, analysis of similar existing legislation in other Australian jurisdictions, and discussions with government counterparts in other jurisdictions about the development of their legislation and processes, and lessons learned.

External Stakeholders

As part of policy development and the development of the Bill, HCSD conducted targeted consultation with key stakeholders. Stakeholders expressed broad support for the amendments, identifying some ICT, policy and system changes to support implementation of the Bill. These stakeholders included:

- Professional and industrial bodies including the Australian College of Primary Health Care Nurses, Australian College of Nurse Practitioners, Royal Australian College of General Practitioners, Australian Nursing and Midwifery Federation (ACT Branch)
- Offices of the Chief Nursing and Midwifery Officer (however named) across Australian states and territories
- Industry professionals including nurse practitioners and ACT carer and consumer organisations such as the Health Care Consumers' Association

The Australian Medical Association (AMA) recommended a cautious approach to any changes to nurse practitioner scope of practice, particularly in relation to issuing cause of death certificates. The AMA noted challenges faced by medical practitioners in issuing cause of death certificates, particularly where the deceased person was not known to the medical practitioner and where an analysis of the medical records is required to deem potential causation of death. These considerations informed the drafting of the Bill.

ACT Government Agencies

HCSD worked closely with JACS, the directorate responsible for administering the legislative amendments. The HCSD Chief Medical Officer and the Chief General Practitioner and Primary Care Advisor were consulted at various stages and were provided a draft copy of the Bill. They indicated support for the proposed amendments. The HCSD Health Legal Policy Unit provided ongoing support throughout the development of the Bill.

Monitoring and oversight of these reforms has been overseen under the established Nurse Practitioner Taskforce, comprising representatives from HCSD, JACS, City and Environment Directorate (CED), Canberra Health Services (CHS) and the Chief Minister, Treasury and Economic Development Directorate (CMTEDD).

The ACT Coroner and ACT Courts and Tribunals were consulted both through policy development and drafting of the Bill and provided detailed and specific feedback. This feedback raised some concerns in relation to the impact of the reform on the process of reporting deaths to the Coroner under the Coroners Act. This feedback has been carefully considered and has informed the development of the Bill. The feedback has also highlighted the importance of education and training for both medical practitioners and nurse practitioners regarding the coronial process. As part of implementation, HCSD will work with the relevant

unit within ACT Policing to expand the scope of current training activities in relation to the coronial process and medical cause of death certificates to include nurse practitioners.

CLIMATE IMPACT

The Bill will not have any impact on the climate or the environment.

CONSISTENCY WITH HUMAN RIGHTS

The proposed amendments have been carefully considered in the context of the objects of the *Human Rights Act 2004* (HR Act). The Bill does not limit human rights but importantly supports and strengthens protection of rights under the HR Act.

Rights engaged

This Bill engages the following rights under the HR Act:

- Section 9 – Right to life (promoted)
- Section 27B – Right to work and other work-related rights (promoted)

The Bill will promote and enhance the enjoyment of several rights, including the right to life (section 9) and the right to work and work-related rights (section 27B), further detail in relation to this is outlined below.

The Bill does not limit any human rights protected under the HR Act.

Whether the Bill limits the right to life at section 9 of the HR Act was carefully considered, in respect to the safeguards for the witnessing of non-written health directions. There may be a perception that the Bill relaxes the safeguards in relation to how non-written health directions can be witnessed. However, because the law still requires two properly trained and appropriately skilled health professionals with the necessary qualifications to witness non-written health directions, the substantive safeguards under the Health Directions Act have not changed. A nurse practitioner acting within their scope of practice is suitably qualified and is appropriately experienced to safely and adequately undertake the clinical activity of witnessing health directions. Therefore, the Bill does not lower or remove safeguards to the right to life.

Clause 7 of the Bill includes a new section 35 of the BDMR Act, which is a strict liability offence. This clause replaces the existing strict liability offence at section 35, in order to make the consequential changes required because of the new section 35A. The amendment does not change the substantive operation of the provision. Therefore, although inserted as a new section to replace current section 35, clause 7 does not limit human rights.

Rights Promoted

This Bill promotes the following rights under the HR Act:

- Section 9 – Right to life
- Section 27B – Right to work and other work-related rights

Section 9 – Right to life

Section 9(1) of the HR Act recognises that everyone has the right to life and that no-one may be arbitrarily deprived of life. The right to life includes a duty to safeguard life and the duty to investigate deaths. The right to enjoy a life with dignity is a core element of the right to life.⁵ Courts overseas have recognised that “the rights to dignity and to life are entwined. The right to life is more than existence – it is a right to be treated as a human being with dignity: without dignity, human life is substantially diminished.”⁶

Health directions as made under the Health Directions Act allow individuals to have directives in place to ensure their healthcare preferences are respected and understood by their healthcare providers at times when they are unable to communicate their wishes directly. Health directions help to ensure that end-of-life decisions are made in accordance with the person’s values and wishes, promoting their right to dignity.

By making the combination of health professionals who may witness a health direction more flexible, the Bill will make it easier to make a health direction, and better ensure care is made consistently with a person’s wishes. In particular, this will improve the ability to make non-written health directions in aged care, community or palliative care settings where a nurse practitioner may be the primary healthcare provider.

The ability to more flexibly make health directions will therefore promote the right to life, as it will support people to ensure their inherent dignity and autonomy are respected during the dying process.

The Bill further promotes the right to life by allowing a range of health professionals to issue death certificates under the BDMR Act. This facilitates timely and accurate documentation of death, which could be particularly beneficial in settings where nurse practitioners may act as primary healthcare providers, including aged care, community and palliative care settings and where doctors may not be readily available to issue death certificate documentation. Ensuring timely and accurate documentation of death is essential for public health monitoring and the proper functioning of the coronial system, which supports the duty to investigate deaths, a key tenet under the right to life.

Section 27B – Right to work and work-related rights

Section 27B of the HR Act recognises that everyone has the right to work, including the right to just and favourable conditions of work and the right to choose their occupation or profession freely. The Bill includes provisions to remove legislative barriers to nurse practitioners working to their full scope of practice by expanding nurse practitioners’ practice authority to issue cause of death certificates and to witness a non-written health direction in the absence of a doctor.

The Bill recognises, through legislative reform, that nurse practitioners are highly educated and trained, appropriately qualified, adequately skilled and professionally competent to

⁵ 3 UN Human Rights Committee (HRC), *General comment no. 36, Article 6 (Right to Life)*, 3 September 2019, CCPR/C/GC/35, available at: <https://www.refworld.org/docid/5e5e75e04.html> [2], [3], [9].

⁶ *S v Makwanyane* [1995] ZACC 3; [1995] 3 SA 391, 506 [327]; *Stranham-Ford v Minister for Justice and Correctional Services* [2015] ZAGPPHC 230; [2015] 4 SA 50, 60 [22]; *Searles v Attorney General (NZ)* [2015] NZHC 1239; [2015] 3 NZLR 556, 574 [66].

undertake certain clinical activities that enhance nurse practitioners' ability to fully participate in their chosen profession. By expanding the practice authority of nurse practitioners through legislative reform, the Bill affirms the professional competence and autonomy of nurse practitioners and thereby supports the right of nurse practitioners to freely choose their profession. By removing legislative barriers that prevent nurse practitioners from performing clinical functions for which they are clinically trained and qualified to perform, the Bill reduces professional limitations by aligning their practice authority with clinical capability and responsibility.

NURSE PRACTITIONERS LEGISLATION AMENDMENT BILL 2025

Human Rights Act 2004 - Compatibility Statement

In accordance with section 37 of the *Human Rights Act 2004* I have examined the **NURSE PRACTITIONERS LEGISLATION AMENDMENT BILL 2025**. In my opinion, having regard to the Bill and the outline of the policy considerations and justification of any limitations on rights outlined in this explanatory statement, the Bill as presented to the Legislative Assembly is consistent with the *Human Rights Act 2004*.

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Tara Cheyne MLA
Attorney-General

CLAUSE NOTES

Part 1 Preliminary

Clause 1 Name of Act

This is a technical clause and provides that the title of the Act is to be the Nurse Practitioners Legislation Amendment Act 2025 (**the Act**).

Clause 2 Commencement

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

The remaining provisions in the Act commence on a day fixed by the Minister by written notice. These provisions will automatically commence 6 months after the Act's notification date if not otherwise commenced by notice (see *Legislation Act 2001*, s 79).

Clause 3 Legislation amended

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

- *Births, Deaths and Marriages Registration Act 1997*
- *Cemeteries and Crematoria Act 2020*
- *Coroners Act 1997*
- *Medical Treatment (Health Directions) Act 2006*

Part 2 Births, Deaths and Marriages Registration Act 1997

Clause 4 New section 32F

This clause inserts a new section 32F into Division 6.1 to include a new defined term 'cause of death certificate' for Part 6 (Registration of deaths). This clause improves the precision, clarity and readability of the legislation.

Clause 5 Circumstances in which deaths are not to be registered Section 34 (1) (a)

This clause substitutes a reference to a 'notice under section 35' with the new defined term 'cause of death certificate' (see clause 4) to improve the overall readability, consistency and clarity of the legislation.

Clause 6 Division 6.2 heading

This clause updates the Division 6.2 heading from 'Notification and registration of deaths' to 'Notification of deaths'. A new Division 6.3 is created by clause 11 to deal with 'Registration of deaths'. Splitting up one division into two different divisions improves the overall readability of the legislation.

Clause 7 Section 35

This clause substitutes existing section 35.

The general legal effect of section 35 is not modified, however, technical and consequential amendments are made to improve the overall clarity and operation of the provision. Changes made include:

- The heading of section 35 is updated to 'Doctor must give cause of death certificate to registrar-general' to better reflect the legal effect of the provision.
- A consequential amendment related to new section 35A to exclude doctors from being required to issue a cause of death certificate if they believe another doctor or nurse practitioner has already done so.
- Minor restructuring of the provision and inserting the following notes to improve clarity of the provision:
 - Note 1: The defendant has an evidential burden in relation to the matters mentioned in s (4) (see *Criminal Code*, s 58).
 - Note 2: A doctor must not give a cause of death certificate in certain circumstances (see *Cemeteries and Crematoria Act 2020*, s 42).
 - Note 3: Deaths must be reported to a coroner in certain circumstances (see *Coroners Act 1997*, s 77).

This clause also introduces new section 35A (Nurse practitioner may give cause of death certificate to registrar-general). New section 35A makes the following amendments:

- Allow nurse practitioners to issue a cause of death certificate within 48 hours of a death where the nurse practitioner was responsible for the medical care of the individual immediately prior to death and can form an opinion as to the probable cause of death of the deceased person. Unlike in section 35, which requires that doctors issue a cause of death certificate in certain circumstances (and where breach of that section is an offence), new section 35A will not require nurse practitioners to issue a cause of death certificate or introduce a criminal offence if a nurse practitioner does not issue a certificate.
- Provide for circumstances where nurse practitioners must not issue a cause of death certificate, including where a doctor or another nurse practitioner has either already issued a certificate or where the death has been reported to a Coroner.
- Inserting the following notes:
 - Note 1: A nurse practitioner must not give a cause of death certificate in certain circumstances (see *Cemeteries and Crematoria Act 2020*, s 42).
 - Note 2: Deaths must be reported to a coroner in certain circumstances (see *Coroners Act 1997*, s 77).

Clause 8 Section 36 heading

This clause substitutes the heading for section 36 with the revised heading 'Death certificate issued before inquest completed'. This amendment revises the heading in section 36 so that it employs the term 'death certificate' which is the wording used in section 36. This makes the legislation more coherent and readable.

Clause 9 New section 36 (2)

This clause inserts a new sub-section (2) to section 36 to provide for the definition of 'death certificate' as relevant for the section.

Clause 10 Section 36 (as amended)

This clause relocates section 36 to be after section 38 and renames section 36 as new section 38AA. This aids readability of the legislation by ensuring sections relating to the registration of deaths are grouped together in new Division 6.3 (see clause 11).

Clause 11 New division 6.3

This clause inserts a new Division 6.3 (Registration of deaths). Splitting existing Division 6.2 into two different divisions improves the overall clarity and readability of the legislation.

Clause 12 Dictionary, note 2

This clause inserts 'nurse practitioner' in the Dictionary, with reference to the definition 'nurse practitioner' as defined in the *Legislation Act 2001*.

Clause 13 Dictionary, new definition of *cause of death certificate*

This clause inserts 'cause of death certificate' in the Dictionary, as created by new section 32F.

Part 3 Cemeteries and Crematoria Act 2020

Clause 14 Section 13

This clause updates existing section 13 which outlines the definition of 'certification document' for Part 3 to correct outdated references and include the updated terminology of 'cause of death certificate' (see clause 4). The legal effect of the provision does not change.

Clause 15 Section 42 heading

This clause replaces the heading of section 42 from 'Offences—doctor's certificate' to 'Offences—cause of death certificate not to be given by doctor or nurse practitioner' to better reflect the content of the provision.

Clause 16 Section 42 (1) (b)

This clause substitutes existing subsection 42(1)(b) so that the provision does not only apply to a doctor, but also to a nurse practitioner. This is a consequential amendment to clause 7.

It also updates the reference under existing subsection 42(1)(b)(ii) in relation to 'a certificate about the death' to the new defined term 'cause of death certificate' (see clause 4 and clause 18).

Clause 17 Section 42 (2) (a) and (b)

This clause substitutes existing subsection 42(2)(a) so that the provision does not only apply to a doctor, but also to a nurse practitioner. This is a consequential amendment to clause 7.

It also updates the reference under existing subsection 42(2)(b) in relation to 'a certificate about the death' to the new defined term, 'cause of death certificate' (see clause 4 and clause 18).

Clause 18 Dictionary, new definition of *cause of death certificate*

This clause inserts 'cause of death certificate' in the Dictionary, with reference to section 32F in the *Births, Deaths and Marriages Registration Act 1997* (see clause 4).

Clause 19 Dictionary, note 2

This clause inserts the following terms in the Dictionary, with reference to their definitions under the *Legislation Act 2001*:

- doctor
- midwife
- nurse
- nurse practitioner

Part 4 Coroners Act 1997

Clause 20 Coroner's jurisdiction in relation to death Section 13 (1) (e) and (f)

This clause substitutes subsection 13(1)(e) to include nurse practitioners. This amendment prevents the necessary automatic coronial referral of every death for which a nurse practitioner issues a cause of death certificate and is a consequential amendment to clause 7. The following note is inserted below subsection 13(1)(e) to provide clarity for the reader:

- Note: A cause of death certificate is to be given within 48 hours after the deceased person's death (see *Births, Deaths and Marriages Registration Act 1997*, s 35 and s 35A).

This clause also substitutes subsection 13(1)(f) to include nurse practitioners. This prevents the necessary automatic coronial referral of every death for which a nurse practitioner is the primary care provider for the person and is a consequential amendment to clause 7.

Clause 21 Section 13 (5), new definition of *cause of death certificate*

This clause inserts a definition of 'cause of death certificate' for section 13, with reference to section 32F in the *Births, Deaths and Marriages Registration Act 1997* (see clause 4).

Clause 22 Dictionary, note 2

This clause inserts 'nurse practitioner' in the Dictionary, with reference to the definition of 'nurse practitioner' as defined in the *Legislation Act 2001*.

Part 5 Medical Treatment (Health Directions) Act 2006

Clause 23 Requirements for non-written health directions Section 9 (1)

This clause substitutes existing subsection 9(1) so that a non-written health direction can be witnessed by a nurse practitioner without requiring a doctor to be the second health professional to witness the direction. No changes have been made to the requirement that the non-written health direction be witnessed by two health professionals present at the same time.

Clause 24 Dictionary, note 2

This clause inserts ‘nurse practitioner’ in the Dictionary, with reference to the definition of ‘nurse practitioner’ as defined in the *Legislation Act 2001*.

Schedule 1 Cemeteries and Crematoria Act 2020—Technical amendments

The clause notes for the technical amendments to the *Cemeteries and Crematoria Act 2020* are set out in Schedule 1 of the Act.