

Aged Care Association submission to the Public Health Agency on the document 'Cremation Regulations 1973: A targeted review'

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# About the Aged Care Association

The Aged Care Association (ACA) is a peak body representing aged residential care (ARC) providers in New Zealand. Our members operate over 670 facilities caring for 35,000 residents, including those in rest-home, hospital-level, dementia, and psychogeriatric levels of care.

### Context

The ACA notes the Agency's targeted review of the Cremation Regulations 1973, specifically the *temporary exemption (since 2020)* permitting cremation without a practitioner viewing the body in **low-risk settings**, including aged care facilities. This exemption on 31 December 2025.

## Key points of submission

- 1. Strong Support for Permanent Exemption
  - a. The ACA endorses **Option 2** (updating regulations to make the exemption permanent).
  - b. The exemption has proven safe and effective with no evidence of compromised identity verification or oversight in ARC settings.
  - c. Removing the viewing requirement aligns with the low-risk nature of deaths in aged care, where residents are under continuous clinical supervision.
- 2. Reducing Burden on Workforce
  - a. Requiring practitioners to view bodies creates unnecessary delays and strains an already overstretched health workforce.
- 3. Regulatory Efficiency
  - a. Making the exemption permanent eliminates administrative complexity and future expiry negotiations.
  - b. We recommend extending this exemption to all certified low-risk environments (e.g., hospice care) to ensure consistency.
- 4. Proposed Wording Amendment

- a. "Rest homes" are not distinct from aged residential care; they are a category of ARC facilities under the Age-Related Residential Care (ARRC) Agreement.
- b. Listing them separately implies artificial separation, creating potential confusion for regulators and providers.

## Conclusion

The ACA supports the Agency to permanently embed the 2020 exemption into the Cremation Regulations 1973.

This change will:

- 1. Enhance efficiency in aged care end-of-life processes,
- 2. Reduce operational burdens on medical staff, and
- 3. Uphold dignity for deceased residents and their families.

We welcome further dialogue and are available to provide sector-specific insights.