



31 October 2025

s 9(2)(a)

Ref: H2025073606

Tēnā koe s 9(2)(a)

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) transferred to the Ministry of Health – Manatū Hauora (the Ministry) on 2 October 2025 for information regarding the implementation and monitoring of assisted dying (AD) services under the End of Life Choice Act 2019. You requested:

*“Under the Official Information Act 1982, I request the following information held by Health New Zealand / Te Whatu Ora regarding the implementation and monitoring of voluntary assisted dying (VAD) services under the End of Life Choice Act 2019, which came into effect in November 2021...*

#### 3. ...System implementation

1. *Internal evaluations, monitoring reports, or audits relating to the implementation and delivery of VAD services.*
2. *Workforce, training, and funding documents relevant to VAD service implementation.*
3. *Correspondence, briefing papers, or reports provided to Ministers or the Ministry of Health on VAD implementation and outcomes since 2021.*

*I request this information covering the period November 2021 to the present.”*

The Ministry contacted you on 13 October 2025 in accordance with section 18B of the Act as your request, as it was worded, was for a very large volume of information given the specified timeframe and types of documents you were interested in. Your request would likely have been refused under section 18(f) of the Act as the information requested could not be made available without substantial collation or research.

The Ministry requested you refine your request to substantive documents and briefings and sought further details on what specific interest and topic you are primarily interested in, in relation assisted dying under this request.

On the same day, you agreed to the refinement of your request and noted:

*“What I’m principally after is expenditure data, and activity (number of patients).”*

---

The Ministry has identified four documents within scope of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. A small amount of information is withheld under section 9(2)(a) of the Act, in order to protect the privacy of individuals. I considered the public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

Please note that while Document 1 is outside the requested time period, it has been included in this response as it is likely to be of interest to you.

This link provides access to material published on the Ministry's website related to assisted dying (including service activity): [www.health.govt.nz/publications?f%5B0%5D=topic%3A164](http://www.health.govt.nz/publications?f%5B0%5D=topic%3A164).

Additionally, as noted in the email sent by the Ministry on 13 October, you may also be interested in the following material that is published online:

- The following web page explains the implementation of assisted dying legislation: [www.health.govt.nz/regulation-legislation/assisted-dying/assisted-dying-legislation-and-framework/implementing-assisted-dying-legislation](http://www.health.govt.nz/regulation-legislation/assisted-dying/assisted-dying-legislation-and-framework/implementing-assisted-dying-legislation).
- There was an independent review in the Ministry's implementation of the assisted dying service: [www.health.govt.nz/regulation-legislation/assisted-dying/regulation-and-reporting/assisted-dying-service-implementation-review](http://www.health.govt.nz/regulation-legislation/assisted-dying/regulation-and-reporting/assisted-dying-service-implementation-review).
- The relevant Cabinet material has already been proactively released: [www.health.govt.nz/information-releases/end-of-life-choice-act-implementation-cabinet-papers-and-minutes](http://www.health.govt.nz/information-releases/end-of-life-choice-act-implementation-cabinet-papers-and-minutes).
- The Registrar's reports from 2022 and 2023 are also available online: [www.health.govt.nz/publications/registrar-assisted-dying-annual-report-2022](http://www.health.govt.nz/publications/registrar-assisted-dying-annual-report-2022) and [www.health.govt.nz/publications/registrar-assisted-dying-annual-report-june-2023](http://www.health.govt.nz/publications/registrar-assisted-dying-annual-report-june-2023). The 2023 report discussed the transition of function from the Ministry to the recently formed Health New Zealand following the passing of the Pae Ora – Healthy Futures Act.
- In November 2024, the Ministry completed the first review of the operation of the End of Life Choice Act 2019. You can read more about the review and find copies of the final reports on our website here: [www.health.govt.nz/regulation-legislation/assisted-dying/review-of-the-end-of-life-choice-act](http://www.health.govt.nz/regulation-legislation/assisted-dying/review-of-the-end-of-life-choice-act).

If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: [oiagr@health.govt.nz](mailto:oiagr@health.govt.nz).

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 calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



Ruihua Gu  
**Group Manager, Quality Assurance and Safety**  
**Regulatory Services | Te Pou Tāhū**

## Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	1 September 2021	Briefing: End of Life Choice Act: Financial decisions related to assisted dying services HR20211920	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
2	12 October 2022	Briefing: End of Life Choice Act: Drawdown of tagged contingency for operating costs of assisted dying services HR20221323	
3	8 September 2023	Briefing: End of Life Choice Act: Drawdown of tagged contingency for meeting the cost of replacing the IT platform to support the Assisted Dying Service H2023030728	
4	2 December 2024	Briefing for decision: Assisted dying final contingency drawdown H2023032580	

# Briefing

## End of Life Choice Act: Financial decisions related to assisted dying services

**Date due to MO:** 1 September 2021      **Action required by:** 8 September 2021

**Security level:** IN CONFIDENCE      **Health Report number:** HR20211920

**To:** Hon Andrew Little, Minister of Health  
 Hon Grant Robertson, Minister of Finance

### Contact for telephone discussion

Name	Position	Telephone
<b>Robyn Shearer</b>	DCE and Deputy Director-General, DHB Performance and Support	
<b>Clare Perry</b>	Deputy Director-General, Health System Improvement and Innovation	s 9(2)(a)
<b>Caroline Flora</b>	Associate Deputy Director-General, System Strategy and Policy	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# End of Life Choice Act: Financial decisions related to assisted dying services

---

**Security level:** IN CONFIDENCE      **Date:** 1 September 2021

---

**To:** Hon Andrew Little, Minister of Health  
Hon Grant Robertson, Minister of Finance

---

## Purpose of report

1. This briefing seeks your agreement to draw down funding to meet the cost of providing assisted dying services, using tagged contingency funding set aside in Budget 2021, and to extend the expiry date for remaining contingency funding out to February 2024.
2. This report has been developed by the Ministry of Health with support from The Treasury, and discloses all relevant information.

## Summary

3. As part of Budget 2021 \$11.860 million was appropriated to implement the End of Life Choice Act (the Act) and provide for assisted dying during 2021/22, along with tagged contingency funding of \$7 million per year to meet the ongoing costs of providing assisted dying services [CAB-21-0116.14 refers].
4. In June 2021 Cabinet agreed to an approach that would allow willing practitioners to receive funding for providing assisted dying services, on a fee-for-service basis (excluding those directly employed by DHBs), and to the national procurement and funding of medications and equipment needed for assisted dying by the Ministry of Health [CAB-21-0241 refers].
5. Cabinet also agreed that the Ministers of Health and Finance (Joint Ministers) would approve the drawdown of contingency funding for the provision of assisted dying services.
6. The Ministry of Health (the Ministry) has planned costings on an estimate that up to 950 people could apply for assisted dying each year, with up to 350 being assisted to die. Based on these figures, and some other assumptions, we estimate that providing for assisted dying services could cost between \$2.400 million and \$3.500 million per year.
7. We propose to draw down \$2.900 million per year from the tagged contingency to ensure that sufficient funding is available to meet these costs.
8. There are also ongoing departmental costs for the operational elements needed to support assisted dying to take place, beyond the current financial year. These include costs to operate entities established in the Act, a Registrar (assisted dying) within the Ministry and an associated secretariat function, ongoing training, IT and administrative costs.

9. Our current estimate is that ongoing costs associated with these departmental activities could cost \$1.500 million per year, though we expect to have a clearer picture once assisted dying has been available in New Zealand for a while.
10. We plan to meet these departmental costs by:
  - a. carrying over any unspent funding for 2021/22 to be carried over to meet operating costs in 2022/23
  - b. seeking drawdowns for operating costs from the tagged contingency in 2022/23 and 2023/24.
11. There is significant uncertainty about the level of demand for assisted dying services. However, we consider that the amount of funding set aside in the tagged contingency will be sufficient to meet both the service provision costs and operational costs associated with providing assisted dying in New Zealand.
12. We also seek your agreement to extend the expiry date for contingency funding out from 1 February 2022, to 1 February 2024.
13. Extending the expiry date will allow changes to be made to funding settings if we find that these are needed during the first two years the service is operating, including any changes resulting from a post-implementation review, which will take place after the service has been operating for one year.
14. Following your decisions on this briefing we will finalise the Assisted Dying Services Notice 2021, to be made under section 88 of the New Zealand Public Health and Disability Act 2000, and provide it to the Minister of Health for approval so that practitioners not employed by DHBs can be funded for providing assisted dying services from 7 November 2021.
15. We will provide you with an update on financial arrangements for assisted dying services in 2023, which may include a request to draw down funding for departmental operating costs.

Released under the Official Information Act 1982

## Recommendations

We recommend you:

**Minister  
of  
Finance**      **Minister  
of  
Health**

- a) **Note** that in Budget 2021 \$11.86 million was appropriated to implement the End of Life Choice Act 2019 (the Act) and provide for assisted dying during 2021/22 [CAB-21-0116.14 refers]
- b) **Note** that Budget 2021 also set aside tagged contingency funding of \$7 million per year to meet the ongoing costs of providing assisted dying services, and authorised the Minister of Finance and Minister of Health to jointly approve the drawdown of funding from this tagged contingency
- c) **Agree** to draw down \$2.900 million per year for 2022/23 and onwards from the tagged contingency to meet cost of service provision, which includes making payments to practitioners and providing funding for medications and equipment
- d) **Approve** the following changes to appropriations to provide for the decision in recommendation c) above, with a corresponding impact on the operating balance and net core Crown debt:

**Yes/No**      **Yes/No**

**Yes/No**      **Yes/No**

	\$m – increase/(decrease)				
	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears
<b>Vote Health</b>					
<b>Minister of Health</b>					
Non-Departmental Output Expense:					
National Personal Health Services	-	2.900	2.900	2.900	2.900
<b>Total Operating</b>	-	<b>2.900</b>	<b>2.900</b>	<b>2.900</b>	<b>2.900</b>

- e) **Agree** that the expenses incurred under recommendation d) above be charged against the *Assisted Dying Services/End of Life Choice Act 2019 Implementation – Contingency* described in recommendation b) above
- f) **note** that following the drawdown the balance of funding in the *Assisted Dying Services/End of Life Choice Act 2019 Implementation – Contingency* is \$4.100 million per year in 2022/23 and outyears
- g) **Note** that there are also ongoing departmental costs for the operational elements to support assisted dying to take place including costs to operate entities established in the Act, a Registrar and associated secretariat, provision of training, IT and administration costs
- h) **Note** that the Ministry of Health plans to meet these departmental costs by utilising any unspent funding from 2021/22 and drawdowns from the tagged contingency funding

**Yes/No**      **Yes/No**

- i) **Note** that there is significant uncertainty about what the level of demand will be for assisted dying services, and extending the expiry date for remaining contingency funding to 1 February 2024 will allow changes to be made to funding settings if we find that these are needed during the first two years the service is operating
- j) **Agree** to extend the expiry date for the *Assisted Dying/End of Life Choice Act 2019 Implementation - Contingency* to 1 February 2024 **Yes/No** **Yes/No**
- k) **Note** that we consider that the amount of funding set aside in the tagged contingency will be sufficient to meet all of the costs associated with providing assisted dying services in New Zealand.

Caroline Flora  
Associate Deputy Director-General  
**System Strategy and Policy**  
Date:

Hon Andrew Little  
**Minister of Health**  
Date:

Hon Grant Robertson  
**Minister of Finance**  
Date:

Released under the Official Information Act 1982

# End of Life Choice Act: Financial decisions related to assisted dying services

## Funding has been set aside to provide for assisted dying services

16. As part of Budget 2021 \$11.860 million was appropriated to implement the End of Life Choice Act 2019 (the Act) and provide for assisted dying during 2021/22 [CAB-21-0116.14 refers].
17. This provides for costs associated with implementing the Act, including IT system development, the establishment of statutory entities to oversee assisted dying along with workforce development and training, and the cost of providing assisted dying services, including funding for individual practitioners, medicines and equipment required during the process.
18. Budget 2021 also set aside tagged contingency funding of \$7 million per year to meet the ongoing costs of providing assisted dying services beyond the 2021/22 financial year. This funding was placed in contingency to recognise that further work needed to be done after Budget 2021 to estimate the cost of providing assisted dying services, and because there is significant uncertainty around what the actual volume of demand for assisted dying services will be.
19. In June 2021 Cabinet considered a paper on the approach for providing for assisted dying services and agreed that:
  - a. the Government will take steps to ensure that assisted dying services are available to eligible people from 7 November 2021, in line with other health services
  - b. the Government will take a national approach to funding and providing for assisted dying services, which will involve:
    - i. allowing any suitable individual practitioner who is willing, to receive funding for providing assisted dying services, on a fee-for-service basis (excluding those directly employed by DHBs)
    - ii. the national procurement and funding of medications and equipment needed for assisted dying by the Ministry of Health [CAB-21-0241 refers].
20. Cabinet also noted that:
  - a. fee-for-service funding will allow individual practitioners to claim for funding when they complete parts of the assisted dying process and will include an allowance for travel costs
  - b. practitioners who provide funded assisted dying services will be prohibited from charging co-payments, to prevent these from becoming a barrier to access.
21. Cabinet agreed that the Ministers of Health and Finance (Joint Ministers) would approve the drawdown of contingency funding for the provision of assisted dying services.

## **We propose to draw down \$2.900 million per year to pay for these services, while noting that there is uncertainty about demand**

22. Funding assisted dying services involves making payments to certain practitioners who provide the service, and funding for all medications and equipment.
23. The Minister of Health recently agreed settings to fund practitioners who are not employed by district health boards (DHBs) for providing assisted dying services following advice from the Ministry of Health [HR20211645 refers]. A summary of these settings is provided in Appendix A. DHBs are not being provided additional funding to provide the service, but the costs of medications will be covered.
24. Following Cabinet's agreement that medications and equipment for assisted dying can be procured and funded by the Ministry of Health, we have contracted two DHBs under a variation to the Crown Funding Agreement. The medications and equipment will be provided to practitioners, pursuant to a prescription, as a kit containing everything needed to enable safe and effective administration of medications.
25. The number of people seeking assisted dying is expected to be small, however there is considerable uncertainty, given that we do not know:
  - a. how many people will actually seek and receive assisted dying
  - b. how many practitioners will be willing to provide it.
26. The Ministry has planned on the basis that up to 950 people could apply for assisted dying each year, with up to 350 of those people being assisted to die. This figure is based on an assumption that assisted dying could account for up to one percent of all deaths in New Zealand. This is based on experiences in Victoria - Australia, Oregon - United States and Canada. In these jurisdictions assisted dying accounts for between 0.3 and 2 percent of all deaths.
27. We have also made some assumptions including how far people may progress through different stages of the process, noting that people can stop at any point, may die before completing the process, or may be found ineligible. We estimate that providing for assisted dying services could cost between \$2.400 million and \$3.500 million per year.
28. We propose to draw down \$2.900 million per year from the tagged contingency to ensure that sufficient funding is available to meet the costs of assisted dying services provided by practitioners (outside of DHBs), and the medications and equipment required for providing assisted dying.

## **We also plan to drawdown from the contingency to meet departmental operating costs**

29. In addition to the cost of providing assisted dying services, there are also departmental costs for the operational elements needed to support assisted dying to take place, beyond the current financial year.
30. These operational elements include:
  - a. costs to operate two entities established in the End of Life Choice Act to support the provision of assisted dying:

- i. the Support and Consultation for End of Life in New Zealand (SCENZ) Group, which is responsible for maintaining a list of practitioners involved in providing assisted dying services, supporting the development of, and having oversight over standards of care, and providing support to practitioners
    - ii. the Review Committee, which reviews reports provided by practitioners about assisted deaths and determines whether the information show satisfactory compliance with the requirements of the Act
  - b. a new role of Registrar (assisted dying) within the Ministry of Health, and an associated secretariat function
  - c. providing ongoing training and support to practitioners who provide assisted dying services
  - d. IT and administrative costs.
31. The ongoing cost of these departmental activities is subject to some uncertainty because these are new functions, and some costs may be affected if the level of demand for services is higher or lower than expected.
32. Our current estimate is that ongoing costs associated with these departmental activities could cost \$1.500 million per year, though we expect to have a clearer picture once assisted dying has been available in New Zealand for a while.
33. We plan to meet these departmental costs by:
- a. carrying over any unspent funding for 2021/22 to meet operating costs in 2022/23
  - b. seeking drawdowns for operating costs from the tagged contingency (with your agreement) in 2022/23 and 2023/24.
34. We consider that the amount of funding set aside in the tagged contingency will be sufficient to meet both the service provision costs and operational costs associated with providing assisted dying in New Zealand over the first two years.
35. It would not be possible to absorb these costs within baseline given other system pressures and priorities.

### **We propose to extend the expiry date for remaining contingency funding, to address uncertainty about demand for services**

36. We also seek your agreement to extend the expiry date for contingency funding from 1 February 2022, to 1 February 2024. Extending this date will allow drawdowns to be made to support the delivery of the service (with your agreement) until February 2024.
37. Because assisted dying is entirely new to New Zealand, we anticipate that some unexpected issues may arise as New Zealanders adjust to it being available. These might include responding to unexpected levels of demand for services, addressing additional needs for the health workforce, responding to issues or concerns for particular groups, or responding to legal challenges to parts of the process.
38. We note that in some other jurisdictions where assisted dying has been introduced there has been an increase in demand for services over several years as the public and practitioners become more familiar with the service following its establishment.

39. Extending the tagged contingency will enable changes to be made to funding settings if we find that these are needed during the first two years the service is operating, including:
  - a. any changes resulting from a post-implementation review, which is planned to take place after the service has been operating for one year, and
  - b. any changes following a planned review of prices in the Assisted Dying Services Notice 2021 – which is set to be reviewed after two years.
40. Extending the tagged contingency to February 2024 will also allow officials to confirm more precisely what the ongoing costs of providing assisted dying services are likely to be before the contingency expires and ongoing funding is fixed.
41. We anticipate that responsibility for funding assisted dying services will eventually move from the Ministry of Health to Health New Zealand alongside other national service arrangements currently managed by the Ministry, as part of planned health system reforms.

## Equity

42. The approach taken to fund assisted dying is expected to support equity by:
  - a. removing cost as a barrier to accessing assisted dying services
  - b. allowing people to exercise choice about the practitioner they receive services from
  - c. supporting practitioners to provide culturally responsive services with guidance and training
  - d. allowing practitioners who work in different settings (such as Māori or Pacific health services) to access funding to provide assisted dying on the same basis as other providers
  - e. funding practitioners for transport costs, allowing them to provide services in more isolated and remote areas, and in community settings such as in homes or on marae if this is appropriate
43. Considerations of equity in the development of the funding approach for assisted dying services has included how the funding of assisted dying services will align with funding for services across the health and disability system. This involves striking a balance between:
  - a. needing to address the costs of providing assisted dying to support access by meeting reasonable costs for practitioners, and supporting them to travel to ensure equitable access to the service, and
  - b. avoiding funding assisted dying in a way that would put it out of step with funding for other health services.

## Next steps

44. Following your decisions on this briefing we will finalise the Assisted Dying Services Notice 2021 and provide it to the Minister of Health for approval so that it can be published in the New Zealand Gazette and practitioners can be funded for providing assisted dying services from 7 November 2021.

45. We will provide you with an update on financial arrangements for assisted dying services in 2023, which may include a request to draw down funding for departmental operating costs.

ENDS.

Released under the Official Information Act 1982

## Appendix A – Settings to fund practitioners to provide assisted dying services

The Minister of Health agreed approach [HR20211645 refers] to funding practitioners for providing assisted dying services involves dividing the process into five modules, which practitioners can claim at the values in Table one.

Table one

	Standard hours	Additional payment for complex cases (if needed)	Value of modules
<b>Module one -</b> Application and first opinion of eligibility	3 hours	2 hours	\$724.80 \$1,208.00 (complex cases)
<b>Module two -</b> Independent assessment of eligibility	2.5 hours		\$604.00
<b>Module three -</b> Competency assessment by a psychiatrist (if necessary)	4 hours		\$1,544.16
<b>Module four -</b> Decision about eligibility or ineligibility and follow-up	1.5 hours	2 hours	\$362.40 \$845.60 (complex cases)
<b>Module five-</b> Prescribing and administration of medicines	4.5 hours		\$1,087.20
<b>Total</b>	15.5 hours	Up to 19.5 hours	\$4,322.56 (up to \$5,288.96 for complex cases)

In addition to the modules for providing the service, funding for assisted dying services will also include:

- a supervisor fee for an attending medical practitioner to provide instruction to an attending nurse practitioner when they administer medicines for assisted dying (based on a rate of payment that is 50 percent of the price of module five)
- an optional payment to allow another health practitioner to support an attending medical practitioner when they are providing the final part of the process for the first time (based on a rate of payment that is 50 percent of the price of module five)
- the cost of obtaining clinical notes from a person's normal general practitioner, who will need to collate and provide them so the eligibility assessment can be completed (based on a standard fee of \$231.25, which is in line with ACC rates).

Funding for a travel allowance will be based on reasonable and actual travel costs, using the following settings:

- Private motor vehicle travel costs - distance under 20km not compensated, while distance over 20km is reimbursed at 58.5 cents per kilometre
- Time to travel - for the cost of time to travel more than 20km – paying practitioners for their time at 50 percent of the relevant hourly rate (pro rata)
- Other mode of transport costs - reimbursement will be based on “actual and reasonable” costs on submission of actual invoices
- Incidentals - accommodation and meal costs will be reimbursed on submission in exceptional circumstances where overnight stays are required to provide the service.

Released under the Official Information Act 1982

# Briefing

## End of Life Choice Act: Drawdown of tagged contingency for operating costs of assisted dying services

**Date due to MO:** 12 October 2022      **Action required by:** 26 October 2022

**Security level:** IN CONFIDENCE      **Health Report number:** 20221323

**To:** Hon Andrew Little, Minister of Health  
 Hon Grant Robertson, Minister of Finance

### Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director-General, Regulatory Services	§ 9(2)(a)
Ruihua Gu	Acting Group Manager, Quality Assurance and Safety, Regulatory Services	§ 9(2)(a)
Rob McHawk	Manager, Regulatory Assurance, Quality Assurance and Safety, Regulatory Services	§ 9(2)(a)

### Minister's office to complete:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Approved</b>             | <input type="checkbox"/> <b>Decline</b>   | <input type="checkbox"/> <b>Noted</b>               |
| <input type="checkbox"/> <b>Needs change</b>         | <input type="checkbox"/> <b>Seen</b>      | <input type="checkbox"/> <b>Overtaken by events</b> |
| <input type="checkbox"/> <b>See Minister's Notes</b> | <input type="checkbox"/> <b>Withdrawn</b> |   |

**Comment:**

# End of Life Choice Act: Drawdown of tagged contingency for operating costs of assisted dying services

---

**Security level:** IN CONFIDENCE      **Date:** 12 October 2022

---

**To:** Hon Andrew Little, Minister of Health  
Hon Grant Robertson, Minister of Finance

---

## Purpose of report

1. This briefing provides an update on the assisted dying national clinical service and seeks your agreement to:
  - a. draw down funding from the tagged contingency funding set aside in Budget 2021 to meet expected on-going costs of these services, and
  - b. rephrase the contingency to align it better to anticipated future funding needs.
2. This report discloses all relevant information.

## Summary

3. The End of Life Choice Act 2019 (the Act) makes it legal for persons to access the assisted dying national clinical service if they have a terminal illness and fit the eligibility criteria.
4. Manatū Hauora, the Ministry of Health (the Ministry) monitoring indicates that, in the ten months up to 12 September 2022, there have been 551 formal applications for assisted dying services and 204 assisted deaths. The rate of applications is steadily increasing as people and practitioners become more familiar with the service.
5. Current forecast demand for assisted dying services is at about 960 applications and 360 assisted deaths per year by 2025/26. This level of demand will result in ongoing operating costs of \$5.455 million per year by 2025/26, consisting of \$2.555 million in departmental costs and \$2.900 million in non-departmental costs<sup>1</sup> (Table A, row A).
6. An additional one-off departmental cost of \$150,000 is expected in 2022/23 to complete the review of the assisted dying first year of operation, but this is fully offset by an estimated underspend due to additional personnel yet to be employed in 2022/23. Further, an additional one-off \$600,000 non-departmental expenditure is expected in 2022/23 to complete the establishment of the IT system to support delivery of services. Departmental costs are largely fixed and do not increase with the volume of demand.
7. Budget 2021 appropriated funding of \$11.860 million in 2021/22 only and set aside \$7.000 million per year in 2022/23 and outyears in a tagged operating contingency.

---

<sup>1</sup> There is insufficient data to revise the \$2.900 million per year of non-departmental cost that was forecasted in September 2021 because the service has only been operation for less than a year [HR 20221920 refers].

Access to the funding in the contingency was subject to further advice being provided to Cabinet in June 2021 on the implementation of the End of Life Choice Act 2019 [SWC-21-MIN-0093]. Cabinet also delegated authority to you to jointly approve drawdowns from the contingency and resulting changes to appropriations [CAB-21-MIN-0116.14 refers].

8. In September 2021, you approved an initial drawdown of \$2.900 million per year in 2022/23 and outyears from the contingency and extended the expiry date of the contingency to 1 February 2024 [HR 20211920 refers].
9. Further, in Budget 2022, a total of \$4.500 million between 2022/23 and 2025/26 was returned to the Crown from the contingency because of forecast service demand at that time being lower than expected [CAB-22-MIN-0126 refers].
10. The balance remaining in the tagged operating contingency is shown in Table A, row D.
11. In-principle expense transfers (IPECTs) from 2021/22 [Table A, row B] will provide:
  - a. \$0.600 million in 2022/23 to support the forecast non-departmental costs for the IT system, already confirmed in late August 2022 [HR 20221217 refers]<sup>2</sup>, and
  - b. \$2.545 million in 2022/23 and \$2.555 million in 2023/24 to support the forecast departmental costs in these years, to be confirmed in the 2022 October Baseline Update (OBU) [HR 20221359 refers].

Leaving the departmental costs in 2024/25 and outyears yet to be funded (Table A, row C).

12. This paper seeks your agreement to:
  - a. drawdown from contingency for the unfunded component of on-going departmental costs to run the assisted dying services, ie \$2.555 million per year in 2024/25 and outyears [Table A, row E]; and
  - b. rephase the contingency after the above decision to better align the contingency with future anticipated need for funding from the contingency [Table A, row F].

Table A: Summary of forecast costs and funding for assisted dying services

	Departmental expenditure (\$ millions)					Non-departmental expenditure (\$ millions)				
	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears
A Forecast costs	2.545	2.555	2.555	2.555	2.555	3.500	2.900	2.900	2.900	2.900
B Baseline funding available post-2022 OBU	2.545	2.555	-	-	-	3.500	2.900	2.900	2.900	2.900
C <b>Balance to be funded</b>	-	-	<b>2.555</b>	<b>2.555</b>	<b>2.555</b>	-	-	-	-	-
D <b>Funding available in Contingency</b>	2.300	2.750	3.200	3.650	4.100					
E Drawn down to fund DE [this briefing]	-	-	(2.555)	(2.555)	(2.555)					
F Balance rephased [this briefing]	(2.300)	-	2.000	0.300	-					
G <b>Balance in Contingency after decisions</b>	-	<b>2.750</b>	<b>2.645</b>	<b>1.395</b>	<b>1.545</b>					

13. The Ministry is submitting separate advice on the 2022 OBU confirmations of IPECTs in early October 2022 [HR 20221359 refers].
14. The Ministry will provide a further update on forecast costs in November 2023 after two years of implementation of the assisted dying national clinical service, including advice on the treatment of the residual funding in the tagged operating contingency.

<sup>2</sup> This is the briefing in August 2022 seeking early confirmation of IPECTs.

## Recommendations

We recommend you:

- (a) **Note** that Budget 2021 provided funding for implementing assisted dying services provided for under the End of Life Choice Act 2019, through a combination of appropriated funding and tagged operating contingency, as follows:

<b>Vote Health (\$ millions)</b>	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears
Appropriated funding: <i>(various appropriations)</i>	-	11.860	-	-	-
Tagged contingency: <i>Assisted Dying Services / End of Life Choice Act 2019 Implementation – Contingency</i>	-	-	7.000	7.000	7.000
<b>Total operating</b>	-	<b>11.860</b>	<b>7.000</b>	<b>7.000</b>	<b>7.000</b>

- (b) **Note** that Cabinet authorised the Minister of Finance and Minister of Health to jointly approve drawdown of funding from this tagged contingency and any resulting changes to appropriations [CAB-21-MIN-0116.14 refers]
- (c) **Note** the balance currently remaining in the tagged operating contingency shown in the table below, after the initial \$2.900 million per annum drawdown in September 2021 [HR20211920 refers] and the return of a portion of the contingency in Budget 2022 [CAB-22-MIN-0129 refers]:

<b>Vote Health (\$ millions)</b>	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears
<b>Remaining balance in tagged contingency:</b> <i>Assisted Dying Services / End of Life Choice Act 2019 Implementation – Contingency</i>	2.300	2.750	3.200	3.650	4.100

- (d) **Note** that, based on current forecasts of about 960 applications and 360 assisted deaths by 2025/26, the departmental and non-departmental costs for assisted dying services are forecast to be:

<b>Vote Health (\$ millions)</b>	2022/23 (forecast)	2023/24 (forecast)	2024/25 (forecast)	2025/26 & outyears (forecast)
Departmental operating costs (DE)	2.545	2.555	2.555	2.555
Non-departmental operating costs (NDE)	3.500	2.900	2.900	2.900
<b>Total cost of assisted dying services</b>	<b>6.045</b>	<b>5.455</b>	<b>5.455</b>	<b>5.455</b>

- (e) **Note** the baselined funding that will be available for assisted dying services, after expected confirmation of in-principle expense transfers in the 2022 October Baseline Update, is:

<b>Vote Health (\$ millions)</b>	2022/23	2023/24	2024/25	2025/26 & outyears
Departmental funding available after OBU	2.545	2.555	-	-
Non-departmental funding available after OBU	3.500	2.900	2.900	2.900
<b>Total funding in baselines after OBU</b>	<b>6.045</b>	<b>5.455</b>	<b>2.900</b>	<b>2.900</b>

- |   | <b>Minister of Health</b> | <b>Minister of Finance</b> |
|---|---------------------------|----------------------------|
|   | <b>Yes/No</b>             | <b>Yes/No</b>              |
| (f) <b>Approve</b> a drawdown of \$2.555 million per year in 2024/25 and outyears from the tagged operating contingency "Assisted Dying Services / End of Life Choice Act 2019 Implementation – Contingency" referred to in recommendation (c) above, to provide funding for the on-going departmental costs of providing assisted dying services | <b>Yes/No</b>             | <b>Yes/No</b>              |
| (g) <b>Approve</b> the following changes to appropriations to provide for the decision in recommendation (f) above, with a corresponding impact on the operating balance and net debt:  | <b>Yes/No</b>             | <b>Yes/No</b>              |

<b>Vote Health</b> <b>Minister of Health</b>	\$ millions – increase / (decrease)			
	2022/23	2023/24	2024/25	2025/26 & outyears
<b>Multi-Category Expenses and Capital Expenditure:</b> Stewardship of the New Zealand health system MCA <i>Departmental Output Expenses</i> Regulatory and Enforcement Services	-	-	2.555	2.555
<b>Total Operating</b>	-	-	<b>2.555</b>	<b>2.555</b>

- |  |               |               |
|--|---------------|---------------|
| (h) <b>Agree</b> that the expenses incurred under recommendation (e) above be charged against the <i>Assisted Dying Services/End of Life Choice Act 2019 Implementation – Contingency</i> described in recommendation (c) above  | <b>Yes/No</b> | <b>Yes/No</b> |
| (i) <b>Agree</b> to rephase the tagged operating contingency transferring \$2.000 million to 2024/25 and \$0.300 million to 2025/26 only, from the \$2.300m balance in 2022/23, in order to better align the contingency with future anticipated need for funding from the contingency         | <b>Yes/No</b> | <b>Yes/No</b> |
| (j) <b>Note</b> that, subject to your decisions on recommendation (f) and (i) above, the remaining balance in the tagged operating contingency " <i>Assisted Dying Services/End of Life Choice Act 2019 Implementation – Contingency</i> " after the drawdown sought in this briefing will be: |               |               |

<b>Vote Health (\$ millions)</b>	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears
<b>Remaining balance in tagged contingency:</b> <i>Assisted Dying Services / End of Life Choice Act 2019 Implementation - Contingency</i>	-	2.750	2.645	1.395	1.545

- |     |  |               |               |
|-----|--|---------------|---------------|
| (k) | <b>Agree</b> that the balance of funding remaining in the tagged operating contingency, with its expiry date of 1 February 2024, remains available for further drawdowns subject to further advice in November 2023. | <b>Yes/No</b> | <b>Yes/No</b> |
|-----|--|---------------|---------------|

Clare Perry  
Deputy Director-General  
**Regulatory Services**  
Date: 11 October 2022

Hon Andrew Little  
**Minister of Health**  
Date:

Hon Grant Robertson  
**Minister of Finance**  
Date:

Released under the Official Information Act 1982

# End of Life Choice Act: Update on assisted dying services

## Background

1. The End of Life Choice Act 2019 (the Act) provides for assisted dying services for persons who have a terminal illness, and specifies a process for assisting eligible persons to exercise that option. The assisted dying national clinical service started on 7 November 2021.
2. As part of Budget 2021, \$11.860 million was appropriated to implement the Act and provide for assisted dying in 2021/22, along with tagged contingency funding of \$7 million per year in 2022/23 and outyears to meet the ongoing costs of providing assisted dying services [CAB-21-0116.14 refers].
3. The decision to appropriate funding for the first year and set aside contingency funding after that was based on the need for funding to establish the service, and a recognition that there was considerable uncertainty about demand for the service. This approach allows contingency funding to be drawn down during the initial years of the service as we learn more about demand.
4. When we briefed you in September 2021 [HR 20211920 refers], we noted that in some other jurisdictions where assisted dying has been introduced, there has been an increase in demand for services over several years as the public and practitioners become more familiar with the service.
5. In September 2021, you approved a drawdown of \$2.900 million per year in 2022/23 and outyears as non-departmental expenditure, to allow medical and nurse practitioners to be paid for providing the service, and to cover the cost of the required medicines. At that time, we advised that we would be seeking a drawdown for departmental expenditure once we had a clearer picture of the departmental activities required to support the national clinical service.
6. Appendix 1 contains information about the operation of the service.

## Current and forecast demand for services

7. Since service implementation in November 2021, the Ministry has monitored demand for assisted dying services, and our monitoring indicates that, in the ten months up to 12 September 2022, there were 551 formal applications for assisted dying services and 204 assisted deaths. There were more than 60 applications per month in April to July 2022, an increase from the initial less than 20 in November 2021.
8. Our monitoring indicates 68% of applicants have cancer conditions and 10% have neurological conditions.
9. Overall there were 104 ineligible applications. The most common reason for ineligibility is that applicants do not suffer from a terminal illness that is likely to end their life within six months.
10. Early service feedback to 31 March 2022 was analysed for themes. The feedback revealed three themes:

## a. Positive outcomes

This theme is characterised by people being pleased with the availability of the option and the process, as well as the support from the clinical advisors and quality of the care provided by the involved practitioners.

## b. More integration with wider health services

Some whānau and practitioners observed that existing health services (palliative, hospice, DHB, GP, oncology etc) were still working out how assisted dying interacted with existing services and how to work effectively with the assisted dying service.

## c. Legislation

The legislation is welcome, and applicants were relieved that this service is available. The legislation is not as enabling as some people were hoping for with the criteria for an assisted death more restrictive than overseas jurisdictions.

11. It remains too early to be able to confidently forecast a “stable state” level in New Zealand. Overseas jurisdictions, including Victoria, Oregon and Canada, have shown assisted dying rates accounting for between 0.3% and 2% of all deaths. By comparison, our estimation assumes 1% of all deaths being due to assisted dying in New Zealand per year. This means demand for assisted dying services is expected to be at about 960 applications and 360 assisted deaths per year by 2025/26.

## Current and forecast cost of services

12. In September 2021, based on an estimated 950 applications per year for assisted dying and 350 assisted deaths, we advised that assisted dying services could cost between \$2.400 million and \$3.500 million per year. This estimated cost includes making payments to practitioners and providing funding for medications and equipment.
13. Based on our current estimates of about 960 applications and 360 assisted deaths per year by 2025/26, we now forecast that costs of assisted dying services will be:
- \$2.555 million per year in departmental costs for the Ministry’s functions in supporting the provision of assisted dying services by Te Whatu Ora – Health New Zealand (HNZ) and registered practitioners
  - \$2.900 million per year in non-departmental costs for the costs of service provision by practitioners, including equipment and medicines (Table 1).

Table 1: Actual and forecast costs of assisted dying services, based on about 960 applications and 360 assisted deaths per year

Vote Health (\$ millions)	2021/22 (actual)	2022/23 (forecast)	2023/24 (forecast)	2024/25 (forecast)	2025/26 & outyears (forecast)
Departmental operating costs	3.804	2.545	2.555	2.555	2.555
Non-departmental operating costs	1.370	3.500	2.900	2.900	2.900
<b>Total cost of assisted dying services</b>	5.174	6.045	5.455	5.455	5.455

14. The Ministry has a dedicated secretariat made up of advisory and clinical staff to support the assisted dying national clinical service. As the demand and complexity have become better known, the FTE requirements in August increased to 9.5 from the initial 6.5 when demand and complexity of cases were unknown. These FTEs consist of:

- a. three full-time Registered Nurses, the clinical component of the secretariat, who provide case management for those who apply to the service and become the key contact for applicants and practitioners
  - b. a full-time FTE Registrar (assisted dying), who is a member of the clinical component
  - c. five and a half FTE in the advisory component of the secretariat to provide secretariat support to the two statutory committees and the Registrar; and to manage the quality assurance work programme, analytics and reporting, workforce and training work programme, support payment of practitioners and maintain consumer and practitioner information.
15. We expect to complete a review of the first year of operation in 2022/23, and this adds a one-off \$150,000 to the departmental operating costs in 2022/23. However, we expect this one-off cost to be fully offset by savings resulting from a delay in employing personnel this year.
  16. We also expect to spend a further one-off \$600,000 in 2022/23 as non-departmental expenditure to complete the establishment of IT systems to support delivery of services.

## Funding the cost of services

17. In Budget 2021, \$11.860 million was appropriated in 2021/22 to implement the assisted dying national clinical service, and an ongoing amount of \$7 million per year in 2022/23 and outyears was also set aside in a tagged operating contingency ("*Assisted Dying Services / End of Life Choice Act 2019 Implementation – Contingency*") to meet the ongoing costs of providing assisted dying services beyond the 2021/22 financial year.
18. Cabinet authorised the Ministers of Health and Finance (Joint Ministers) to jointly approve the drawdown of contingency funding for the provision of assisted dying services [CAB-21-MIN-0116.14 refers].

Table 2: Funding provided in Budget 2021 for assisted dying services [CAB-21-MIN-0116.14]

Vote Health (\$ millions)	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears
<b>Appropriated operating funding:</b>					
<i>Departmental appropriations</i>	-	5.760	-	-	-
<i>Non-departmental appropriations</i>	-	6.100	-	-	-
<b>Tagged operating contingency:</b>					
<i>Assisted Dying Services / End of Life Choice Act 2019 Implementation - Contingency</i>	-	-	7.000	7.000	7.000
<b>Total funding provided in Budget 2021</b>	-	<b>11.860</b>	<b>7.000</b>	<b>7.000</b>	<b>7.000</b>

19. In September 2021, you approved an initial drawdown of \$2.900 million per year in 2022/23 and outyears from the tagged operating contingency to meet the forecast costs of service provision (then estimated at between \$2.400 million to \$3.500 million per year) [HR 20211920 refers].
20. You also agreed to extend the expiry date of the contingency to 1 February 2024 [HR 20211920 refers].
21. In April 2021, as part of Budget 2022, a total of only \$4.500 million in funding from the contingency was returned to the Crown over the period from 2022/23 to 2025/26 due to an expectation of lower funding requirements for this service in those years. This reflected the forecast based on a lower uptake of assisted dying services during the first

six months of the service [CAB-22-MIN-0129 refers]. However, between April and July 2022 uptake has been increasing towards the level originally forecast.

22. Table 3 below shows the current balance of the tagged operating contingency.

Table 3: Funding remaining in the Assisted Dying Services / End of Life Choice Act 2019 Implementation - Contingency

Vote Health (\$ millions)	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears
<b>Remaining balance in tagged contingency:</b> <i>Assisted Dying Services / End of Life Choice Act 2019 Implementation - Contingency</i>	2.300	2.750	3.200	3.650	4.100

23. In the 2022 March Baseline Update and in the 2022 June late IPECT briefing, you also approved in-principle expense transfers (IPECTs) for unspent funding from 2021/22 for assisted dying services [HR 20212735 and HR 20220880 refer]. Table 4 below summarises these approved IPECTs.

Table 4: In-principle Expense Transfers approved for unspent 2021/22 funding for assisted dying services

Previously approved IPECTs Vote Health (\$ millions)	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears
<b>March Baseline Update IPECT [HR 20212735], to be confirmed in 2022 OBU:</b> C2: Implementation of the Assisted Dying Scheme					
Regulatory and Enforcement Services DE	(0.600)	0.600	-	-	-
National Personal Health Services NDE	(4.500)	4.500	-	-	-
<b>June IPECT [HR 20220880], already confirmed in August 2022:</b>					
Delivering Primary, Community, Public and Population Health Services	(0.600)	0.600	-	-	-
<b>Total IPECTs</b>	<b>(5.700)</b>	<b>5.700</b>	-	-	-

Note: The "old" (pre-1 July 2022) Vote Health appropriations are shown in the above table, to reflect the decisions made at the time. When these IPECTs are confirmed in the 2022 October Baseline Update, the amounts for 2022/23 will be appropriated to their corresponding "new" (post-1 July 2022) Vote Health appropriations.

24. The June 2022 IPECT has already been early-confirmed in August 2022 [HR 20221217 refers].
25. We currently expect that the remaining \$5.100 million IPECTs will be available for confirmation in the 2022 October Baseline Update (OBU). You will be receiving separate advice on the 2022 OBU transactions in October 2022 [HR 20221359 refers].
26. In summary, Table 5 below shows the level of funding **in baselines after the 2022 OBU** that will be available (assuming confirmation of the approved IPECTs in OBU) to support the provision of the assisted dying national clinical service. This includes the \$2.900 million per year drawdown from the tagged operating contingency in September 2021.

Table 5: Indicative funding baselines for Assisted Dying Services, including expected 2022 OBU confirmations of IPECTs

Vote Health (\$ millions)	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears
<b>Departmental (DE) operating funding</b>					
Stewardship of the New Zealand Health System MCA: Regulatory and Enforcement Services DE	2.545	2.555	-	-	-
<b>Total DE funding available</b>	<b>2.545</b>	<b>2.555</b>	-	-	-
<b>Non-departmental (NDE) operating funding</b>					
Delivering Primary, Community, Public and Population Health Services NDE	3.500	2.900	2.900	2.900	2.900
<b>Total NDE funding</b>	<b>3.500</b>	<b>2.900</b>	<b>2.900</b>	<b>2.900</b>	<b>2.900</b>
<b>Total funding in current baselines after 2022 OBU</b>	<b>6.045</b>	<b>5.455</b>	<b>2.900</b>	<b>2.900</b>	<b>2.900</b>

27. After confirmation of the 2021/22 IPECTs in the 2022 OBU, only the ongoing **departmental costs** of \$2.555 million per annum in 2024/25 and outyears remain unfunded. We are seeking a drawdown from the tagged operating contingency to meet these on-going departmental costs.
28. We consider that the amount of funding set aside in the tagged contingency continues to be sufficient to meet the **non-departmental costs** associated with providing the assisted dying national clinical service in Aotearoa New Zealand.
29. The current contingency funding is set to expire in February 2024, and we expect to report to you before then on what a sustainable level of ongoing funding is expected to be for the service. We are keen to gather as much data as possible on demand for the service before confirming ongoing funding for the service, as we are mindful that we are still very early in the life of the service at the moment. We expect this report back will occur around November 2023 and will address the ongoing need for the balance of funding in the contingency then.
30. We also seek your agreement to rephase the tagged operating contingency, transferring the remaining balance of \$2.300 million from 2022/23 to 2024/25 (\$2.000 million) and 2025/25 (\$0.300 million). This rephasing will better align the funding in the contingency to any ongoing funding requirements to be advised in our November 2023 report-back to you. Table 6 below shows the resulting balance in the contingency if you agree to this request.

Table 6: Assisted Dying Services/End of Life Choice Act 2019 Implementation – Contingency, after decisions in this briefing

Vote Health (\$ millions)	2022/23	2023/24	2024/25	2025/26	2026/27 & outyears
<b>Balance in tagged contingency after decisions in this briefing:</b>					
Assisted Dying Services / End of Life Choice Act 2019 Implementation - Contingency	-	2.750	2.645	1.395	1.545

## Other related matters

31. In March 2023, we anticipate that some functions will transfer to HNZ with work to determine those functions completed in November 2022. Relevant baselined funding will also be transferred from the Ministry to HNZ at that time.
32. The first Registrar (Assisted Dying) Annual Report was released in July 2022, and the next one is scheduled for July 2023. We do not expect the July 2023 report to have any material impact on decision-making.

## Consultation

33. We have consulted with officials from The Treasury, and their feedback has been incorporated into this briefing.

## Equity

34. The approach being taken to fund assisted dying is expected to support equity by:
- removing cost as a barrier to accessing the assisted dying national clinical service
  - allowing people to exercise choice about the practitioner they receive services from
  - supporting practitioners to provide culturally responsive services with guidance and training
  - allowing practitioners who work in different settings (such as Māori or Pacific health services) to access funding to provide assisted dying on the same basis as other providers
  - funding practitioners for transport costs, allowing them to provide services in more isolated and remote areas, and in community settings such as in homes or on marae if this is appropriate.
35. Considerations of equity in the development of the funding approach for assisted dying services have included how the funding of assisted dying services will align with funding for services across the health and disability system. This involves striking a balance between:
- needing to address the costs of providing assisted dying to support access by meeting reasonable costs for practitioners, and supporting them to travel to ensure equitable access to the service, and
  - avoiding funding assisted dying in a way that would put it out of step with funding for other health services.

## Next steps

36. Subject to your agreement to the drawdown proposed in this briefing, the appropriation changes resulting from your decisions will be reflected in the next baseline update for Vote Health.
37. The next quarterly report will be published in October 2022.
38. We will provide a further update on forecast costs in November 2023 after two years' implementation of the assisted dying national clinical service.

**ENDS.**

## Appendix 1: Implementation of assisted dying services

- To apply for assisted dying services a person must make an application to the Assisted Dying Secretariat. The detailed process required is outlined in Figure 1 below. The process will stop if the person is not eligible, the person is being pressured to seek assisted dying services, or the person changes their mind.

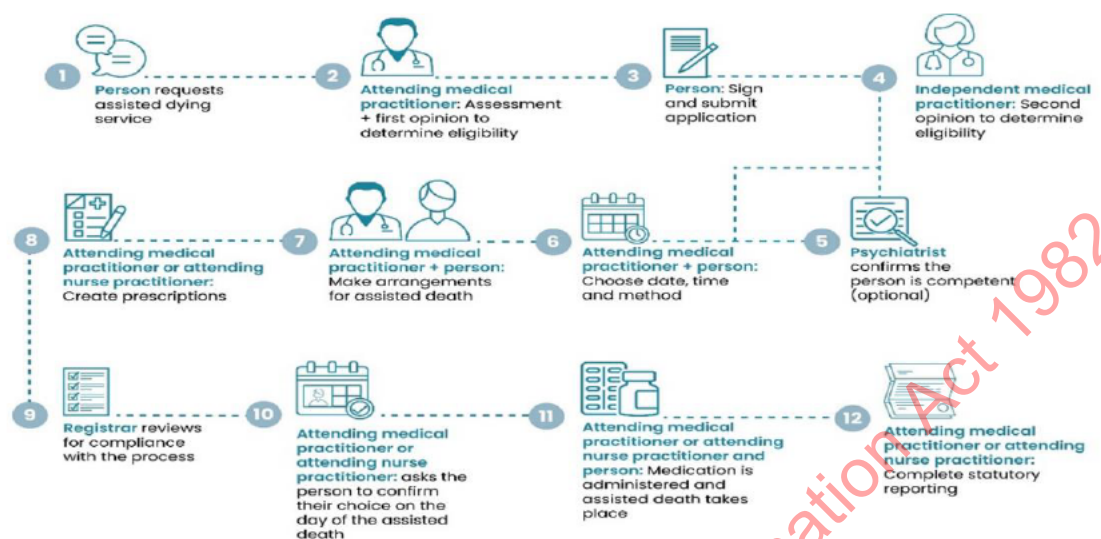


Figure 1: Process followed by an application under the End of Life Choice Act

- With the establishment of Te Whatu Ora - Health New Zealand (HNZ) on 1 July 2022, HNZ assumes responsibility for the role previously performed by District Health Boards. However, the Ministry funds the workforce and resources to support the Act directly. Although the assisted dying workforce works for HNZ, it provides the service outside HNZ roles and is made up of independently contracted practitioners paid through a Section 88 notice (now Section 94 in Pae Ora (Healthy Futures) Act 2022). The Section 88 notice allows fee-for-service payments to be made as various stages of the process are completed.

- The Ministry operates the assisted dying national clinical service. The service consists of
  - a Registrar (assisted dying), a statutory role under the Act, appointed by the Director-General of Health

The Registrar's responsibilities include: reviewing the assisted dying forms completed by practitioners, to ensure compliance with the Act prior to the prescription being released; maintaining a register of approved forms for the assisted dying process, including consulting the Privacy Commissioner as appropriate; receiving and managing complaints, including referring them to the Health and Disability Commissioner, New Zealand Police, and/or other appropriate authorities; acting on feedback from the Review Committee. The Registrar also provides support and advice to health practitioners, clinical advisors and the Assisted Dying Secretariat.

- the Assisted Dying Secretariat, which has clinical advisors providing frontline points of contact for applicants and their whanau, and the practitioners that care for the applicant and the practitioners that are contracted to supply the service

The secretariat also has another advisory team that provides support for the statutory committees, workforce training, application administration, practitioner payments processing, public information through website and stakeholder

communication and linkages into the policy and advisory networks in the wider Ministry of Health.

- c. provision of ongoing training and support to practitioners who provide assisted dying services to ensure there is awareness of their clinical and legal responsibilities when providing the service

Primary training is provided by online modules and supplemented with question-and-answer seminars hosted by the secretariat clinical team. In November 2022 the secretariat will provide a training forum over two days.

- d. the IT system where applications are recorded and managed

The system is a repository for the information required by the Act to ensure applications are documented in a clinically and legally safe way.

### Responsibilities under Te Tiriti

4. As assisted dying is a relatively new health service both domestically and internationally, there is limited knowledge of the impact a person choosing assisted dying has on their families and communities. This is particularly true in respect of assisted dying and Māori and whānau Māori.
5. The service has the following mechanisms in place that contribute to meeting the principles of Te Tiriti. The Ministry's strategies in Whakamaua: Māori Health Action Plan were considered and incorporated as part of the planning and deliverables during the implementation of the Act. This included:
  - a. adopting Mate Whakaahuru ('to die in a warm and comforting manner') as the te reo Māori translation for assisted dying
  - b. engaging with Māori health and disability organisations including Te Ao Mārama and kaupapa Māori health and disability service providers as part of the establishment of assisted dying
  - c. ensuring that Te Tiriti o Waitangi commitments are incorporated in the service design and reflected in the guidelines, standards of care, the care pathway, clinical guidelines, the Section 88 notice (funding mechanism); training for the sector, and information about the service
  - d. formal partnerships and statutory governance that provide ongoing guidance and direction alongside the Ministry of Health, including:
    - i. the Support and Consultation for End of Life in New Zealand (SCENZ) Group includes two Māori members and a Māori co-chair, where all members are expected to be knowledgeable on Te Tiriti
    - ii. the End of Life Review Committee has a Māori member, and all members are expected to be knowledgeable on Te Tiriti
    - iii. Te Apārangi: Māori Partnership Alliance taking an advisory role during the implementation period. Te Apārangi was consulted and provided advice on a wide range of implementation matters, including incorporating whānau and te ao Māori worldview in the service and approach to Māori engagement
    - iv. ensuring that cultural safety of the practitioners providing assisted dying services is a priority, as this underpins good practice

- v. facilitating a body of knowledge to develop around assisted dying that is specific to Aotearoa New Zealand through a research strategy. This knowledge can inform both how assisted dying is provided in practice, and wider conversations and understandings about the social and cultural implications of assisted dying, including for Māori and whānau Māori.

## Designing for equity

6. Aotearoa New Zealand is one of a relatively small number of jurisdictions that have legalised assisted dying, and the Ministry is grateful to overseas colleagues who offered advice and expertise from their own experiences of introducing an assisted dying service. It was vital that the implementation also considered the specific New Zealand context, particularly the needs of Māori and people living in rural areas.
7. The Ministry is committed to ensuring that the assisted dying service is person-centred, equitable and accessible to all New Zealanders. This means that a person's location or situation will not affect their ability to access assisted dying. In addition the service will be responsive to the individual person's needs, including supporting mana motuhake, meaning services are person-centred and whānau-centred. This was a central consideration in the design of the service and how it has been funded.
8. To support an equitable and accessible service, the Ministry focused on:
  - a. enabling a person to exercise choice about their practitioner and maximising the size, spread and diversity of the assisted dying workforce by allowing any willing and appropriately trained medical or nurse practitioner to access funding for providing assisted dying services
  - b. providing funding for practitioners to travel to provide services, which enables access throughout New Zealand and means a person can receive care in their own home, regardless of where they live
  - c. supporting the use of telehealth, where appropriate, in the process, offering people options, and improving timeliness and access for people in rural areas or where there are few assisted dying practitioners
  - d. providing public information in various languages and formats and supporting the use of interpreters to increase accessibility and support a culturally safe service for all people and their whānau
  - e. incorporating Te Tiriti o Waitangi principles in the assisted dying training, Standard of Care and Clinical Guideline for administering assisted dying medication to support practitioners to provide services that recognise and support Māori models of care
  - f. supporting practitioners to provide culturally safe assisted dying services by creating a care plan and ensuring training resources reflect how the assisted dying process may look different depending on the person accessing the service
  - g. ensuring feedback channels were in place to enable continuous quality improvement based on a person's experience of the service.<sup>3</sup>

---

<sup>3</sup> Ministry of Health. 2022. Assisted Dying Service – Ngā Ratonga Mate Whakaahuru: Registrar (assisted dying) Annual Report to the Minister of Health. Wellington: Ministry of Health.

# Briefing

## End of Life Choice Act: Drawdown of tagged contingency for meeting the cost of replacing the IT platform to support the Assisted Dying Service

**Date due to MO:** 8 September 2023      **Action required by:** 15 September 2023

**Security level:** IN CONFIDENCE      **Health Report number:** H2023030728

**To:** Hon Dr Ayesha Verrall, Minister of Health  
 Hon Grant Robertson, Minister of Finance

### Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director-General, Regulatory Services – Te Pou Whakariterite Ratonga	§ 9(2)(a)
Fergus Welsh	Chief Financial Officer, Corporate Services	§ 9(2)(a)

### Minister's office to complete:

- Approved       Decline       Noted  
 Needs change       Seen       Overtaken by events  
 See Minister's Notes       Withdrawn

Comment:

# End of Life Choice Act: Drawdown of tagged contingency for meeting the cost of replacing the IT platform to support the Assisted Dying Service

---

**Security level:** IN CONFIDENCE                      **Date:** 8 September 2023

---

**To:** Hon Dr Ayesha Verrall, Minister of Health  
Hon Grant Robertson, Minister of Finance

---

## Purpose of report

1. This briefing provides an update on the Assisted Dying Service (the Service) and seeks your agreement to drawdown funding from the Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency set aside in Budget 2021, to meet the cost of replacing the IT platform (platform) that underpins the Service.
2. This report discloses all relevant information.

## Summary

3. The End of Life Choice Act 2019 (the Act) makes it legal for people to access the Service if they have a terminal illness and meet the other eligibility criteria. The Act sets out a comprehensive process for the applicant, including the need for appropriate record-keeping by multiple people throughout the steps.
4. In Budget 2021, \$11.860 million was appropriated to implement the Act and provide for the Service in 2021/22, along with tagged contingency funding of \$7 million per year in 2022/23 and outyears to meet the ongoing costs of providing the Service [CAB-21-0116.14 refers].
5. To date, two drawdowns have occurred. In September 2021, an initial drawdown of \$2.900 million per year in 2022/23 and outyears from the contingency was approved to meet the cost of providing the Service, noting there was uncertainty about demand [HR 20211920 refers]. In October 2022, a second drawdown of \$2.555 million per year in 2024/25 and outyears was approved to fund the ongoing departmental costs to run the Service [HR 20221323 refers].
6. Due to the short timeframe to implement the Act, an existing IT platform was quickly adapted to manage the application process set out in the Act. This decision was based on the information available at the time, both about the capability of the platform and the requirements of the Service.
7. Issues with the existing platform's capability were noted soon after implementation, however the supplier assured that these could be resolved through further updates. After numerous challenges, it is evident that the existing platform cannot be customised to meet

the needs of the Service. The platform is suitable for storing non-clinical information where there is no need to move information between multiple users throughout the process. However, it is not fit-for-purpose for the more complex requirements for the Service and this creates significant clinical, regulatory, privacy, and reputational risks.

8. Our understanding of the needs of the Service has developed as the Service matures, and based on this, lessons from our experience with the existing platform, and an Independent Quality Assurance review, the Ministry and Te Whatu Ora have determined that it is necessary to halt further enhancement to the existing platform and procure a new platform that can deliver the complex clinical and regulatory requirements of assisted dying.
9. We estimate the new platform will require \$2.667 million to develop, which includes a 15% project contingency due to uncertainties in the costing until a request for proposal (RFP) is completed. This reflects the sensitive and complex needs of the Service. The platform must safely and securely manage and enable access to clinical information by clinicians, the Ministry's regulatory teams, Te Whatu Ora case management staff and other authorised users in a way that is compliant with the detailed requirements of the Act, as well as safeguarding privacy requirements.
10. The Ministry and Te Whatu Ora investigated whether funding could be reprioritised from within existing baselines to meet the expected cost of the replacement platform, but we have determined that there is no alternative funding option available to meet this cost. We considered existing cost pressures, savings targets, increasing service demand, increasing staff costs, and the ongoing maintenance cost for the existing platform until a new solution is developed, before reaching our conclusion.
11. This paper seeks your agreement to drawdown \$2.667 million in 2023/24 only from the remaining tagged contingency to cover the one-off cost of delivering a dedicated platform for the Service. The estimated ongoing cost of running this platform is expected to be met from the funding drawn down last October.
12. The proposed drawdown will not impact on other aspects of service performance. As noted in the October 2022 drawdown paper, the Ministry will provide a further update on forecast costs in November 2023 after two years of implementation of the Service, including advice on the treatment of the funding that remains uncalled from the tagged operating contingency.

## Recommendations

We recommend you:

1. **Note** that on 12 April 2021 Cabinet [CAB-21-MIN-0116.14 refers]:
  - a) **Agreed to** provide funding for implementing assisted dying services under the End of Life Choice Act 2019, through a combination of appropriated funding and tagged operating contingency, as follows:

<b>Vote Health (\$ millions)</b>	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears
Appropriated funding	-	11.860	-	-	-
Tagged contingency: <i>Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency</i>	-	-	7.000	7.000	7.000
<b>Total operating</b>	-	<b>11.860</b>	<b>7.000</b>	<b>7.000</b>	<b>7.000</b>

- b) **Authorised** the Ministers of Finance and Health to jointly approve drawdown of funding from this tagged contingency and any resulting changes to appropriations;
2. **Note** the balance currently remaining in the tagged operating contingency shown in the table below, after a drawdown of \$2.900 million per annum (in 2022/23 and outyears) in September 2021 [HR20211920 refers] and a further drawdown of \$2.555 million per annum (in 2024/25 and outyears) in October 2022 [HR 20221323 refers] as well as the return of a portion of the contingency in Budget 2022 [CAB-22-MIN-0129 refers]:

<b>Vote Health (\$ millions)</b>	2023/24	2024/25	2025/26	2026/27	2027/28 & outyears
<b>Remaining balance in tagged contingency:</b> <i>Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency</i>	2.750	2.645	1.395	1.545	1.545

3. **Note** attempts to use an existing platform for the Service have fallen short, with the platform proving unsuitable to deliver on the more complex requirements of the service. A new platform is required to meet the specific regulatory needs of the Service and to safely and securely manage, and enable access to, sensitive applicant information;

- |  | <b>Minister of Health</b> | <b>Minister of Finance</b> |
|--|---------------------------|----------------------------|
|  | <b>Yes/No</b>             | <b>Yes/No</b>              |
| 4. <b>Agree to</b> a drawdown of \$2.667 million in 2023/24 only from the tagged operating contingency ' <i>Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency</i> ' referred to in recommendation 1a above, to provide funding for the one-off cost of delivering the IT platform required to underpin the Assisted Dying Service; |                           |                            |

- |   |               |               |
|---|---------------|---------------|
| 5. <b>Approve</b> the following change to appropriation to provide for the decision in recommendation 4 above, with a corresponding impact on the operating balance and net debt: | <b>Yes/No</b> | <b>Yes/No</b> |
|---|---------------|---------------|

<b>Vote Health</b> <b>Minister of Health</b>	\$ millions – increase / (decrease)				
	2023/24	2024/25	2025/26	2026/27	2027/28 & outyears
<b><i>Multi-Category Expenses and Capital Expenditure:</i></b> Stewardship of the New Zealand health system MCA <i>Departmental Output Expense</i> Regulatory and Enforcement Services <i>(funded by Revenue Crown)</i>	2.667	-	-	-	-
<b>Total Operating</b>	<b>2.667</b>	-	-	-	-

- |  |               |               |
|--|---------------|---------------|
| 6. <b>Agree</b> that the proposed change to appropriation for 2023/24 above be included in the 2023/24 Supplementary Estimates and that, in the interim, the increase be met from Imprest Supply;                          | <b>Yes/No</b> | <b>Yes/No</b> |
| 7. <b>Agree</b> that the expense incurred under recommendation 5 above be charged against the <i>Assisted Dying Service/End of Life Choice Act 2019 Implementation – Contingency</i> described in recommendation 1a above; | <b>Yes/No</b> | <b>Yes/No</b> |

8. **Note** that following the adjustment in recommendation 7 above, the remaining balance in the tagged operating contingency 'Assisted Dying Service/End of Life Choice Act 2019 Implementation – Contingency' will be:

<b>Vote Health (\$ millions)</b>	2023/24	2024/25	2025/26	2026/27	2027/28 & outyears
<b>Remaining balance in tagged contingency:</b> <i>Assisted Dying Service / End of Life Choice Act 2019 Implementation - Contingency</i>	0.083	2.645	1.395	1.545	1.545

9. **Note** that the tagged contingency expires on 1 February 2024 and the Ministry will provide a further update on forecast costs in November 2023 after two years of implementation of the assisted dying national clinical service, including advice on the treatment of the remaining funding in the tagged operating contingency.

Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**  
 Date: 8 September 2023

Hon Grant Robertson  
**Minister of Finance**  
 Date:

Clare Perry  
 Deputy Director-General  
**Regulatory Services – Te Pou**  
**Whakariterite Ratonga**  
 Date: 7 September 2023

Hon Dr Ayesha Verrall  
**Minister of Health**  
 Date:

# End of Life Choice Act: Drawdown of tagged contingency for meeting the cost of replacing the IT platform to support the Assisted Dying Service

## Background

### *The Assisted Dying Service*

1. The Assisted Dying Service (the Service) was established when the End of Life Choice Act 2019 (the Act) came into force on 7 November 2021. Manatū Hauora – the Ministry of Health (the Ministry) and Te Whatu Ora both have responsibility to deliver the Service – the Ministry oversees the regulatory side, and Te Whatu Ora delivers the service. The governance group that oversees the platform project includes senior officials from both agencies.
2. Assisted dying allows a person who is experiencing unbearable suffering from a terminal illness to take or be given medication to end their life. There are strict eligibility criteria to have an assisted death and not everyone with a terminal illness will be eligible.
3. There are two statutory committees and one statutory role within the Act:
  - a. The End of Life Review Committee appointed by the Minister of Health
  - b. The Support and Consultation for End of Life in New Zealand Group appointed by the Director-General of Health
  - c. The Registrar (assisted dying), a permanent employee of the Ministry nominated by the Director-General of Health.
4. Access to the service involves specific steps, medical assessments, and safeguards as set out in the Act, to ensure a person is eligible and that they are competent to make the decision for themselves and without pressure from other parties. This process spans the Ministry, Te Whatu Ora, external assisted dying workforce and the statutory roles and committees.
5. There is an ongoing increase in service demand. From November 2021 through to 31 March 2023, 1,013 applications have been managed through the existing platform, with 394 people having an assisted death. This includes 206 applications and 66 assisted deaths during the first year (7 November 2021 to 31 March 2022) and 807 new applications and 328 assisted deaths during the second year up to 31 March 2023.
6. Based on the experience of international jurisdictions, a steady increase in demand is expected due to the ageing population of New Zealand, the effects of increased understanding about options for end of life care and confidence in the service and regulatory settings.

### Funding for the Assisted Dying Service

7. As part of Budget 2021, \$11.860 million was appropriated to implement the Act and provide the Service in 2021/22, along with tagged contingency funding of \$7 million per year in 2022/23 and outyears to meet the ongoing costs of providing assisted dying services [CAB-21-0116.14 refers].
8. In September 2021, an initial drawdown of \$2.900 million per year in 2022/23 and outyears from the contingency was approved to meet the cost of providing assisted dying services, noting there was uncertainty about demand [HR 20211920 refers].
9. In Budget 2022, a total of \$4.500 million from the contingency was returned to the Crown over the period from 2022/23 to 2025/26 due to an expectation at the time of lower funding requirements for this service in those years [CAB-22-MIN-0129 refers].
10. In October 2022, a second drawdown of \$2.555 million per year in 2024/25 and outyears was approved to fund the ongoing departmental costs to run the assisted dying services [HR 20221323 refers]. The tagged contingency was also rephased to be better aligned with future anticipated need for funding from the contingency.
11. The funding movements and the remaining balance in the tagged contingency are summarised in the table below:

<b>Vote Health (\$ millions)</b>	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28 & outyears
<b>Tagged contingency approved:</b> Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency	7.000	7.000	7.000	7.000	7.000	7.000
<b>Funding movements:</b>						
Initial draw down [HR 20211920]	(2.900)	(2.900)	(2.900)	(2.900)	(2.900)	(2.900)
Funding return in Budget 22	(1.800)	(1.350)	(0.900)	(0.450)	-	-
Second drawdown [HR 20221323]	-	-	(2.555)	(2.555)	(2.555)	(2.555)
Rephase [HR 20221323]	(2.300)	-	2.000	0.300	-	-
<b>Remaining balance in tagged contingency:</b> Assisted Dying Service / End of Life Choice Act 2019 Implementation - Contingency	-	2.750	2.645	1.395	1.545	1.545

### Quality and Safety of the platform

12. As a new service, a key focus has been ensuring the Service has the necessary elements in place to be safe, of high quality, and trusted. This includes being able to demonstrate that all regulatory requirements are met, making sure that the workforce has the right training and support, and that safeguarding processes are in place.
13. The Service is functioning well, although the platform that underpins and enables the Service requires constant technical attention as it does not meet the specific needs of the

Service. The platform must ensure that sensitive information about the applicant is held securely and can also be accessed easily by the assisted dying workforce at the appropriate stages of the process (set out in Appendix 1). Therefore, it must be able to anonymise and de-anonymise information about a person as they proceed through the process.

14. Due to the short timeframe in implementing the Act, a decision was made to use a cloud-based platform that had already been procured for use by the Office of Radiation Safety. The platform was expected to be able to accommodate other Ministry regulatory regimes. It is successfully being used for vaping and tobacco and remains suitable for these purposes, as vaping and tobacco use nonclinical information that does not need to be accessed by multiple users throughout the process.
15. Work to customise the platform for the Service was slowed by competing priorities in a constrained market for the requisite capability to make system changes, for example, standing up the Firearms Registry (NZ Police), and vaping and tobacco. This resulted in work for the Service being delayed until September 2021 for the establishment of the Service on 6 November 2021.
16. Since the establishment of the Service, there have been issues with the platform's capability. Key concerns from users of the platform include:
  - the system allowed applications to continue through the process without required forms being completed, bypassing safeguards built into the process, and
  - statutory committees unable to access information needed to fulfil their function.
17. These issues were raised with the platform supplier and the Ministry and Te Whatu Ora were assured that they would be resolved through function enhancements. There have been multiple attempts to fix issues, however, attempts often led to new issues arising elsewhere in the system. In August 2022, a one off \$600,000 in-principle expense transfer was confirmed for 2022/23 to complete the customisation of the existing platform [HR 20221217 refers]. This was due for completion in December 2022. Several platform improvements were achieved, but this work has not satisfactorily resolved day-to-day user issues.
18. These issues created clinical, regulatory, privacy and reputational risks. The Ministry established manual workaround processes to mitigate risks and to ensure the integrity of the process is maintained, while the issues are being fixed. However, this is not a sustainable solution.
19. The governance group overseeing the platform has determined that the current platform should be stabilised, while an alternative platform is procured and developed. In addition to the above issues, this decision was based on:
  - the impact on the assisted dying workforce, as some practitioners were so frustrated that they were considering leaving the Service
  - concerns about the potential for the platform to become less usable as the Service matures and the dataset grows
  - potential impact on other regulatory regimes using the platform, including vaping and tobacco, due to the resources required to maintain the Service's platform within a constrained market; and

- recommendations from the Independent Quality Assurance Review commissioned by the Ministry. This review confirmed that the current platform could not be appropriately customised to support the Service (see also paragraph 28).

## Proposed drawdown

20. The Ministry has explored whether funding could be reprioritised from the existing project funding baselines held by the Ministry and Te Whatu Ora and within the wider organisation to meet the expected cost of building a new platform.
21. As noted in paragraph 5, the Service has experienced a considerable increase in demand in the second year of implementation. Post the October 2022 drawdown, additional staff costs have also been identified with an additional registrar resource (medical practitioner) required to manage the increasing demand. Further, there is ongoing maintenance cost for the current platform until a new solution is developed. As such, reprioritisation within the existing project funding is not viable.
22. You have recently approved the drawdown of the Budget 22 contingency to strengthen the Ministry's Stewardship Role [H2023027229 refers] and the remaining stewardship contingency has been returned to the centre through the Immediate Savings Exercise, including \$2.294 million in 2023/24. As detailed in the drawdown paper, the Ministry has assessed its existing baselines and other demands required to be absorbed within baseline as part of the internal planning processes. The funding drawn down from the stewardship contingency has been fully committed for the Ministry to deliver on its change programme and to meet its priority areas of capability uplift. There is no other funding available in the Ministry to manage this new IT cost in 2023/24.
23. It is estimated that the new platform will require \$2.667 million to develop in 2023/24. The proposed drawdown of funds from the Assisted Dying Service / End of Life Choice Act 2019 Implementation - Contingency would be used to complete and undertake a market procurement of a suitable platform, and for the programme of work to deploy the solution including requirements, architecture, design, build, configuration, test, and deployment of the new digital services. A 15% project contingency has been included due to the uncertainties in the costing until an RFP is completed.
24. While a market procurement was undertaken for the existing platform, this pre-dated the assisted dying legislation so the needs of the service were unknown and not considered. In selecting a new platform, the procurement will focus heavily on proven capability of the platform and supplier to service a complex, rules-based, regulatory environment and being able to meet the clinical safety and data security expectations of the health environment.
25. Through the COVID-19 pandemic response the Ministry and Te Whatu Ora have successfully deployed a number of such applications with case management and rules-based workflows. Te Whatu Ora's expectation of procuring a suitable solution, and the associated cost estimates lean on these experiences.

26. A summary of the cost breakdown is as follows:

<b>Key cost component</b>	<b>Stage 1: Requirements, design &amp; RFP Sep – Dec 2023</b>	<b>Stage 2: Implementation Jan – Jun 2024</b>	<b>Total (\$)</b>
<i>Business team:</i> Programme leadership (shared), change management, service design advice, subject matter expertise, programme overheads	147,920	247,240	395,160
<i>Technical team:</i> Technical leadership, project coordination (shared), product leadership, business/systems analysis (shared), enterprise & solution architecture, and testing	361,260	525,532	886,792
<i>Vendor team:</i> Vendor costs for design, build/configuration, and testing of a software-as-a-service solution	-	827,457	827,457
<i>Other technical deliverables:</i> Integration build to other systems, IT security/penetration testing, data migration	-	210,000	210,000
<b>Total estimated cost</b>	<b>509,180</b>	<b>1,810,229</b>	<b>2,319,409</b>
Project contingency		15%	347,911
<b>Total funding required (rounded)</b>			<b>2,667,000</b>

27. This cost estimate is based on the following key milestones anticipated for the programme:

Release of RFP	2 October 2023
Contract awarded by	4 December 2023
Commencement of build activity	8 January 2024
Build completion/Go live	24 June 2024

## Risks

28. The Ministry-commissioned Independent Quality Assurance Review concluded in June 2023. The review found that the platform remained suitable for vaping and tobacco but could not be customised to the degree that the Service requires. It recommended that the current platform be stabilised in the interim, while a new platform is procured for the Service. Governance accepted this recommendation.
29. If we cannot access this drawdown funding, we will be unable to procure and implement a new platform for the Service. This will mean having to use the existing, cumbersome, and unstable platform, including many manual workarounds that increase security risk as clinical information cannot be guaranteed to be stored or managed securely.
30. Risks associated with continuing with the existing platform include:
  - a. The platform becomes more unstable and unreliable. Experience to date suggests that making changes to address issues often leads to other issues elsewhere in the system. This has led to the 'breaking' of other working functionalities promoting inherent platform instability. This could potentially impact other regulatory regimes that are housed in separate instances on the same platform, such as vaping and tobacco.
  - b. The platform costs more to maintain. Needing to continually address issues within the current platform might eventually cost more than building a new platform that requires less maintenance. Manual workarounds are inefficient and prone to errors.
  - c. People working within the Service are adversely impacted. This could lead to practitioners withdrawing from the service due to their frustration with the current system.
  - d. Monitoring and reporting capability continues to be restricted. Manual checking adds to delays in reporting and makes it more difficult to conduct service planning and regulatory auditing and analysis. These issues are most likely to manifest as the Service continues to grow and more data accrues.
31. There are some risks associated with the transition to a new platform. The exact nature of these will be better known once the alternative platform is identified. We expect that our experience to date will help identify and mitigate these risks. Potential risks include:
  - a. risks associated with data migration. Issues are always a possibility with data migration, and this has been factored into the estimates. In addition, we expect that the data structures of the current platform will simplify the migration process
  - b. risks associated with meeting timeframes. The level of configuration required by the new platform will determine how long it will take for the new platform to be ready. The estimate is based on a degree of configuration needed. Significant build or customisation effort would result in a longer implementation time and potentially greater cost
  - c. risks associated with records remaining in the current platform in the interim. Work is underway to support the current platform as an interim solution until the new platform is ready. A key part of this is to mitigate risks to patient records as much as possible. Security of information will also be a significant consideration if there are any delays to the project.

## Consultation

32. Te Whatu Ora has been consulted on and provided input into this funding request and the cost estimate, and fully supports the paper.
33. We have consulted with The Treasury, and their feedback has been incorporated into this paper.

## Equity

34. The approach being taken to deliver a new platform for the Service is expected to support equity by:
  - a. ensuring there is a solution that is safe to use to store applicant information and to be utilised by practitioners in different practice settings (ie, rural and urban areas)
  - b. having a solution that is compatible with the principles of Māori data sovereignty, which will ensure that assisted dying data reflects all Te Tiriti o Waitangi principles.

## Next steps

35. We will continue to keep statutory committees and practitioners informed about the status of the regulatory platform.
36. Subject to your agreement to the drawdown proposed in this briefing, the appropriation changes resulting from your decisions will be reflected in the 2023 October Baseline Update for Vote Health.
37. Upon your approval the Ministry will commence preparation of a Request for Proposal to be released at the beginning of October with the intent to award a contract in December 2023. Work to implement the new solution is a priority. It will commence at the start of 2024 with target completion within the 2023/24 financial year.
38. The Ministry will provide a further update on forecast costs in November 2023 after two years of implementation of the Service. This will include advice on the treatment of the remaining funding in the tagged operating contingency.

ENDS.

## Appendix 1: Process flow of the Service

- To apply for the services a person must make an application to the Assisted Dying Secretariat. The detailed process required is outlined in Figure 1 below. The process will stop if the person is not eligible, is being pressured to seek assisted dying services, or changes their mind.

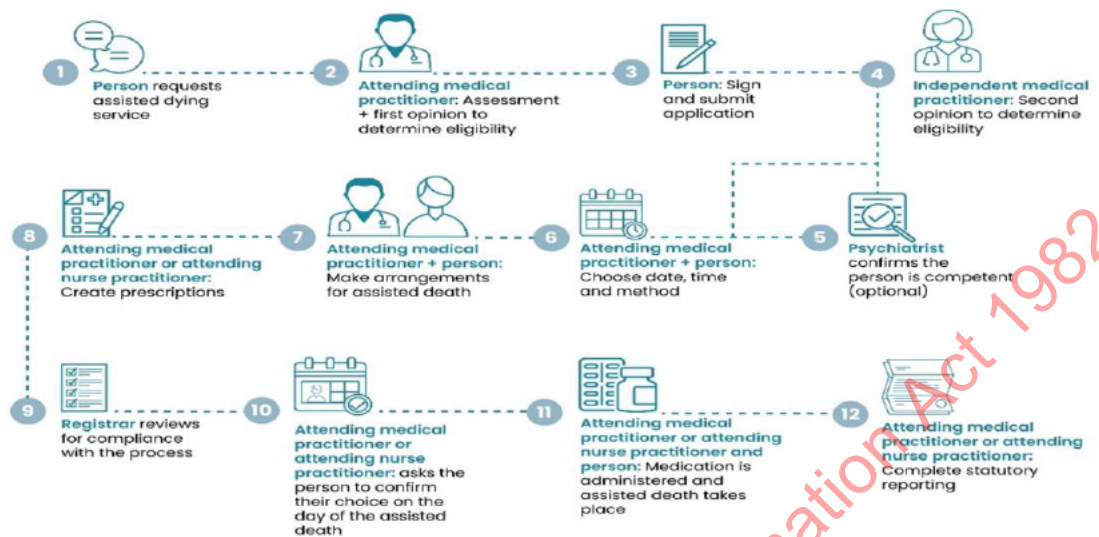


Figure 1: Process followed by an application under the End of Life Choice Act 2019

Released under the Official Information Act 1982

# Briefing for decision

## Assisted dying final contingency drawdown

**Date due to MO:** 14 November 2024      **Action required by:** 2 December 2024

**Security level:** IN CONFIDENCE      **Health Report number:** H2023032580

**To:** Hon Dr Shane Reti, Minister of Health  
Hon Nicola Willis, Minister of Finance

**Consulted:** Health New Zealand:       Treasury:

## Contact for telephone discussion

Name	Position	Telephone
Simon Medcalf	Deputy Director-General, Regulation and Monitoring   Te Pou Whakamaru	s 9(2)(a)
Ruihua Gu	Group Manager, Quality Assurance and Safety, Regulation and Monitoring	s 9(2)(a)

## Minister's office to complete:

- Approved       Decline       Noted  
 Needs change       Seen       Overtaken by events  
 See Minister's Notes       Withdrawn

Comment:

# Briefing for decision

## Assisted dying final contingency drawdown

---

**Security level:** IN CONFIDENCE                      **Date:** 14 November 2024

---

**To:** Hon Dr Shane Reti, Minister of Health

Hon Nicola Willis, Minister of Finance

---

### Purpose of report

1. This briefing provides an update on the Assisted Dying service (the Service) and seeks your agreement on the final drawdown from the 'Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency' set aside in Budget 2021, to fund a modest projected growth in service access, and resources in practitioner support during an assisted death to improve the quality and safety of the service.

### Summary

2. The End of Life Choice Act 2019 (the Act) establishes a lawful process for those people who meet the eligibility criteria to receive an assisted death, and for practitioners to provide the Service within the confines of the Act. The Assisted Dying Services Notice 2021 (the Notice) sets out the terms and conditions on which the Crown funds health practitioners for delivering the Service.
3. In Budget 2021, \$11.860 million was appropriated to implement the Act and provide for the service in 2021/22, along with tagged contingency funding of \$7 million per year in 2022/23 and outyears to meet the ongoing costs of providing the Service [CAB-21-0116.14 refers].
4. In Budget 2022, total funding of \$4.500 million between 2022/23 and 2025/26 was requested to be returned to the Crown from the contingency due to an expectation of lower funding requirements for the Service in those years. This was based on a lower uptake of the Service during the first six months of implementation [CAB-22-MIN-0126].
5. There have been three drawdowns to date and these are outlined in the table below as well as the remaining balance of the tagged contingency.

\$ millions	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28 & outyears
<b>Budget 2021 Tagged contingency:</b>						
Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency	7.000	7.000	7.000	7.000	7.000	7.000
<b>Contingency funding movements:</b>						
Initial draw down [HR 20211920]	(2.900)	(2.900)	(2.900)	(2.900)	(2.900)	(2.900)
Funding returned in Budget 22	(1.800)	(1.350)	(0.900)	(0.450)	-	-
Second drawdown [HR 20221323]	-	-	(2.555)	(2.555)	(2.555)	(2.555)
Rephase contingency [HR 20221323]	(2.300)	-	2.000	0.300	-	-
Third drawdown for meeting the one-off cost of a dedicated IT platform [H2023030728]	-	(2.667)	-	-	-	-
Rollover of the 2023/24 amount [2024 MBU]	-	(0.083)	0.083	-	-	-
<b>Remaining balance in tagged contingency</b>	-	-	<b>2.728</b>	<b>1.395</b>	<b>1.545</b>	<b>1.545</b>

6. Since the Service started in November 2021, there has been a gradual increase in demand, which has started to accelerate in the last few months. The Ministry has undertaken further service modelling and analysis to understand the anticipated growth of demand based on the past two and half years' worth of data, and international examples, in consultation with Health New Zealand | Te Whatu Ora (HNZ).
7. Based on a modest projected increase in those accessing the Service, it is expected there will be an approximately 23% growth in the number of applications in 2024/25, before it trends down to a steady growth rate of 11-13% in the outyears. Alongside this, it is expected there will be an over 30% growth rate in assisted deaths in 2024/25, with an outyears growth rate of 13-15%.
8. Additional funding is required in 2024/25 and outyears to ensure that the service continues to be funded. The Ministry recommends additional funding to be drawn down from the remaining tagged contingency, including a rephasing of the contingency, to address the forecast growth in service demand in 2024/25 and outyears.
9. Furthermore, the Ministry recommends a further drawdown from the tagged contingency to enable an adjustment to be made to the Notice to provide practitioners the option to have a support practitioner during the administration of the assisted death medication as needed. Currently, practitioners are able to bring a support practitioner for their first assisted death, however it does not cover support for any further assisted deaths. International evidence and our practitioners' experiences have indicated that there is a strong need and ongoing benefit around enabling support for practitioners, especially while administering the medication.

10. The financial implications from the proposed contingency drawdown are as follows:

\$ millions	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30 & outyears
Additional costs related to:						
Projected demand	1.084	1.437	1.789	2.167	2.507	2.507
Support practitioner	0.130	0.149	0.171	0.193	0.214	0.214
<b>Total additional funding required (a)</b>	<b>1.214</b>	<b>1.586</b>	<b>1.960</b>	<b>2.360</b>	<b>2.721</b>	<b>2.721</b>
<b>Assisted Dying Service / End of Life Choice Act 2019 Implementation – remaining contingency</b>	<b>2.728*</b>	<b>1.395</b>	<b>1.545</b>	<b>1.545</b>	<b>1.545</b>	<b>1.545</b>
Proposed rephasing of the tagged contingency (this briefing)	(1.514)	0.191	0.415	0.815	0.093	-
Tagged contingency available after rephasing	1.214	1.586	1.960	2.360	1.638	1.545
<b>Proposed drawdown (this briefing) (b)</b>	<b>1.214</b>	<b>1.586</b>	<b>1.960</b>	<b>2.360</b>	<b>1.638</b>	<b>1.545</b>
<b>Outyears forecast funding gap (b-a)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(1.084)</b>	<b>(1.177)</b>

\* 2024/25 amount includes balance of \$0.083 million rolled over from 2023/24 at 2024 March Baseline Update

11. Based on current forecast demand, there is insufficient funding available to meet the potential cost in 2028/29 and beyond, resulting in a potential funding shortfall of approximately \$1.100 million in 2028/29 and \$1.200 million in the outyears. The Ministry will continue to work with HNZ to monitor the demand closely and recommends that we report back to Joint Ministers ahead of Budget 27 if there is still a funding shortfall to be addressed. Given the uncertainty about outyear impacts on the forecast demand, the Ministry does not recommend seeking an invitation to submit a budget bid for funding as part of Budget 25.
12. The Ministry has consulted with HNZ who supports this paper. The Ministry has also consulted with the Treasury and their preference is all initiatives have a funding source over the forecast period. The Treasury supports the submission of this drawdown paper for Ministers' consideration at this time.

## Recommendations

We recommend you:

a) **Note** in Budget 2021, Cabinet [CAB-21-MIN-0116.14 refers]

i) approved funding for implementing assisted dying services under the End of Life Choice Act 2019, through a combination of appropriated funding of \$11.860 million in 2021/22 only and tagged operating contingency of \$7 million p.a. in 2022/23 and outyears.

ii) authorised the Minister of Finance and Minister of Health (Joint Ministers) to jointly approve drawdown of funding from this tagged contingency.

**Minister of Health**  
**Minister of Finance**  
**Noted**      **Noted**

- b) **Note** the balance currently remaining in tagged contingency for the 'Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency' shown in the table below, with an expiry date of 1 February 2025:

\$ millions	2024/25	2025/26	2026/27	2027/28 & outyears
Assisted Dying Service / End of Life Choice Act 2019 Implementation – remaining contingency	2.728*	1.395	1.545	1.545

\*2024/25 amount includes balance of \$0.083 million rolled over from 2023/24 at 2024 March Baseline Update

- c) **Note** the actual number of applications and number of assisted deaths in the 2023/24 financial year have already reached the level of volume projected based on the initial modelling done in 2021 of about 950 applications and up to 350 assisted deaths per year. **Noted** **Noted**
- d) **Note** that recent service modelling conducted by the Ministry based on the last two and half year's demand data projects further significant growth in the service demand in 2024/25, before the growth rates stabilise in the outyears. **Noted** **Noted**
- e) **Note** that international evidence and New Zealand practitioners' experience have indicated that there is a strong need and ongoing benefit around enabling support for practitioners, especially during the administration of the assisted death medication. **Noted** **Noted**
- f) **Agree** that changes be made to the Notice to provide the option for support practitioner payments during the administration of the assisted death medication and that this will be funded from the contingency. **Yes/No** **Yes/No**
- g) **Note** the total forecast additional costs to meet the forecast service demand and to provide practitioner with the option to have a support practitioner during the administration of the assisted death medication are as follows: **Noted** **Noted**

\$ millions	2024/25	2025/26	2026/27	2027/28	2028/29 & outyears
<b>Additional costs related to:</b>					
Projected demand	1.084	1.437	1.789	2.167	2.507
Support practitioner	0.130	0.149	0.171	0.193	0.214
<b>Total additional funding required</b>	<b>1.214</b>	<b>1.586</b>	<b>1.960</b>	<b>2.360</b>	<b>2.721</b>

- h) **Agree** to rephase the contingency to better align the funding with the anticipated costs as follows: **Yes/No** **Yes/No**

\$ millions	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30 & outyears
Remaining contingency	2.728	1.395	1.545	1.545	1.545	1.545
Proposed rephasing	(1.514)	0.191	0.415	0.815	0.093	-
Updated contingency after rephasing	1.214	1.586	1.960	2.360	1.638	1.545

- i) **Agree** to drawdown the remaining funding from the tagged operating contingency to fund the additional costs noted in recommendation g) above. **Yes/No** **Yes/No**

- j) **Approve** the following changes to appropriation to provide for the policy decision in recommendation i) above with a corresponding impact on the operating balance and net core Crown debt: Yes/No Yes/No

Vote Health Minister of Health	\$ millions – increase / (decrease)					
	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30 & outyears
<i>Non-departmental Output Expense:</i>						
Delivering Primary, Community, Public and Population Health Services	1.214	1.586	1.960	2.360	1.638	1.545
<b>Total Operating</b>	<b>1.214</b>	<b>1.586</b>	<b>1.960</b>	<b>2.360</b>	<b>1.638</b>	<b>1.545</b>

- k) **Agree** that the proposed changes to appropriation above to be included in the 2024/25 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply. Yes/No Yes/No
- l) **Agree** that the expense incurred under recommendation j) be charged against the 'Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency'. Yes/No Yes/No
- m) **Note** that following the adjustments detailed in recommendations j) above, the 'Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency' is now exhausted and therefore closed. Noted Noted
- n) **Note** that based on the current service modelling, there is insufficient funding in the contingency to meet the forecast demand in the service from 2028/29, however given the significant uncertainty in the forecast, the forecast funding shortfall may or may not eventuate and the timing and quantum may also change. Noted Noted
- o) **Agree that:**
- Option 1 (recommended) – the Ministry continues to work with HNZ to monitor the demand and report back to Joint Ministers ahead of Budget 27 if there is still a funding shortfall to be addressed; Yes/No Yes/No
- or
- Option 2 (not recommended) – the Ministry is invited to submit a budget bid for funding to be considered in Budget 25. Yes/No Yes/No

- p) **Note** that subject to your agreement to recommendation f, an adjustment will be made to the Assisted Dying Services Notice 2021 to provide for practitioner support during the administration of the assisted death medication. **Noted** **Noted**

Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**

Date:

Hon Dr Shane Reti  
**Minister of Health**

Date:

Hon Nicola Willis  
**Minister of Finance**

Date:

Released under the Official Information Act 1982

# Assisted Dying final contingency drawdown

## Background

1. The End of Life Choice Act 2019 (the Act) came into force on 7 November 2021. The Act sets out the legal framework for assisted dying, and includes eligibility criteria, processes, safeguards to protect patients and practitioners, and the establishment of administrative bodies to oversee and monitor the provision of assisted dying.
2. The Act is administered by the Ministry of Health | Manatū Hauora (the Ministry). This includes regulatory oversight and responsibility of the Act, the role of the Registrar (assisted dying), and providing secretariat support for the Review Committee<sup>1</sup> and the SCENZ group.
3. The operational components of the service (the Service) are provided by HNZ. This includes the clinical staff to coordinate the provision of assisted dying, payments via the Assisted Dying Services Notice 2021 (the Notice) for practitioners who provide the service, and the contract to provide medication.
4. Under the End of Life Choice Act, the Service must be provided to those who are eligible and wish to use it.

## How practitioners are paid for delivering the service

5. A fee for service payment schedule is established to fund assisted dying. Practitioners can receive funding for their work through the Notice, which sets out the terms and conditions on which the Crown will fund health practitioners for assisted dying services that are delivered in accordance with the Act. The Notice provides standard payment amounts on a modular basis for providing different stages of the process. The Notice also includes provision for funding travel costs, and ancillary activities.

## Budget allocations to date

6. In Budget 2021, \$11,860 million was appropriated to implement the Act and provide for the Service in 2021/22, along with tagged contingency funding of \$7 million per year in 2022/23 and outyears to meet the ongoing costs of providing the Service [CAB-21-0116.14 refers].
7. In Budget 2022, total funding of \$4.500 million between 2022/23 and 2025/26 was requested to be returned to the Crown from the contingency due to an expectation of lower funding requirements for the Service in those years. This was based on a lower uptake of the Service during the first six months of the implementation [CAB-22-MIN-0126].

---

<sup>1</sup> The Act established two new committees to support the assisted dying process. A Review Committee is appointed by the Minister of Health and inspects the death report generated after every assisted death, to ensure compliance with the Act. The Support and Consultation for End of Life in New Zealand group (SCENZ) is appointed by the Director-General of Health and is responsible for making and maintaining the list of health practitioners who are willing to be replacement practitioners to provide assisted dying services. They are also responsible for medicine provision for the service, and have oversight of the workforce including onboarding practitioners, and ensuring practitioners are well supported to deliver the service.

8. To date, three contingency drawdowns have occurred, providing a total ongoing budget of \$5.455 million for 2024/25 and outyears:
- In September 2021, an initial drawdown of \$2.900 million per year in 2022/23 and outyears from the contingency was approved to meet the forecast cost of providing the Service, noting there was uncertainty about demand [HR 20211920 refers].
  - In October 2022, a second drawdown of \$2.555 million per year in 2024/25 and outyears was approved to fund the ongoing departmental costs to run the Service [HR 20221323 refers]. A portion of the funding was later transferred to HNZ to cover their administrative costs as part of a packaged transfer of funding for both assisted dying and abortion services.
  - In September 2023, a third drawdown of \$2.667 million in 2023/34 only was approved to cover the one-off cost of delivering a dedicated IT platform to meet the specific regulatory needs of the Service and to safely and securely manage, and enable access to, sensitive applicant information [H2023030728 refers].
9. The contingency funding movement and the remaining balance is summarised below:

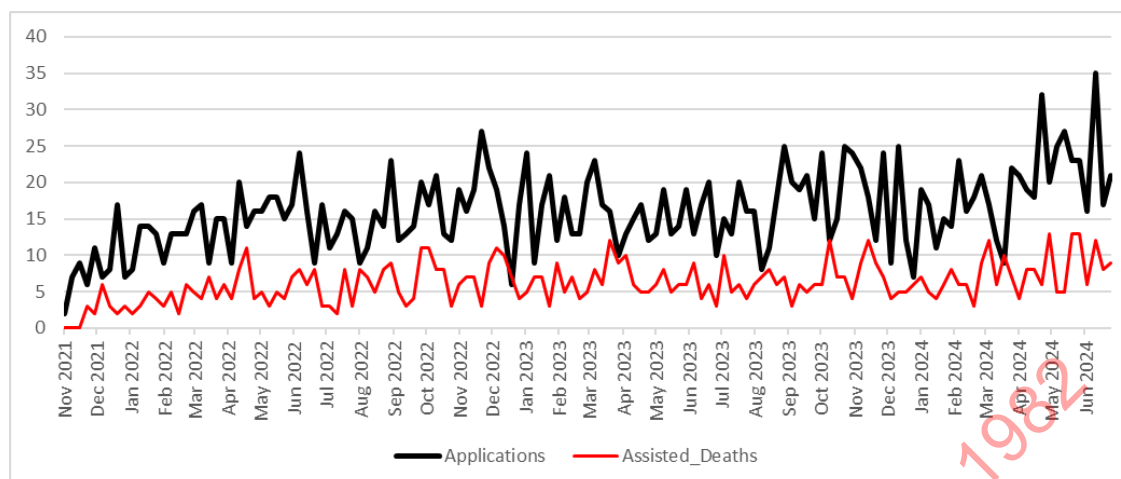
\$ millions	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28 & outyears
<b>Budget 2021 Tagged contingency:</b>						
Assisted Dying Service / End of Life Choice Act 2019 Implementation – Contingency	7.000	7.000	7.000	7.000	7.000	7.000
<b>Contingency funding movements:</b>						
Initial draw down [HR 20211920]	(2.900)	(2.900)	(2.900)	(2.900)	(2.900)	(2.900)
Funding returned in Budget 22	(1.800)	(1.350)	(0.900)	(0.450)	-	-
Second drawdown [HR 20221323]	-	-	(2.555)	(2.555)	(2.555)	(2.555)
Rephase contingency [HR 20221323]	(2.300)	-	2.000	0.300	-	-
Third drawdown for meeting the one-off cost of a dedicated IT platform [H2023030728]	-	(2.667)	-	-	-	-
Rollover of the 2023/24 amount [2024 MBU]	-	(0.083)	0.083	-	-	-
<b>Remaining balance in tagged contingency</b>	-	-	<b>2.728</b>	<b>1.395</b>	<b>1.545</b>	<b>1.545</b>

## Current and forecast demand and cost of services

### Service demand and cost to date

10. From commencement of the service to the end of June 2024, there were a total of 2,205 assisted death applications and 849 deaths. As demonstrated in Figure 1 over the page, the number of applications still fluctuates based on the weekly data, however appears to be on an upward trend and there has been a surge in volumes since April 2024. The service is still relatively new and public awareness is growing.

Figure 1: Weekly number of assisted dying applications and deaths from November 2021 to June 2024



11. Under the NZ law practitioners are not allowed to raise assisted dying as an option to their patients. There are potentially a number of reasons for the increasing demand due to the review of the Act, ongoing media interest in the Act, that it is a new service and there is as a result of these factors, an increasing awareness.
12. The actual number of applications in the 2023/24 financial year was 946, and the number of assisted deaths was 365. Both have now reached the level of volumes projected based on the initial modelling undertaken in 2021 of about 950 applications and up to 350 assisted deaths per year [HR 20211920 refers]. HNZ recorded an actual cost for service delivery of \$3.267 million, including practitioner modular payments (\$2.210 million), travel (\$0.468 million), and cost of medications (\$0.589 million). The costs of medications and travel were both higher than originally estimated.

### Forecast service demand and international evidence

13. Where assisted dying services exist in other jurisdictions, all have experienced an increase in service demand. There are now laws for 'Voluntary Assisted Dying' in every state in Australia, with the Australian Capital Territory recently passing laws that will commence in November 2025. Victoria's laws have been in effect the longest (since June 2019) and Tasmania's since October 2022. Both note in their recent annual reports an increasing demand and that the number of people accessing the service is increasing<sup>2</sup>.
14. Medical Assistance in Dying (MAID) became available in Canada in 2016 and in 2021 the law was further revised to expand criteria. The most recent annual report<sup>3</sup> for MAID provision in Canada, highlights a steady year on year growth of service provision and access that was occurring before the law changes in 2021. In Canada, the average growth rate from 2019 to 2022 was 31.1% per annum.
15. The Ministry has completed further service modelling using both linear regression and Autoregressive Integrated Moving Average (ARIMA) analysis to predict the ongoing demand based on the actual weekly and monthly volume data and following

<sup>2</sup> *Voluntary Assisted Dying in Tasmania*. Voluntary Assisted Dying Commission Annual Report 2022-23, Department of Health, Voluntary Assisted Dying Commission Annual Report (health.tas.gov.au) and *Report of Operations*. Voluntary Assisted Dying Review Board, State of Victoria, June 2023.

<sup>3</sup>Fourth Annual Report on Medical Assistance in Dying in Canada, 2022. Health Canada, annual-report-2022.pdf (canada.ca)

international trends. The linear regression analysis produced the lower of the two projections.

16. Based on this analysis, the projection indicates an approximately 23% growth in the number of applications in 2024/25, before it trends down to more steady growth rate in the outyears. Alongside this, the projection indicates an over 30% growth rate in assisted deaths in 2024/25 before it starts to stabilise in the outyears as presented in the table below. Acceleration in the numbers of applications and deaths have been observed especially during the last three months of 2023/24. The spike in 2024/25 reflects the projected continuation of this trend. The lower prior year (2023/24) base has also resulted in a higher percentage of growth in 2024/25 compared to outyears.

Financial year	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
	Actual	Actual	Projection	Projection	Projection	Projection	Projection
Number of Applications	824	946	1,161	1,308	1,475	1,642	1,810
YoY growth (number)		122	215	147	167	167	168
YoY growth (%)		14.8%	22.7%	12.7%	12.8%	11.3%	10.2%
Number of Assisted Deaths	336	365	477	549	629	709	789
YoY growth (number)		29	112	72	80	80	80
YoY growth (%)		8.6%	30.7%	15.1%	14.6%	12.7%	11.3%

17. It is important to note that there are significant challenges in forecasting the demand for assisted dying services. The Ministry will continue to work with HNZ to monitor the demand. There is potentially an opportunity for future Ministry work to include further oversight of ongoing demand however this would be a considerable undertaking and likely to span a number of years.

### Additional funding required to meet the forecast demand

18. The \$2.900 million service delivery funding sought in the September 2021 drawdown paper was based on the initial projection of about 950 applications and up to 350 assisted deaths per year. However, the Ministry was mindful that there was uncertainty about demand and it remained too early to be able to confidently forecast a "stable state" level in New Zealand given the service had only just come into operation at the time.
19. In considering the additional funding required, we have reviewed the three-year cost pressure funding HNZ received in Budget 2024. The Service has received a 2.51% uplift in 2024/25 from the cost pressure allocation and we have further assumed an additional 2.5% funding uplift in each of the 2025/26 and 2026/27 financial years. Further uplift for 2027/28 and onwards will be pending future budget decisions.
20. We have estimated the additional costs required based on actual spend in 2023/24 and forecast demand growth from the linear regression analysis. This is summarised in the table below, together with the additional funding required to meet this demand:

\$ millions	2024/25	2025/26	2026/27	2027/28	2028/29 & outyears
Service delivery funding before cost pressure uplift	2.900	2.900	2.900	2.900	2.900
Assumed cost pressure funding allocation	0.073	0.147	0.223	0.223	0.223
<b>Total service delivery funding potentially available</b>	<b>2.973</b>	<b>3.047</b>	<b>3.123</b>	<b>3.123</b>	<b>3.123</b>

Total estimated costs based on 2023/24 actual spend and projected demand growth	4.056	4.484	4.912	5.290	5.631
<b>Additional funding required to meet the projected demand</b>	<b>1.084</b>	<b>1.437</b>	<b>1.789</b>	<b>2.167</b>	<b>2.507</b>

## Supporting the Assisted Dying practitioner workforce

21. There are currently 134 assisted dying practitioners, including attending medical practitioners (AMPs) who provide the end-to-end care and administer the medication, and independent medical practitioners (IMPs) who provide the second eligibility assessment in the process only<sup>4</sup>.
22. Assisted dying is a service that can elicit strong emotions and, at times, practitioners have reported feeling unsafe during the delivery of the service. This can occur where family/whānau do not agree with the choice of the person receiving assisted dying and can be intimidating to the practitioner. Practitioners are not always able to predict who will be attending the assisted death. Their options are limited in these cases and could result in them declining to deliver the assisted death on the day scheduled or at the location requested. Some international jurisdictions, including Canada, allow support practitioners for every assisted death delivery.
23. A more flexible approach is preferred that allows practitioner choice in requesting support. Currently there is a mechanism in the Notice for practitioners to bring a support health practitioner for their first assisted death, however, it does not cover support for any further assisted deaths.
24. There have been incidents within the service that have led to complaints to the Health and Disability Commissioner, and to the Ministry. Examples of complaints include delaying the assisted dying procedure due to the practitioner needing assistance from another health practitioner to gain vascular access to deliver the assisted dying medication. In another situation, an ambulance was called to assist, and they were unavailable at the time which led to delays. These incidents added unnecessary stress for the person and their family, and highlight that a support practitioner in attendance would have been beneficial to prevent these issues occurring.
25. In December 2023, the Ministry sent a survey to all AMPs and attending nurse practitioners registered on the SCENZ list, asking about their thoughts on the availability of support during an assisted death and professional supervision/mentoring to further understand practitioner need in these areas. The response rate was good, with 46.7% (63) providers completing the survey.
26. The majority (63.7%) of practitioners responding to the survey indicated that having a support practitioner available beyond the first delivery of service would be useful. The most common reason was for cases considered 'complex', with a smaller number indicating that they would use this option every time.
27. The consistent feedback from respondents highlighted the need for providers to use their own discretion when seeking a support practitioner. Respondents highlighted that each case is unique, and assistance in intravenous (IV) administration, particularly in relation to hard to access veins, is a frequent concern. A support practitioner who could

<sup>4</sup> Note that not all medical practitioners provide both AMP and IMP services. Additionally, there are some doctors that provide the AMP service to their own practice patients only and therefore do not appear on the SCENZ list.

act as a dedicated IV practitioner was suggested as one way to reduce stress for providers and allow them to focus on the main aspects of the procedure.

28. Practitioners also cited complex family and whānau dynamics as being an important consideration when determining whether a support practitioner is needed. Having another person present creates a safer environment and this is also beneficial to the patient, their family, and friends. In most other medical procedures, there is a second person present to assist so this would more accurately mirror what already happens across the health sector.
29. The most practical way for practitioners to access funding for this would be through an adjustment to the Notice, to remove the restriction for the *optional payment to allow another health practitioner to support where an attending medical practitioner will be administering medication* being for first time only.
30. We have modelled the projected cost for an additional support practitioner based on forecast service demand discussed in paragraphs 15 and 16, at a 50% uptake rate, and payment per attendance of \$543.60. The modelled cost is as follows:

\$ millions	2024/25	2025/26	2026/27	2027/28	2028/29 & outyears
Support practitioner	0.130	0.149	0.171	0.193	0.214

31. The survey also sought practitioner feedback in relation to supervision/peer support. While there was some support for this approach, there is further work to be done to ensure that would be well utilised and appropriate for this workforce.

## Outyears forecast funding gap

32. As noted above, based on current forecast demand, there is insufficient funding available to meet the potential cost in 2028/29 and beyond, resulting in a potential funding shortfall of approximately \$1.100 million in 2028/29 and \$1.200 million in the outyears as shown in the table below.

\$ millions	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30 & outyears
<b>Total additional funding required (a)</b>	<b>1.214</b>	<b>1.586</b>	<b>1.960</b>	<b>2.360</b>	<b>2.721</b>	<b>2.721</b>
Assisted Dying Service / End of Life Choice Act 2019 Implementation – remaining contingency	2.728*	1.395	1.545	1.545	1.545	1.545
Proposed rephasing of the tagged contingency (this briefing)	(1.514)	0.191	0.415	0.815	0.093	-
Tagged contingency available after rephasing	1.214	1.586	1.960	2.360	1.638	1.545
<b>Proposed drawdown (this briefing) (b)</b>	<b>1.214</b>	<b>1.586</b>	<b>1.960</b>	<b>2.360</b>	<b>1.638</b>	<b>1.545</b>
<b>Outyears forecast funding gap (b-a)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(1.084)</b>	<b>(1.177)</b>

33. Given the significant uncertainty in the forecast, the forecast funding shortfall may or may not eventuate and the timing and quantum of the shortfall may also change. As such, the Ministry does not consider additional funding is required at this time. The Ministry will continue to work with HNZ to monitor demand and to report back to Joint Ministers ahead of Budget 2027 if there is still a need to address a funding gap. The

Ministry will look for reprioritisation opportunities across the Vote in the first instance, balanced with any potential impact on the HNZ's reset plan.

## Equity

34. The Service supports equity by:
- a. removing cost as a barrier to accessing the assisted dying national service
  - b. allowing people to exercise choice about the practitioner they receive services from
  - c. supporting practitioners to provide culturally responsive services with guidance and training
  - d. allowing practitioners who work in different settings (such as Māori or Pacific health services) to access funding to provide assisted dying services on the same basis as other providers
  - e. funding practitioners for transport costs, allowing them to provide services in more isolated and remote areas, and in community settings such as in homes or on marae if appropriate.

## Next steps

35. The Ministry will work with HNZ to ensure that any funding changes are embedded into the system and that changes required in the Notice will be actioned.

ENDS.

Released under the Official Information Act 1982