

## Appendix

### S1. Corpus and sampling

The analysis draws on a structured corpus of 67 documents spanning the period 1 January 2020 to 31 December 2025. The corpus includes:

- *Medicines Act* instruments and related legislative material (e.g., Section 105 regulations) (Parliament, 1981 @ MedicinesAct #25)
- Cabinet and Ministry of Health – Manatū Hauora papers and regulatory impact material (Cabinet Social Policy Committee, 2025 @CabPaper #006; Ministry of Health – Manatū Hauora, 2025 @RIS #010)
- Medsafe and Pharmac documents on puberty blockers and selected comparator medicines (Medsafe, 2024 @EvBrief #003; Pharmac, 2024 @PharmacSildenafil #17)
- *Official Information Act 1982 (OIA)* responses from Health New Zealand – Te Whatu Ora, the Ministry of Health – Manatū Hauora and other agencies
- Statements and submissions from professional bodies, Māori and rainbow organisations, and human rights institutions (e.g., Professional Association for Transgender Health Aotearoa [PATHA], New Zealand Nurses Organisation [NZNO], Royal Australasian College of Physicians [RACP], Royal New Zealand College of General Practitioners [RNZCGP], Human Rights Commission [HRC]) (PATHA, 2025 @ PATHA2025 #51; NZNO, 2025 @NZNO2025 #96; RACP, 2025 @RACP2025 #97; HRC, 2025 @HRC2025A #98)
- Key community and media texts that articulate support or opposition to the ban (Rainbow Support Collective, 2025 @ rainbow2025overreach #49; RNZ, 2025 @ RNZ2025 #80)

The documents were identified through targeted searches of New Zealand legislation and government websites, proactive releases, OIA portals, professional and community organisation sites, and selected media outlets, as detailed in the registered protocol.

From this corpus, a core subsample of 12 policy-structuring documents was selected for full extraction because they directly create, justify or contest the ban. These include:

- The Section 105 regulations and relevant

*Medicines Act* provisions

- Cabinet papers and minutes
- The Ministry of Health – Manatū Hauora evidence brief and formal position statement [Ministry of Health, 2024 @ MoHEvidenceBrief #2]
- Key Medsafe/Pharmac materials and regulatory summaries
- Pivotal stakeholder texts that directly engage with the proposed restrictions (e.g., PATHA, NZNO, RACP, RNZCGP, HRC)

The remaining 55 documents are used for contextual triangulation and illustrative quotations rather than full matrix comparison.

The full corpus catalogue is available in the OSF repository.

### S2. Extraction matrix (32 fields)

Each of the 12 core documents was extracted into a 32-field matrix (the extraction spreadsheet contains 33 columns because it includes an additional source-identifier metadata column). The fields are grouped into seven analytic domains:

1. **Bibliographic and context**  
*source\_id, issuing\_body, year, jurisdiction, document\_type, title, url*
2. **Policy instrument and objectives**  
*legal\_basis, policy\_objective, target\_population, indications*
3. **Evidence framing**  
*evidence\_quality, key\_cited\_sources, uncertainty\_treatment*
4. **Rights and equity**  
*te\_triti\_mention, nzbora\_mention, discrimination\_mention, equity\_impacts*
5. **Economic claims**  
*cost\_saving\_claims, demand\_contagion\_mention*
6. **Governance and process**  
*procedural\_steps, consultation, health\_technology\_assessment\_deviation*
7. **Discourse and risk**  
*problem\_representation, metaphors, silences, risk\_construction, notes*

These fields are aligned with the seven analytical pillars described in the manuscript (epistemological, economic, procedural, constitutional, discourse, ethical, political economy).

### S3. Intra-rater reliability of extraction

To assess the stability of the extraction, the 12 core documents were re-extracted independently

by the same investigator using the same 32-field schema. This produced a re-run matrix, which was aligned with the original matrix on *source\_id*.

For each of the 32 fields, the original and re-run entries were compared cell-by-cell across all 12 documents. The re-run comparison yielded:

- 12/12 documents matched
- 32/32 fields matched per document
- Overall agreement: 100% (all fields identical across all documents)

This intra-rater agreement supports the reliability of the descriptive coding. Interpretation remains a single-author process and is treated as such in the manuscript; the re-run check is presented as a quality control step rather than a claim of objectivity.

#### S4. Reflexivity and audit trail

The study is single-author and interpretive. To manage and make visible the investigator's

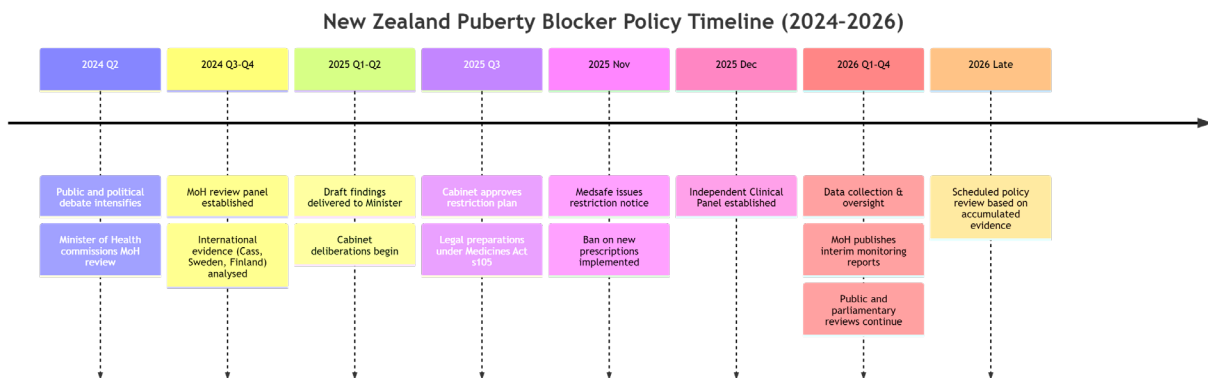
positionality and potential biases, two additional layers of documentation were maintained:

- A *reflexive diary* with dated entries recording positionality (as a paediatrician, clinical geneticist, medical administrator and health economist), emotional responses to the material and key analytic decisions.
- A set of *analytic memos* linking patterns in the matrix to the seven pillars (e.g., how *evidence\_quality* and *uncertainty\_treatment* underpin epistemological claims; how *demand\_contagion\_mention* and *cost\_saving\_claims* feed into economic arguments).

Together with the corpus catalogue and extraction matrices, these materials form an audit trail. They allow readers to see how the argument in the manuscript was built from the underlying documents.

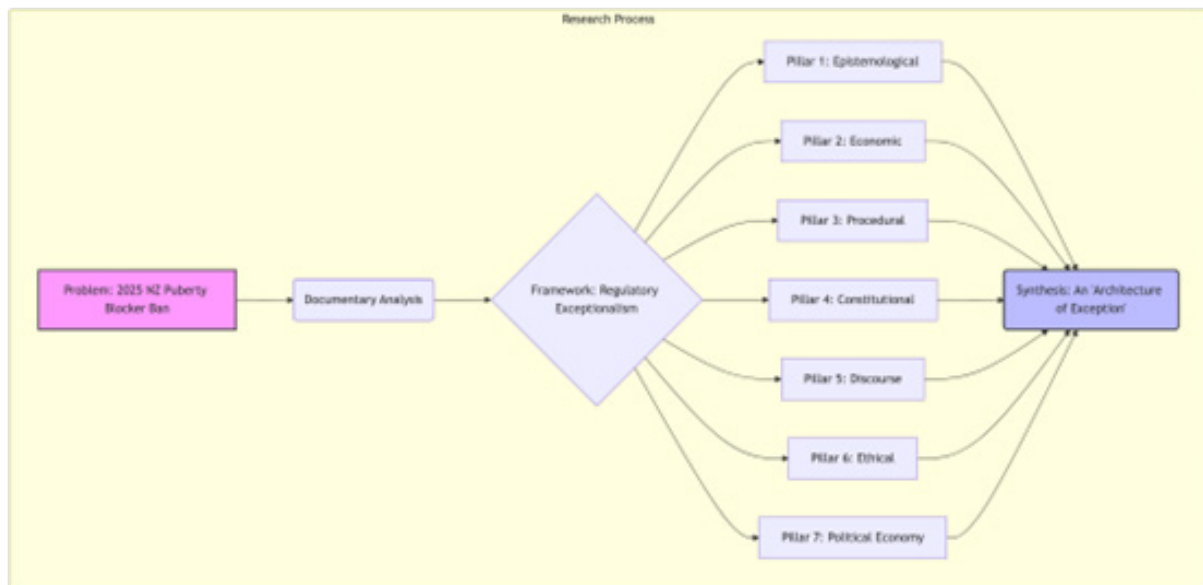
#### S5. Appendix figures

Appendix Figure 1: Policy timeline (New Zealand, 2024–2026).



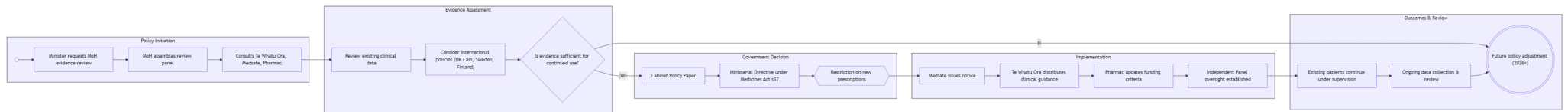
A descriptive timeline of the puberty blocker ban, from early debates and the *Cass Review* through to Cabinet decisions, regulatory instruments and stakeholder responses. It highlights the speed and sequencing of key events, and the points at which standard parliamentary or health technology assessment (HTA) scrutiny were bypassed. NZ = New Zealand; MoH = Ministry of Health – Manatū Hauora.

**Appendix Figure 2:** Conceptual framework (“architecture of exception”).



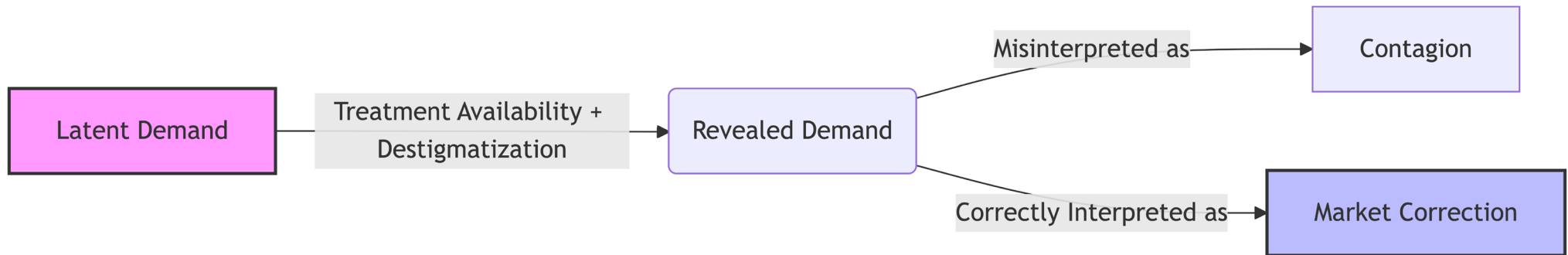
A visual summary of the seven pillars of regulatory exceptionalism (epistemological, economic, procedural, constitutional, discourse, ethical, political economy) and their links to the extraction fields and core documents.

**Appendix Figure 3: Phased policy process.**



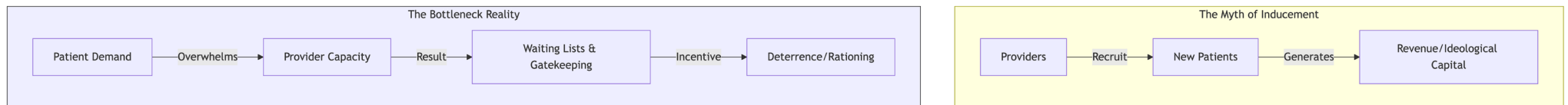
High-level phased policy process for the ban, from evidence review to regulation and enforcement (referenced in manuscript introduction).

**Appendix Figure 4: Latent demand vs contagion.**



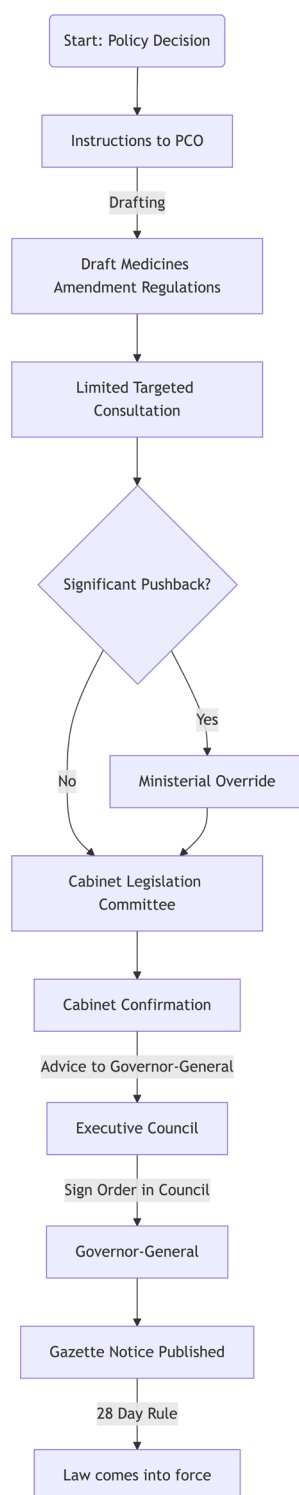
Economic diffusion/latent demand framing contrasted with “social contagion” narratives used to explain rising referrals (referenced in manuscript text).

**Appendix Figure 5: Supply-induced demand vs bottlenecks.**



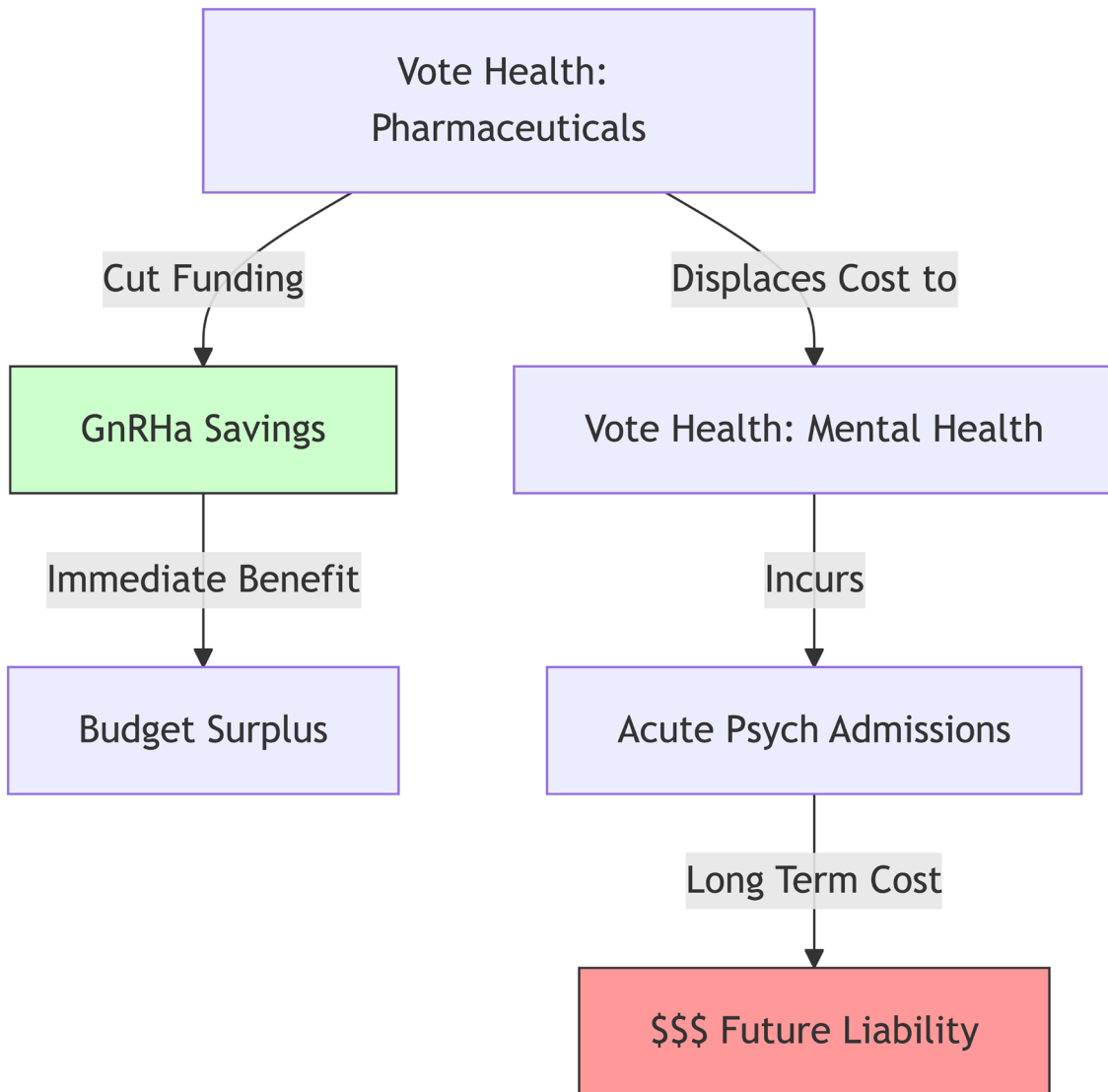
Shows why supply-induced demand claims are weak in the presence of capacity constraints and bottlenecks (referenced in manuscript text).

Appendix Figure 6: Legislative path (Section 105).



Detailed process map of the pathway used to enact the ban via *Medicines Act* Section 105, showing steps from public debate and ministerial commissioning, through Cabinet decision and Medsafe/Pharmac operationalisation (referenced in manuscript text).

Appendix Figure 7: Siloed budgeting.



Visualisation of how cost savings in one part of the system shift costs downstream (e.g., acute mental health), illustrating the ban's political economy (referenced in manuscript text).

## S6. Appendix tables

Appendix Table 1: Policy timeline map.

Date	Event	Source
Oct 2023	Coalition Government formed (National/ACT/NZ First)	Coalition agreements
Apr 2024	UK <i>Cass Review</i> final report published	@CassReview
Nov 2024	Ministry of Health – Manatū Hauora evidence brief released	@MoHEvidenceBrief
Nov 2024–Jan 2025	Public consultation period	MoH consultation
17 Nov 2025	Administrator signs Section 105 regulations	@Gazette
19 Nov 2025	Minister of Health announces ban	@PressRel
20 Nov 2025	Regulations published in <i>New Zealand Gazette</i>	@Gazette
17 Dec 2025	High Court interim judgment ( <i>PATHA v Minister of Health</i> )	@PATHA2025NZHC
19 Dec 2025	Regulations commence (28-day rule)	@Gazette
~2030–2031	Expected UK trial results (5–6-year horizon)	@NHSEnglandGenderCentres2024; @PATHA2025NZHC

Key dates in the New Zealand puberty blocker policy pathway (referenced in manuscript text).

### Full corpus catalogue

The full 67-document corpus with source IDs, issuing bodies, document types, and URLs is provided in *supplementary\_table\_sources\_v01\_20251126.md*.

### S7. Access to full materials

The following additional materials are available via the Open Science Framework (OSF) and the project repository:

- **Full corpus catalogue:** *catalogue/* directory—all 67 documents with metadata
- **Complete extraction matrices:** *analysis/data\_extraction\_matrix.csv* *catalogue/data\_*

*extraction\_matrix\_rerun.csv* (re-run)

- **Synthesis and robustness documentation:** *documentation/synthesis\_process.md*, *final\_report/robustness\_check\_report.md*
- **Extended legal and constitutional analysis (in preparation):** a separate legal appendix detailing the use of Sections 25, 29 and 105 of the *Medicines Act 1981* and relevant case law

These materials are not required to follow the main argument of the article but are provided to support transparency, replication of the documentary analysis and future comparative work.