

24 May 2022

§ 9(2)(a)

By email: § 9(2)(a)  
Ref: H202205459

Tēnā koe § 9(2)(a)

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 17 April 2022 for the following:

*"Follow up to H202205085:1. How much total funding is allocated for fertility treatments? (Either for 2022 itself or previous years)*

*2. How is this funding distributed to providers? --> 2.1 What policy documents (either internal or external) regulate and manage this? (I am not asking here about eligibility for funding, or the 2011 eligibility direction but specifically about distribution and governance of funding)*

*3. What legislative instruments govern the distribution of that funding? --> 3.1 "Access to publicly funded health services is expected to be determined on a fair and reasonable basis, and subject to generally accepted clinical protocols and do not confer individual entitlements to services." Where is the basis or source of this sentence from your original response?*

*4. Which body is accountable for issues/complaints regarding the criteria applied in deciding to fund individuals for fertility treatment?*

*5. Is there an updated Fertility Services Standard? (I am aware that in 2020 this was under review and may have been merged into a broad standard)*

The Ministry of Health (the Ministry) does not set funding levels for the provision of Assisted Reproductive Technology (ART) Services/ Fertility services. Responsibility of funding services is devolved to District Health Boards (DHBs). The Ministry does not hold information on the level of funding DHBs allocate to specific services.

Each DHB is responsible for balancing and prioritising the health services it provides to best meet the needs of its local population within the funding available. For fertility services DHBs have organised themselves into four regions. In each region a lead DHB holds contracts with (a) fertility provider(s). There are no specific policy documents that manage funding for fertility services.

The distribution of overall funding to DHBs is calculated using the population-based funding formula. This formula takes into account the make-up of the population of a DHB area, including population number, age profile, gender, ethnicity socio-economic status. The aim of the PBFF is to equitably distribute available funding between DHBs according to the relative needs of their populations and the cost of providing health and disability support services to meet those

needs. An explanation of the population based funding formula can be found here: <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/accountability-and-funding/population-based-funding-formula>.

The requirement 'Access to services will be determined on a fair and reasonable basis, and subject to generally accepted clinical protocols.' is included in the Service Coverage Schedule. Link to the Service Coverage Schedule: <https://nsfl.health.govt.nz/accountability/service-coverage-schedule> The 'National Clinical Assessment Criteria for Treatment of Infertility' (CPAC) are the operational mechanism to prioritise access to fertility services in a fair and clinically evidence based way.

DHBs as service funders and/or providers have complaints processes in place and should be contacted in first instance. If no resolution is found with the DHB complaints can be escalated to the Ministry or the Health and Disability Commissioner.

The new Ngā Paerewa Health and Disability standard has incorporated the fertility service standard and is available here: <https://www.standards.govt.nz/shop/nzs-81342021/>

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by phone on 0800 802 602.

Nāku noa, nā



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