

# Consultation on details around the funding of assisted dying services

Kia ora

The Ministry of Health is responsible for implementing the End of Life Choice Act, and the provision of assisted dying which needs to be in place from 7 November 2021.

There is understandably a lot of interest in the implementation, and the Ministry has sought to engage a wide range of stakeholders. To date, this has included:

- Regular meetings with organisations from the health and disability sector, including professional colleges, responsible authorities, unions and other health and disability organisations
- Engagement with Māori stakeholders, including Māori-led primary health organisations and general practices
- A survey of the health workforce to gain understanding of workforce knowledge, understanding and attitudes of practitioners about the Act. A second survey is about to commence.

Recently Cabinet made some decisions around how assisted dying services will be funded and we would now like to invite your organisation to provide feedback on some of the details related to this funding, which will be captured in a section 88 Notice, and accompanying service description.

We ask that each organisation provides a single response by **end of day on 27 July 2021**.

## Further information and engagement on assisted dying.

If your organisation has wider questions about how assisted dying will operate that go beyond funding, it may be useful to look at:

- The Ministry of Health's website: <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act/end-life-choice-act-implementation-resources>
- The information sheets for health professionals and health service providers: <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act/end-life-choice-act-implementation-resources>
- The End of Life Choice Act 2019: Overview e-learning module, which is available now through LearnOnline: <https://learnonline.health.nz/course/view.php?id=470>
- Attending monthly assisted dying implementation webinars – you can sign up to our next webinar now through LearnOnline: <https://learnonline.health.nz/course/view.php?id=470>

You can also find the End of Life Choice Act 2019 in full at:

<https://www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285905.html>

If you have any other questions you can contact [EOLC@health.govt.nz](mailto:EOLC@health.govt.nz)

There will be further opportunities to engage and input into supporting materials and guidance related to assisted dying between now and November, including:

- Engagement by the SCENZ group on developing the clinical guidance for administering medicines
- Regular meetings with our network of health and disability stakeholders
- The second workforce survey being released soon and a third survey planned for September.

### Why this approach to funding?

In considering how assisted dying should be provided and funded, the key considerations included:

- supporting equitable access for eligible people
- providing a degree of choice for people seeking assisted dying
- the need for a safe, quality and consistent service
- meeting Te Tiriti o Waitangi obligations, including supporting a Māori worldview of health and ensuring quality (culturally and clinically safe), equitable, and effective services for Māori
- supporting the wellbeing of practitioners providing assisted dying services.

There is a recognition that the number of practitioners who are willing to provide assisted dying services is likely to be limited, and there is a need to support suitably qualified practitioners who are willing to provide assisted dying services.

The number of people seeking assisted dying is expected to be small. The Ministry estimates that up to 950 people could apply for assisted dying each year, with up to 350 being assisted to die.

We have been mindful of the fact that providing assisted dying will be complicated because, while numbers are expected to be small:

- people seeking assisted dying will be spread across New Zealand and may be limited in their ability to travel due to care needs
- many will want to be supported to die at home, or in another community setting such as a marae or church, though this won't be an option for some.

The decision to fund assisted dying services using a section 88 Notice, and to provide this funding through modules is based on a desire to:

- enable individual practitioners to opt-in to provide services and claim funding, recognising that the decision about whether to provide assisted dying or exercise conscientious objection needs to be supported at the individual practitioner level
- allow funding to be accessed on an equal basis by practitioners working in a range of settings including public and private healthcare, in primary care and other settings
- provide some flexibility in the requirements imposed on practitioners, and allow for these to be amended via a simple, transparent process (recognising that assisted dying is a new area and that changes may be required over time)
- align with (or at least avoid conflicting with) expected changes that will take place through the Government's health and disability system reforms
- ensure that funding can be in place by 7 November 2021.

In the longer term when the service is established and health system reforms have occurred, it may be desirable to review this funding mechanism.

## Consultation questionnaire

### Function of the notice and supporting documents

The section 88 Notice, which in this case is called the Assisted Dying Services Notice 2021, will provide for payments to practitioners who provide assisted dying services, which includes those working in primary practice, private practice, and non-government settings, but excludes those employed directly by district health boards.

The notice is supported by two other documents:

- **a pricing schedule**, which will set out how much funding will be provided to practitioners for each module they deliver, and the details for a travel allowance. We are not consulting about the schedule at this time
- **a service description**, which describes the actions/activities that must be undertaken by a practitioner receiving funding through each of the modules.

We are seeking separate independent advice on what a reasonable price for each module would be, and your organisation may be asked to engage with the organisation we have contracted to provide advice to us on this at the same time as this engagement. The Ministry will ultimately determine the prices for each module (and confirm these with Ministers) based on this independent advice.

### Making future changes

The intention of having the pricing schedule and service description separate from the notice is to provide some additional flexibility, allowing for these to be changed in future without the need to amend the notice itself.

The Ministry recognises that because assisted dying hasn't been provided in New Zealand before, some unexpected issues may arise that could require changes to ensure that services are responsive and appropriate.

Any significant future changes to the notice, pricing schedule or service description will be discussed with sector organisations.

**Question 1: In your organisation's view, is the function of the notice and service description and the process for changing them clear? If not, what would you like to see changed?** Yes

### Requirements to receive funding

In order to be eligible to claim funding, practitioners must be a medical practitioner, nurse practitioner or psychiatrist (reflecting requirements in the End of Life Choice Act).

*Referenced in the notice in under BA1 and BB1*

**Question 1: In your organisation's view, are the eligibility and entitlement requirements sufficiently clear in the notice?** Yes

**Question 2: Are there any eligibility or entitlement requirements to receive funding that your organisation considers should be added/removed or changed?**

No, assuming all paper work done by the practitioners and not passed on to secretarial support

### Funding modules

The funding for assisted dying services will be provided through modules, which cover different parts of the assisted dying process. We are currently proposing to have five modules, organised as described below.

#### Module One

*Referenced in the notice under BC2(2), and section 10 of the Service Description*

Module One compensates the attending medical practitioner, or a replacement attending medical practitioner for the tasks performed in supporting the person to complete an application to start the assessment process for assisted dying, and giving the first opinion about whether the person is eligible for assisted dying or not.

**Question 3: In your organisation's view, are the actions/activities required from those providing module one clear?**                      **Yes** Same answers for Module 1-5

**Question 4: Is there anything your organisation considers should be added/removed or clarified?**                      **No**, it should be time based rather than a fixed fee

#### Module Two

*Referenced in the notice under BC2(3), and section 11 of the Service Description*

Module Two compensates the independent medical practitioner for the tasks performed to provide the second opinion of the person's eligibility to access assisted dying.

**Question 5: In your organisation's view, are the actions/activities required from those providing module two clear?**                      **Yes**

**Question 6: Is there anything your organisation considers should be added/removed or clarified?**                      **No**

#### Module Three

*Referenced in the notice under BC2(4), and section 12 of the Service Description*

Module Three compensates a psychiatrist for completing the tasks carried out by them under the Act to determine a person's competence to seek assisted dying (if necessary).

**Question 7: In your organisation's view, are the actions/activities required from those providing module three clear?**

**Question 8: Is there anything your organisation considers should be added/removed or clarified?**

#### Module Four

*Referenced in the notice under BC2(5), and section 13 of the Service Description*

Module Four compensates the attending medical practitioner for the time required to undertake tasks associated with telling the person the result of their application for assisted dying – whether they are eligible or not, and supporting someone who is eligible to determine the date and time that assisted dying will take place, and the method.

**Question 9: In your organisation's view, are the actions/activities required from those providing module four clear?**

**Question 10: Is there anything your organisation considers should be added/removed or clarified?**

Module Five

*Referenced in the notice under BC2(6), and section 14 of the Service Description*

Module Five compensates the attending medical practitioner or the attending nurse practitioner for the time to prepare, administer the medication and complete the assisted death, including post-death processes.

**Question 11: In your organisation's view, are the actions/activities required from those providing module five clear?**

**Question 12: Is there anything your organisation considers should be added/removed or clarified?**

Other module questions and feedback

**How would it work if one practitioner started a module, but for some reason had to hand it on to another?**

**Question 13: Does your organisation have any other questions or comments about how the modules would work, or anything you would like to see included?**

**Travel Allowance**

Practitioners who provide assisted dying services will also be able to receive an allowance for travel costs, so that they can provide services to people in their homes, in other community locations (such as marae), and in other care settings.

We are currently considering how payments for travel costs this should be structured and would value your input.

*Referenced in the notice under BC4*

**Question 14: Should payments for travel costs be provided:**

- Using a number of fixed amounts based on different amounts of travel time, and an exceptions process for times greater than four hours (in the notice currently)
- **By reimbursing for the actual costs of practitioners' travel by invoicing, booking on behalf, or similar**
- In some other way. If so, please specify.

**How practitioners will be paid**

*Referenced in the notice under CB1*

**Question 15: In your organisation's view, is the process for practitioners to be paid clear? If not, what could be done to improve this?** I'm not sure if it is a fixed fee or time based, which is quite different.

<b>Te Tiriti o Waitangi</b>
<p>The planned approach to funding is intended to support participation and equity for Māori by:</p> <ul style="list-style-type: none"><li>• allowing Māori to exercise choice about the practitioner they receive services from</li><li>• allowing practitioners who work in Māori health services, or other settings where Māori are served, to access funding to provide assisted dying on the same basis as other providers</li><li>• supporting practitioners who are not Māori to provide culturally responsive services with guidance and training</li><li>• 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.</li></ul> <p><b>Question 16: In your organisation's view, will this funding approach give sufficient effect to obligations under Te Tiriti o Waitangi?</b></p>
<b>Supporting equity</b>
<p><b>Question 17: In your organisation's view, will this funding approach support equitable access and outcomes for people seeking assisted dying?</b></p>
<b>Other feedback</b>
<p><b>Question 18: Is there any other feedback or suggestions your organisation would like to give us about the content of the notice and the service description?</b></p>

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