SENSITIVE

Office of the Minister of Health

Cabinet Social Outcomes Committee

Regulations for puberty blocker prescribing

Proposal

1 This paper:

1.1 seeks authorisation for submission of the Medicines (Restriction on prescribing gonadotropin releasing hormone analogues) Amendment Regulations 2025 to the Executive Council;

1.2 seeks Cabinet's decision on increasing the accessibility of youth gender services.

Relation to government priorities

2 This proposal supports the Government priority for better public services by clarifying and reinforcing quality, accessibility and safety expectations for health services.

Executive Summary

3 Cabinet has agreed to regulate to prohibit the prescribing of puberty blockers to treat gender incongruence or dysphoria in new patients, based on the limited high-quality evidence of benefits and risks for this treatment [SOU-25-MIN-0104]. The attached regulations give effect to this decision. Cabinet is asked to approve the regulations for submission to the Executive Council.

4 9(2)(h)

5 Cabinet has agreed to maintain existing youth gender services and to improve access to those services.. The Ministry of Health has engaged with Health New Zealand (Health NZ) to develop options to increase the accessibility of these services. Increasing access to services may help mitigate potential adverse impacts of removing puberty blockers as a treatment option. This paper presents four options to improve the accessibility of services, with indicative costings and timelines provided in Table 1.

6 The service delivery models comprise a national centre of excellence, regional hubs, and district-level hubs, each with varying costs, timelines, and equity implications. Cabinet is asked to either:

6.1 defer its decision on the specific model 9(2)(g)(i)

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6.2 agree to progress one of four presented options for increasing the accessibility of youth gender services. s 9(2)(g)(i)

The comprehensive online hub would be funded from within Health NZ baselines.

Background

7 On 10 September 2025, the Cabinet Social Outcomes Committee (SOU) noted that [SOU-25-MIN-0104]:

7.1 in November 2024, Cabinet agreed to consult on regulations to restrict the prescribing of puberty blockers for gender dysphoria in young people [CAB-24-MIN-0455]; and

7.2 that any changes to regulations which restrict prescribing will only apply to new prescribing, not to those already receiving puberty blockers.

8 Cabinet agreed to regulate to prohibit puberty blocker prescribing to treat gender incongruence or dysphoria in new patients, while making youth gender services more accessible.

9 9(2)(h)

10 Cabinet directed the Ministry of Health (the Ministry) to engage with Health NZ on increasing the accessibility of holistic gender services for young people (including medical, psychological, and social services) and to report back to me on progress.

11 Cabinet invited me to report back to SOU seeking approval for regulations to be submitted to the Executive Council and noted that this report back will include options, with the associated costs, of increasing the accessibility of youth gender services.

Regulations

12 The Parliamentary Counsel Office has drafted the attached amendment to the Medicines Regulations 1984 under section 105 of the Medicines Act 1981.

13 These regulations prohibit prescribing of puberty blockers for gender dysphoria to new patients and there is a correspondence offence. This responds to the limited evidence of the benefits or risks of using puberty blockers for young people with gender incongruence or dysphoria.

14 I am seeking authorisation for these regulations to be submitted to the Executive Council.

Services

15 Currently, care for gender diverse young people is provided via a distributed model with a small number of services designed to provide care specifically for this group, such as Kidz First in Auckland.

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16 By removing a treatment option for gender incongruence and dysphoria through regulations, there is a risk of a care gap if other services are not developed to support these young people. Increasing the accessibility of youth gender services to provide alternative and improved care may help mitigate these potential flow-on effects of regulation.

17 A range of services are required for providing wrap-around care for gender diverse young people, including:

17.1 Medical and nursing services;

17.2 Mental health services;

17.3 Allied health services; and

17.4 Social services.

18 The services will provide care for any young person seeking support for gender identity related needs, including those with gender incongruence and dysphoria.

19 In Census 2023, 1.2% of 15- to 19-year-olds recorded themselves as transgender, nonbinary or unsure of their gender. Not all of these young people will seek gender identity related health or support services in any given year. Approximately 800 new referrals would be expected each year with these young people needing support across a few years.

20 The Ministry has engaged with Health NZ to develop options to increase the accessibility of youth gender services. Indicative costings and timelines for four options are provided in Table 1.

21 The options for increasing access to youth gender services are:

21.1 **Option 1 – Maintain existing youth gender services and improve access to those services through an online hub:** A comprehensive online hub to connect young people and their families seeking support to gender services information, advice and services. Note this is not mutually exclusive from Options 2-4.

21.2 **Option 2 – Centre of Excellence:** A centralised model with a centre of excellence and nationalised clinical governance. The centre will provide highly specialised expertise to direct the care of young people, supported by clinicians in the community including medical, nursing, mental health, allied health and social services to provide inter-professional care.

21.3 **Option 3 – Regional hubs**: Regional hubs commissioned in each of Health NZ's four regions supporting local service delivery. Hubs will be guided by national clinical governance hosted at one of the hubs. Each hub will consist of a range of specialist expertise and care co-ordination.

21.4 **Option 4 – District hubs:** The most distributed service delivery option with 20 hubs located across the country, one in each of Health NZ's districts. As with option 2, the hubs will be guided by national clinical governance hosted at one of the hubs, and each will offer specialised expertise and care co-ordination.

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Table 1. Options for increasing access to gender services for young people

	Description	Timelines	Indicative costings	Points to note
1. Maintain existing youth gender services and improve access to those services through an online hub	• A public-facing online hub to connect young people and their families seeking support to gender services information, advice and services	Webpage would be implemented by 1 March	No additional funding required (would be funded from within Health NZ baselines)	• 9(2)(h) • Will support access to evidence-based information • Would have minimal impact on increasing access to youth gender services • Would not address the current issues with existing services such as fragmentation, strained capacity, a lack of co-ordination and inaccessibility in some areas • Services will remain unavailable in areas where they are currently not provided • It is unknown if existing services will be able to meet the demand
2. Centre of excellence	• Centre of excellence with highly specialised expertise leading care plans and support for community-based clinicians from the centre. • National clinical governance • Network of peer support workers with lived experience • Additional funding to support primary and community care • Improved data collection to support monitoring • Accessible information resources	Full implementation would take approximately 15 months subject to recruitment	s 9(2)(g)(i)	• Consistent service delivery across country (dependent on the availability of community clinicians to provide care) • High demand at centre may lead to long wait times or overburdened staff. • Builds from current service provision • Patients may need to travel if requiring in-person care at centre • Centralisation can exacerbate disparities if not paired with strong referral and support systems.
3. Regional hubs	• A commissioned service structured around 4 regional hubs (one per Health NZ region) supporting local service delivery • Each hub consists of a range of specialist expertise and care co-ordination • Hubs guided by national clinical governance	Full implementation would take approximately 18 months, subject to recruitment	s 9(2)(g)(i)	• Provides care closer to home (reducing travel time/costs) • Maintains consistency with national clinical governance • Builds on existing expertise

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	(function hosted at one of the hubs) • Community-based clinicians including GPs, nurse practitioners and psychologists will form part of inter-professional teams • Specialist services still provided by Health NZ • Range of supports including peer-led, cultural and crisis support.			• Still requires some travel for patients not located close to the hub
4. District hubs	• As above for Option 2, but service is structured around 20 district hubs (one per Health NZ district) supporting local service delivery. • Different levels of service available from each hub depending on population. All would offer care co-ordination; only some would have specialist expertise.	Full implementation would take approximately 18 months, subject to recruitment	s 9(2)(g)(i)	• Services more distributed. Some care provided closer to home (more timely and accessible) • Consistency maintained with national clinical governance • More distributed care may reduce regional disparities in health outcomes. • Relies on workforce being more distributed (smaller centres may struggle to ensure sufficient workforce capable of providing care) • Without strong coordination, standards may differ across hubs in practice.

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Risks and feasibility

22 Implementing youth gender services may be constrained by health workforce shortages, especially in rural and underserved areas. Distributed models such as regional or district hubs aim to improve access and equity, but they also rely on having a sufficiently trained workforce across all locations.

23 Each of the service models require investment in workforce training, interprofessional collaboration, and infrastructure. New funding is required for these services to be viable.

24 If regulations restricting access to puberty blockers are introduced by the end of the year, timely implementation of youth gender services will help ensure support for young people with gender incongruence or dysphoria. While existing services may provide some interim support, the intention is to establish more consistent access across the country. Health NZ has indicated that the new service models could be partially operational within a shorter timeframe than the 15 – 18 months required for full implementation.

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26 9(2)(h)

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28 9(2)(h)

Cost-of-living Implications

29 Neither the regulations nor the service options provided in this paper have direct cost-of-living implications.

Financial Implications

30 Youth gender services would be delivered as new commissioned services by Health NZ. Should Cabinet agree to progress one of the options presented for enhancing youth gender services, each of the three service options will require funding beyond existing operational baselines.

31 9(2)(g)(i)

32 9(2)(g)(i)

Table 2: Total indicative operating costs across service options ($ million)

	Option 1: Maintain existing youth gender services and improve access to those services through an online hub	Option 1: Centre of excellence	Option 2: Regional hubs	Option 3: District hubs
Operating costs across four-years	-	s 9(2)(g)(i)	s 9(2)(g)(i)	s 9(2)(g)(i)

33 9(2)(g)(i)

Climate Implications of Policy Assessment

34 This proposal has no direct climate change implications.

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Population Implications

35 Population implications of the proposed regulations were provided in the September 2025 Cabinet paper and its adjoining Regulatory Impact Assessment (RIS).

36 Regarding the service options, there may be population implications for those living outside of main centres who may experience barriers to access if travel is required, such as to a centre of excellence. More distributed models may help mitigate this impact. Travel and associated costs may reinforce existing disparities for communities living outside of main centres.

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Timing and 28-day rule

40 I am not seeking a waiver of the 28-day rule.

41 The regulations will come into effect on 19 December 2025.

Compliance

42 9(2)(h)

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Use of External Resources

50 No external resources, contractors or consultants have been or are proposed to be engaged in the development of the proposal.

9(2)(h)

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Impact Analysis

56 A Regulatory Impact Assessment was prepared in accordance with the necessary requirements and was submitted at the time that Cabinet approval was sought of the policy relating to the regulations [SOU-25-MIN-0104].

Consultation

57 I am satisfied that the statutory prerequisites for consultation on amendments to the Medicines Regulations have been met under section 105 of the Medicines Act 1981.

58 The following agencies were consulted: Crown Law, Treasury, Ministry of Justice, Health NZ and the Parliamentary Counsel Office, and the Department of the Prime Minister and Cabinet.

Publicity

59 Any announcements and release of any reports will be decided on in discussion with the Prime Minister's Office.

Proactive release

60 I intend to defer the release of this paper and associated papers until the regulations are in force, in discussion with the Prime Minister's Office.

Recommendations

The Minister of Health recommends that the Committee:

1 **note** that on 10 September 2025, Cabinet agreed to regulate to prohibit puberty blocker prescribing to treat gender incongruence or dysphoria in new patients

2 **note** that Cabinet agreed to maintain existing youth gender services and to improve access to those services;

3 **note** the Parliamentary Counsel Office has drafted the Medicines (Restriction on prescribing gonadotropin releasing hormone analogues) Amendment Regulations 2025 under section 105 of the Medicines Act 1981 giving effect to the regulations agreed by Cabinet in recommendation 1;

4 **authorise** the submission to the Executive Council of the Medicines (Restriction on prescribing gonadotropin releasing hormone analogues) Amendment Regulations 2025;

5 **note** that the Ministry has engaged with Health NZ to develop options to increase the accessibility of youth gender services;

EITHER

6 s 9(2)(g)(i)

7 s 9(2)(g)(i)

8 s 9(2)(g)(i)

OR

9 **agree** which of the following options should proceed for implementation:

9.1 Option 1: Maintain existing youth gender services and improve access to those services through an online hub (A comprehensive online hub to connect young

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people and their families seeking support to gender services information, advice and services)

9.2 Option 2: Centre of excellence (A centralised model with a centre of excellence and nationalised clinical governance)

9.3 Option 3: Regional hubs (Regional hubs commissioned in each of Health NZ's four regions supporting local service delivery)

9.4 Option 4: District hubs (20 hubs located across the country, one in each of Health NZ's districts)

10 **approve,** subject to your decision in recommendation 9 above, the following changes in appropriations to reflect the funding required to implement this decision, with a corresponding impact on the operating balance and net core Crown debt:

10.1 Option 2: Centre of Excellence

	$ million – increase/(decrease)				
Vote Health Minister of Health	**2025/26**	**2026/27**	**2027/28**	**2028/29**	**2029/30 & Outyears**
Non-Departmental Output Expense: Delivering Primary, Community, Public and Population Health Services	-	s 9(2)(g)(i)			
Total Operating	-				

10.2 Option 3: Regional Hubs

	$ million – increase/(decrease)				
Vote Health Minister of Health	**2025/26**	**2026/27**	**2027/28**	**2028/29**	**2029/30 & Outyears**
Non-Departmental Output Expense: Delivering Primary, Community, Public and Population Health Services	-	s 9(2)(g)(i)			
Total Operating	-				

10.3 Option 4: District hubs

	$ million – increase/(decrease)				
Vote Health Minister of Health	**2025/26**	**2026/27**	**2027/28**	**2028/29**	**2029/30 & Outyears**
Non-Departmental Output Expense: Delivering Primary, Community, Public and Population Health Services	-	s 9(2)(g)(i)			
Total Operating	-				

11 s 9(2)(g)(i)

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12 **authorise** any further policy decisions on this matter to be delegated to the Minister of Health.

Hon Simeon Brown

Minister of Health

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