

DRAFT FOR CONSULTATION

Access to Palliative Care Bill

Member's Bill

Explanatory note

General policy statement

The overriding principle of this Bill is that every New Zealander has a right to access professional, high standard specialist palliative care and appropriate support services wherever they live in the country and including hospitals, hospice, rest homes or in their own home.

Clause by clause analysis

Clause 1 is the Title clause.

Clause 2 provides for Part 1 of the Bill to come into force on the day after the date on which it receives the Royal assent and Part 2 to come into force 6 months later.

Clause 3 identifies the New Zealand Public Health and Disability Act 2000 (the **principal Act**) as the Act being amended.

Clause 4 amends section 42 of the principal Act to require DHBs to include information in their Annual Reports regarding their compliance with obligations to provide appropriate palliative care services to people who need them.

Clause 5 inserts a *new Part 4B* into the principal Act to place specific obligations on DHBs to provide appropriate palliative care services to people who need them, and to require DHBs to develop strategies for the provision of palliative care services.

Part 2 amends the Health and Disability Services (Safety) Act 2001 to insert a *new section 13A* requiring service standards for palliative care to be in force at all times.

Hon Maggie Barry

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The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Access to Palliative Care Act **2018**.

2 Commencement

- (1) Part 1 of this Act comes into force on the day after the date on which this Act receives the Royal assent.
- (2) Part 2 of this Act comes into force on the day that is 6 months after the date on which it receives the Royal assent.

Part 1

Amendments to the New Zealand Public Health and Disability Act 2000

3 Principal Act

This Part amends the New Zealand Public Health and Disability Act 2000 (the **principal Act**).

4 Section 42 amended (Accountability documents under Crown Entities Act 2004)

- (1) In section 42(3)(i), after “section 23(1)(b) to (e)”, insert “; and”.
- (2) After section 42(3)(i), insert:
 - (j) a statement of how the DHB has given effect and intends to give effect to its obligations under **section 70J**, and its compliance with its strategy under **section 70K**.

5 New Part 4B inserted (Access to Palliative Care)

After section 70G insert:

Part 4B
Access to Palliative Care

70H Purpose of this Part

The purpose of this Part is to provide for geographically equitable access to specialist and generalist palliative care and appropriate support services across all DHBs.

70I Interpretation

In this Act, unless the context otherwise requires,—
family, in relation to a person, —

- (a) means members of the person’s family, whānau, or other culturally recognised family group, who—
 - (i) are in a close relationship with the person; or
 - (ii) have, in accordance with customs or traditions of the community of which the person is a part, responsibility for the person’s welfare and best interests; and
- (b) includes a person whose relationship to the person is established through 1 or more of the following relationships:
 - (i) spouse, civil union partner, or de facto partner of the person:
 - (ii) child, parent, guardian, grandparent, brother, or sister of the person:
 - (iii) stepchild, step-parent, stepbrother, or stepsister of the person

health and social care provider means a person or organisation that provides health or social care services

palliative care means care that is delivered to seek to improve the quality of life of persons with life-limiting illness or approaching the end of life, through the prevention and relief of suffering by means of early identification, assessment, treatment and management of pain and other problems whether physical, psychological, social or spiritual

specialist palliative care services means care services provided by multi-disciplinary teams of specialists in palliative medicine, palliative nursing and allied health professionals who have undergone specialist training in palliative care.

70J Palliative care support to be provided

- (1) A DHB, in exercising functions under section 23, must ensure that its resident population and other people as specified in its Crown funding agreement with palliative care needs have access to appropriate health services, including, but not limited to—
 - (a) access to pain and symptom management; and
 - (b) psychological support for the person and their family; and
 - (c) information and support regarding the person’s condition and palliative care.
- (2) For the purposes of **subsection (1)**, access must be provided to the following services:
 - (a) support to people with complex palliative care needs in their own homes, in hospitals, in hospices, in residential care facilities and elsewhere within the local community:
 - (b) direct admission of people with palliative care needs to hospice beds, including on an urgent basis when reasonably required:

- (c) support to other health and social care providers who are caring for people with palliative care needs:
- (d) specialist palliative care and hospice services which are available on every day of the week:
- (e) sufficient specialist professionals who are available to deliver services to meet all reasonable requirements:
- (f) sufficient equipment for any specialist professionals to enable the delivery of services to meet all reasonable requirements:
- (g) advice by telephone or video conference from a health practitioner who is qualified as a specialist in palliative care which is available at all times to professionals providing care to people with palliative care needs:
- (h) facilities to enable health practitioners to access essential medication at all times for palliative care patients being cared for in their own homes:
- (i) a point of contact that is available at all times for people with palliative care needs who are being cared for in their own home or usual place of residence, and those important to them, in the event that such persons are unable to access their usual sources of support:
- (j) appropriate systems to ensure that appropriate information about a person with palliative care needs can be made available with the consent of that person to relevant health and social care providers and to the ambulance services.

70K Duty to produce a strategy on provision of palliative care support

- (1) A DHB must prepare and publish a strategy for providing for palliative care needs as required by **section 70J**.
- (2) The strategy must include, at a minimum, the following—
 - (a) the expected palliative care needs of adults and children in their area:
 - (b) how the expected palliative care needs will be met:
 - (c) under what circumstances specialist palliative care services will be provided and how:
 - (d) the methods of data collection and reporting.
- (3) The strategy must—
 - (a) be published no later than 9 months after the commencement of this section; and
 - (b) be reviewed, revised as necessary, and republished at intervals of not more than 3 years.
- (4) For the purposes of this section, **publish** means that the strategy must be—
 - (a) notified in the *Gazette*; and
 - (b) published on an Internet site maintained by or on behalf of the DHB.

- (5) A notification in the *Gazette* for the purpose of **subsection (4)(a)** does not have to incorporate the strategy.

Part 2

Amendments to the Health and Disability Services (Safety) Act 2001

6 Principal Act

This Part amends the Health and Disability Services (Safety) Act 2001 (the **principal Act**).

7 New section 13A inserted (Minister must ensure service standards for palliative care in force)

After section 13, insert:

13A Minister must ensure service standards for palliative care in force

- (1) The Minister must ensure that service standards for the provision of palliative care are in force at all times.
- (2) For the purposes of this section, **palliative care** has the same meaning as in **section 70I** of the New Zealand Public Health and Disability Act 2000.