

**Version
as at 25 October 2024**



~~Pae Ora (Healthy Futures)~~ Healthy Futures (Pae Ora) Act 2022

Public Act 2022 No 30
Date of assent 14 June 2022 Commencement
see section 2

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Note

The Parliamentary Counsel Office has made editorial and format changes to this version using the powers under subpart 2 of Part 3 of the Legislation Act 2019.

Note 4 at the end of this version provides a list of the amendments included in it.

This Act is administered by the Ministry of Health.

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The Parliament of New Zealand enacts as follows:

1 Title

This Act is the ~~Pae Ora (Healthy Futures)~~ Healthy Futures (Pae Ora) Act 2022.

2 Commencement

This Act comes into force on 1 July 2022.

Part 1 Preliminary provisions

3 Purpose of this Act

The purpose of this Act is to provide for the public funding and provision of services in order to—

- (a) protect, promote, and improve the health of all New Zealanders; and
- (b) achieve equity in health outcomes among New Zealand’s population groups, including by striving to eliminate health disparities, in particular for Māori; and
- ~~(c)~~ (c) build towards ~~pae ora (healthy futures)~~ Healthy Futures (Pae Ora) for all New Zealanders.
- ~~(d)~~ (d) ensure that patients get timely access to quality health services.

4 Interpretation

In this Act, unless the context otherwise requires,—

code of expectations for consumer and whānau engagement in the health sector means the code approved under section 59

Director-General means the chief executive or acting chief executive under the Public Service Act 2020 of the Ministry of Health

disability support services includes goods, services, and facilities—

- (a) provided to people with disabilities for their care or support or to promote their inclusion and participation in society and their independence; or
- (b) provided for purposes related or incidental to the care or support of people with disabilities or to the promotion of their inclusion and participation in society and their independence

Government Policy Statement or **GPS** means the Government Policy Statement on Health required under section 34

Hauora Māori Advisory Committee means the committee established under section 89

health entity means Health New Zealand, HQSC, Pharmac, or NZBOS **Health New Zealand**

means the health entity established under section 11 ~~health sector principles means the principles set out in section 7(1)~~

health strategy means any of the following health strategies:

- (a) the New Zealand Health Strategy:
- (b) the Hauora Māori Strategy:
- (c) the Pacific Health Strategy:
- (d) the Health of Disabled People Strategy:
- (e) the Women’s Health Strategy:
- (f) the Rural Health Strategy:
- (g) the Mental Health and Wellbeing Strategy

HQSC means the Health Quality and Safety Commission continued under section 78

iwi-Māori partnership board means an organisation listed in Schedule 4

locality means a geographically defined area determined under section 54

Minister of Health or **Minister** means the Minister of the Crown who, under the authority of any warrant or with the authority of the Prime Minister, is responsible for the administration of this Act

ministerial committee means a committee established under section 87

Ministry of Health or **Ministry** means the department of the public service referred to by that name

~~**New Zealand Health Charter** or **charter** means the charter made under section 57~~

New Zealand Health Plan means the plan required under section 50

New Zealand Health Strategy means the strategy required under section 41

NZBOS means the New Zealand Blood and Organ Service continued under section 75

personal health means the health of an individual

personal health services—

- (a) means goods, services, and facilities provided to an individual for the purpose of improving or protecting the health of that individual, whether or not they are also provided for another purpose; and
- (b) includes goods, services, and facilities provided for related or incidental purposes

Pharmac means the Pharmaceutical Management Agency continued under section 67

pharmaceutical means a medicine, therapeutic medical device, or related product or related thing

pharmaceutical schedule means the list of pharmaceuticals for the time being in force that states, in respect of each pharmaceutical, the subsidy that the

Crown intends to provide for the supply of that pharmaceutical to a person who is eligible for the subsidy

provider means a person who provides, or arranges for the provision of, services

public health means the health of—

- (a) all the people of New Zealand; or
- (b) a population group, community, or section of people within New Zealand

Public Health Agency means the Public Health Agency established under section 3E of the Health Act 1956

public health services means goods, services, and facilities provided for the purpose of improving, promoting, or protecting public health or preventing population-wide disease, disability, or injury, and includes—

- (a) regulatory functions relating to health or disability matters; and
- (b) health protection and health promotion services; and
- (c) goods, services, and facilities provided for related or incidental functions or purposes

publicly available, in relation to a document, means published in a readily accessible format on an Internet site that—

- (a) is administered by or on behalf of the Ministry or a health entity; and
- (b) is publicly available as far as practicable and free of charge

services means—

- (a) personal health services; and
- (b) public health services; and
- (c) disability support services; and
- (d) services provided to a person who has requested assisted dying under the End of Life Choice Act 2019

statement of intent means a statement of intent prepared in accordance with the Crown Entities Act 2004 and any regulations made under this Act.

Section 4 **health entity**: amended, on 30 June 2024, by section 4(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 4 **health strategy** paragraph (g): inserted, on 25 October 2024, by section 4 of the ~~Pae Ora (Healthy Futures)~~ Healthy Futures (Pae Ora) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45).

Section 4 **Māori Health Authority**: repealed, on 30 June 2024, by section 4(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

5 Guide to this Act

- (1) Part 1 provides for the purpose of this Act, ~~the health sector principles; and for~~ definitions, and sets out how this Act provides for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi).

- (2) Part 2 provides for the roles of the Minister of Health, Health New Zealand, and iwi-Māori partnership boards. Part 2 also provides for the key health documents that will inform the provision of services under this Act.
- (3) Part 3 sets out the roles of Pharmac, HQSC, NZBOS, and specified committees including the Hauora Māori Advisory Committee, and provides for the establishment of ministerial committees.
- (4) Part 4 contains powers relating to service commissioning, provisions that apply to health entities, and empowers the making of secondary legislation.
- (5) This section is intended as a guide only.

Section 5(2): amended, on 30 June 2024, by section 5 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

6 Te Tiriti o Waitangi (the Treaty of Waitangi)

In order to provide for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi), this Act—

- (a) ~~requires the Minister, the Ministry, and all health entities to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes; and~~
- (b) *[Repealed]*
- (c) requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister; and
- (d) requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy; and
- (e) *[Repealed]* requires the board of Health New Zealand to take into account any advice it receives from the Hauora Māori Advisory Committee; and
- (f) provides for iwi-Māori partnership boards to ~~enable Māori to have a meaningful role in the planning and design of local services~~ engage with local Māori communities about their health needs, aspirations and health outcomes; and
- (g) requires the Government Policy Statement to contain priorities for hauora Māori; and
- (h) *[Repealed]*
- (i) *[Repealed]*
- (j) *[Repealed]*
- (k) ~~includes, as criteria for appointment to the board of Health New Zealand, that the board collectively has knowledge of, and experience and expertise in relation to, te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and~~
- (l) ~~requires the board of Health New Zealand to maintain systems and processes to ensure that Health New Zealand has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi);~~

~~kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services; and~~

- (m) requires Health New Zealand—
- (i) ~~to have systems in place for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions~~support iwi Māori partnership boards; and
 - (ii) ~~to support and engage with iwi Māori partnership boards~~provide relevant information to Māori for that purpose; and
- (n) ~~requires Health New Zealand to report back to Māori on how the engagement under section 16A has informed the performance of its functions.~~

Section 6(b): repealed, on 30 June 2024, by section 6(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(c): replaced, on 30 June 2024, by section 6(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(d): amended, on 30 June 2024, by section 6(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(e): repealed, on 30 June 2024, by section 6(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(h): repealed, on 30 June 2024, by section 6(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(i): repealed, on 30 June 2024, by section 6(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(j): repealed, on 30 June 2024, by section 6(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(l): amended, on 30 June 2024, by section 6(4) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(m): amended, on 30 June 2024, by section 6(5) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(n): amended, on 30 June 2024, by section 6(5) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 6(n): amended, on 30 June 2024, by section 6(6) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

7 ~~Health sector principles~~

~~(1) For the purpose of this Act, the health sector principles are as follows:~~

- ~~(a) the health sector should be equitable, which includes ensuring Māori and other population groups—~~
 - ~~(i) have access to services in proportion to their health needs; and~~
 - ~~(ii) receive equitable levels of service; and~~
 - ~~(iii) achieve equitable health outcomes;~~
- ~~(b) the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori~~

~~to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:~~

- ~~(c) the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both —~~
 - ~~(i) the strength or nature of Māori interests in a matter; and~~
 - ~~(ii) the interests of other health consumers and the Crown in the matter:~~
 - ~~(d) the health sector should provide choice of quality services to Māori and other population groups, including by —~~
 - ~~(i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and~~
 - ~~(ii) providing services that are culturally safe and culturally responsive to people's needs; and~~
 - ~~(iii) developing and maintaining a health workforce that is representative of the community it serves; and~~
 - ~~(iv) harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and~~
 - ~~(v) providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and~~
 - ~~(vi) providing services that reflect mātauranga Māori:~~
 - ~~(e) the health sector should protect and promote people's health and wellbeing, including by —~~
 - ~~(i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and~~
 - ~~(ii) undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and~~
 - ~~(iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and~~
 - ~~(iv) collaborating with agencies and organisations to address the wider determinants of health; and~~
 - ~~(v) undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.~~
- ~~(2)(1) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles —~~

- ~~(a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and~~
- ~~(b) to the extent applicable to them.~~
- ~~(3) In subsection (1)(d), **lived experience** means the direct experience of individuals.~~

8 Transitional, savings, and related provisions

The transitional, savings, and related provisions set out in Schedule 1 have effect according to their terms.

9 Act binds the Crown

This Act binds the Crown.

Part 2

Key roles and health documents

Subpart 1—Minister of Health

10 Overview of Minister's role

- (1) The Minister's role includes—
- (a) issuing a Government Policy Statement; and
 - (b) determining the following health strategies:
 - (i) New Zealand Health Strategy;
 - (ii) Hauora Māori Strategy;
 - (iii) Pacific Health Strategy;
 - (iv) Health of Disabled People Strategy;
 - (v) Women's Health Strategy;
 - (vi) Rural Health Strategy;
 - (vii) Mental Health and Wellbeing Strategy; and
 - (c) approving the New Zealand Health Plan developed by Health New Zealand; and
 - (d) ~~endorsing the New Zealand Health Charter; and~~
 - (e) approving a code of expectations for consumer and whānau engagement in the health sector; and
 - (f) establishing committees under this Act; and
 - (g) exercising intervention powers under sections 61 to 64.
- (2) This section is intended as a guide only.

Section 10(1)(b)(vii): inserted, on 25 October 2024, by section 5 of the ~~Pae Ora (Healthy Futures)~~ Healthy Futures (Pae Ora) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45).

Section 10(1)(c): amended, on 30 June 2024, by section 7 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 2—Health New Zealand

11 Health New Zealand established

- (1) Health New Zealand is established.
- (2) Health New Zealand is a Crown agent within the meaning of section 10(1) of the Crown Entities Act 2004.
- (3) The Crown Entities Act 2004 applies to Health New Zealand, except to the extent that this Act expressly provides otherwise.

11A Obligations as Crown agent, including in relation to political neutrality

See subparts 2 and 4 of Part 1 of the Public Service Act 2020, which—

(a) apply to Health New Zealand as a Crown agent and to groups and individuals in Health New Zealand, including its employees, board members, the chief executive, contractors, and secondees; and

(b) include requirements for—

(i) Health New Zealand to uphold the public service principles, including the principle of political neutrality, when carrying out its functions; and

(ii) Health New Zealand, and the groups and individuals in it, to comply with minimum standards of integrity and conduct relating to those public service principles.

12 Board of Health New Zealand

- (1) The board of Health New Zealand consists of not fewer than 5, and not more than 8, members.
- (2) The Minister must appoint the members of the board and the chairperson.

~~(3) The Minister must appoint only people who, in the Minister's opinion, have the appropriate knowledge, skills, and experience to assist the board to perform its role. When appointing members, the Minister must be satisfied that the board collectively has knowledge of, and experience and expertise in relation to,—~~

~~(a) te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and~~

~~(b) the public funding and provision of services; and~~

~~(c) public sector governance and government processes; and~~

~~(d) financial management.~~

~~(2)(4) [Repealed]~~

Section 12(2): amended, on 30 June 2024, by section 8(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 12(4): repealed, on 30 June 2024, by section 8(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

13 Objectives of Health New Zealand

The objectives of Health New Zealand are—

- (a) ~~to design, arrange, and deliver appropriate, effective, and timely services to achieve the purpose of this Act; and to design, arrange, and deliver services to achieve the purpose of this Act in accordance with the health sector principles; and~~
- (b) to encourage, support, and maintain community participation in health improvement and service planning; and
- (c) to promote health and prevent, reduce, and delay ill-health, including by collaborating with other agencies, organisations, and individuals (including, to avoid doubt, private healthcare providers) to address the determinants of health; and
- (d) to achieve the best possible health outcomes for all New Zealanders; and

(e) to ensure that planning and service delivery respond to the aspirations and needs of the population.

~~(e)(f)~~ to provide and plan for quality, cost-effective, and financially sustainable infrastructure to deliver services to New Zealanders

Section 13(d): inserted, on 30 June 2024, by section 9 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 13(e): inserted, on 30 June 2024, by section 9 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

14 Functions of Health New Zealand

(1) The functions of Health New Zealand are to—

- (a) develop and implement a New Zealand Health Plan; and
- (b) own and operate services; and
- (c) provide or arrange for the provision of services at a national, regional, and local level; and
- (ca) provide and plan for infrastructure to deliver services to New Zealanders.
- (d) develop and implement commissioning frameworks and models for the purpose of paragraph (c); and
- (e) set requirements and specifications for publicly funded services; and
- (f) develop and implement locality plans; and
- (g) undertake health workforce planning; and
- (h) collaborate with relevant entities to improve the capability and capacity of the health workforce; and
- (i) undertake and promote public health measures, including commissioning services to deliver public health programmes specified by the Public Health Agency; and
- (j) improve service delivery and outcomes for all people at all levels within the publicly funded health sector; and
- (k) collaborate with other agencies, organisations, and individuals (including, to avoid doubt, private healthcare providers) to improve health and wellbeing outcomes and to address the wider determinants of health outcomes; and
- (l) *[Repealed]*
- (m) contribute to key health documents in subpart 6; and
- (n) engage with ~~iwi-Māori partnership boards~~ the Hauora Māori Advisory Committee; and
- (o) evaluate the delivery and performance of services provided or funded by Health New Zealand; and
- (p) provide accessible and understandable information to the public about services funded by Health New Zealand and the performance of the publicly funded health sector; and
- (q) undertake and support research relating to health; and
- (r) provide, or arrange for the provision of, services on behalf of the Crown or any Crown entity within the meaning of the Crown Entities Act 2004; and

- (s) ~~perform or exercise the functions, duties, and powers conferred or imposed on it by this Act or any other enactment; and~~
- (t) perform any other functions relevant to its objectives that the responsible Minister directs in accordance with section 112 of the Crown Entities Act 2004.
- (2) Health New Zealand must give effect to the GPS and the New Zealand Health Plan when performing its functions.
- (3) In performing any of its functions in relation to the supply of pharmaceuticals, Health New Zealand must not act inconsistently with the pharmaceutical schedule.

(3)(4) Section 14(1)(n) does not limit Health New Zealand's ability to engage with Māori to provide opportunities for Māori to contribute to decisions made by Health New Zealand

Section 14(1)(a): replaced, on 30 June 2024, by section 10(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 14(1)(l): repealed, on 30 June 2024, by section 10(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 14(1)(p): amended, on 30 June 2024, by section 10(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

15 Health New Zealand must support ~~and engage with~~ iwi-Māori partnership boards

Health New Zealand must—

- (a) take reasonable steps to support iwi-Māori partnership boards to achieve their purpose in section 29, including by providing—
- (i) administrative, analytical, or financial support where needed; and
 - (ii) sufficient and timely information; and
- ~~(b) engage with iwi Māori partnership boards when determining priorities for kaupapa Māori investment.~~

Section 15: replaced, on 30 June 2024, by section 11 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

16 Additional collective duties of board of Health New Zealand

(1) The board must ensure that Health New Zealand—

- (a) acts in a manner consistent with the GPS and the New Zealand Health Plan; and
- (b) *[Repealed]*
- (c) operates in a financially responsible manner and, for that purpose, endeavours to cover all its annual costs (including the cost of capital) from its net annual income; and
- (d) maintains systems and processes to ensure that Health New Zealand—
- (i) has the capacity and capability to perform its functions; and
 - (ii) ~~has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety~~

and responsiveness of services, mātauranga Māori, and Māori perspectives of services.

- (2) The duties of the board in subsection (1) are—
- (a) in addition to its duties in sections 49 to 52 of the Crown Entities Act 2004; and
 - (b) collective duties owed to the Minister for the purposes of section 58 of the Crown Entities Act 2004.

Section 16(1)(b): repealed, on 30 June 2024, by section 12(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 16(1)(d)(ii): amended, on 30 June 2024, by section 12(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

~~16A—Engaging with and reporting to Māori~~

~~Health New Zealand must—~~

~~have systems in place for the purpose of—~~

~~engaging with Māori in relation to their aspirations and needs for hauora Māori; and~~

~~enabling the responses from that engagement to inform the performance of its functions; and~~

~~report back to Māori from time to time on how engagement under this section has informed the performance of its functions.~~

17 Board of Health New Zealand must take into account advice from Hauora Māori Advisory Committee

The board of Health New Zealand must take into account any advice it receives from the Hauora Māori Advisory Committee.

Delegations Policy

18 Board of Health New Zealand must have delegations policy

(1) The board of Health New Zealand must adopt a delegations policy that sets out how it will make and revoke delegations under sections 73 to 76 of the Crown Entities Act 2004.

(2) The policy, or any amendment to or replacement of it, must be approved by the Minister before the policy, amendment, or replacement comes into force.

(3) The Minister may approve the policy, or any amendment to or replacement of it, subject to any conditions specified by the Minister.

(4) When the policy is in force, the board must comply with the policy when exercising its powers of delegation.

(5) The board must keep the policy under review and amend or replace the policy as it considers appropriate.

(6) This section applies despite anything to the contrary in the Crown Entities Act 2004.

19 Delegations policy must be made publicly available

The delegations policy must be made publicly available as soon as practicable after it comes into force.

Infrastructure committee

20 Board of Health New Zealand must have infrastructure committee

- (1) The board of Health New Zealand must establish an infrastructure committee.
- (2) The purpose of the committee is to perform Health New Zealand's function of providing and planning for infrastructure to deliver health services.
- (3) The committee must consist of not fewer than 5, and not more than 8, members, including at least 1 member of the board.
- (4) The Minister must appoint the members of the committee.
- (5) The Minister must appoint only people who, in the Minister's opinion, have the appropriate knowledge, skills, and experience to assist the committee to perform its role.
- (6) This section applies despite anything to the contrary in the Crown Entities Act 2004.

21 Delegation to infrastructure committee

- (1) The board of Health New Zealand must delegate to the infrastructure committee some or all of its function in respect of providing and planning for infrastructure to deliver health services.
- (2) The delegation, or any amendment to or replacement of it, must be approved by the Minister before the delegation, amendment, or replacement comes into force.
- (3) This section applies despite anything to the contrary in the Crown Entities Act 2004.

Director-General may attend board or executive meetings

22 Director-General may attend Health New Zealand board or executive meetings

- (1) The Director-General may attend any meeting of Health New Zealand.
- (2) The functions of the Director-General in attending a meeting are to—
 - (a) observe the meeting's decisions and decision-making processes; and
 - (b) assist those at the meeting in understanding the policies and wishes of the Government so that they can be appropriately reflected in decisions of the meeting; and
 - (c) advise the Minister on any matter relating to Health New Zealand, its board, or its performance.
- (3) The person in charge of a meeting attended by the Director-General must provide the Director-General with copies of all notices, documents, and other information provided to those attending the meeting.
- (4) In this section, **meeting** means—
 - (a) any board meeting or board committee meeting (including an infrastructure committee meeting); or
 - (b) any executive-level meeting at a national or regional level.
- (5) See clause 2 of Schedule 6 of the Public Service Act 2020, which relates to the delegation of the functions and

powers of public service chief executives (including the functions and powers of the Director-General under this section).

Section 16A: inserted, on 30 June 2024, by section 13 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 3—Māori Health Authority

[Repealed]

Subpart 3: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

17 Māori Health Authority established

[Repealed]

Section 17: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

18 Objectives of Māori Health Authority

[Repealed]

Section 18: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

19 Functions of Māori Health Authority

[Repealed]

Section 19: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

20 Engaging with and reporting to Māori

[Repealed]

Section 20: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

21 Māori Health Authority to support and engage with iwi-Māori partnership boards

[Repealed]

Section 21: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

22 Board of Māori Health Authority

[Repealed]

Section 22: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

23 Removal of members

[Repealed]

Section 23: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

24 Financial operations of Māori Health Authority

[Repealed]

Section 24: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

25 Application of Crown Entities Act 2004 to Māori Health Authority

[Repealed]

Section 25: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

26 Application of Anti-Money Laundering and Countering Financing of Terrorism Act 2009 to Māori Health Authority

[Repealed]

Section 26: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

27 Application of Public Service Act 2020 to Māori Health Authority

[Repealed]

Section 27: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

28 Application of Public Records Act 2005*[Repealed]*

Section 28: repealed, on 30 June 2024, by section 14 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 4—Iwi-Māori partnership boards**29 Purpose of iwi-Māori partnership boards**

The purpose of iwi-Māori partnership boards is to represent local perspectives of Māori communities on health outcomes based on their needs and aspirations.

~~The purpose of iwi-Māori partnership boards is to represent local Māori perspectives on—~~

- ~~(a) the needs and aspirations of Māori in relation to hauora Māori outcomes; and~~
- ~~(b) how the health sector is performing in relation to those needs and aspirations; and~~
- ~~(c) the design and delivery of services and public health interventions within localities.~~

30 Functions of iwi-Māori partnership boards

The functions of iwi-Māori partnership boards are to—

- (a) engage with local Māori communities about their health needs, aspirations, and health outcomes; and
- (b) communicate the results and insight from that engagement to the Hauora Māori Advisory Committee

~~(1) An iwi-Māori partnership board has the following functions:~~

- ~~(a) to engage with whānau and hapū about local health needs, and communicate the results and insights from that engagement to Health New Zealand;~~
- ~~(b) to evaluate the current state of hauora Māori in the relevant locality for the purpose of determining priorities for improving hauora Māori;~~
- ~~(c) to work with Health New Zealand in developing priorities for improving hauora Māori;~~
- ~~(d) to monitor the performance of the health sector in a relevant locality;~~
- ~~(e) to engage with Health New Zealand and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation;~~
- ~~(f) to report on the hauora Māori activities of Health New Zealand to Māori within the area covered by the iwi-Māori partnership board.~~

~~(g) *[Repealed]*~~

~~(2) In this section, **relevant locality** means the locality or localities within the area covered by an iwi-Māori partnership board.~~

Section 30(1)(a): amended, on 30 June 2024, by section 15(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 30(1)(c): replaced, on 30 June 2024, by section 15(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 30(1)(e): amended, on 30 June 2024, by section 15(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 30(1)(f): amended, on 30 June 2024, by section 15(4) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 30(1)(g): repealed, on 30 June 2024, by section 15(5) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

31 Recognition of iwi-Māori partnership boards

- (1) The criteria for recognition of an organisation as an iwi-Māori partnership board are as follows:
 - (a) the boundaries of the area covered by the organisation (the **area**) do not overlap with the boundaries of any area covered by any iwi-Māori partnership board; and
 - (b) the organisation has taken reasonable steps to engage with Māori communities and groups that—
 - (i) are present in the area; or
 - (ii) have interests in the area; and
 - (c) the organisation’s constitutional and governance arrangements demonstrate that—
 - (i) the organisation has the capacity and capability to perform its functions as an iwi-Māori partnership board; and
 - (ii) the organisation will engage with, and represent the views of, Māori within the area; and
 - (iii) Māori communities and groups in the area can hold the organisation accountable for the performance of its functions in relation to the area; and
 - (d) the area is consistent with the effective functioning of iwi-Māori partnership boards as a whole.
- (2) The membership of an iwi-Māori partnership board—
 - (a) must be determined by the board after it has complied with subsection (1)(b) and the applicable requirements of its constitutional and governance arrangements; and
 - (b) may be varied by the board in the same way.
- (3) An iwi-Māori partnership board may determine its own procedures.
- (4) If an organisation wishes to be recognised as an iwi-Māori partnership board,—
 - (a) it must notify the Director-General; and
 - (b) the Director-General must, if satisfied that the criteria in subsection (1) have been met, advise the Minister accordingly; and
 - (c) the Minister must recommend the making of an Order in Council under subsection (7)(a).

- (5) If 2 or more iwi-Māori partnership boards agree to vary or merge their boundaries,—
- (a) they must notify the Director-General; and
 - (b) the Director-General must, if satisfied that the criteria in subsection (1) have been met, advise the Minister accordingly; and
 - (c) the Minister must recommend the making of an Order in Council under subsection (7)(b).
- (6) If the Director-General is satisfied that an iwi-Māori partnership board no longer meets the criteria in subsection (1) and that it is unlikely that the iwi-Māori partnership board will be able to meet the criteria within a reasonable period of time,—
- (a) the Director-General must advise the Minister accordingly; and
 - (b) the Minister must recommend the making of an Order in Council under subsection (7)(c).
- (7) The Governor-General may, by Order in Council, on the recommendation of the Minister made only on the advice of the Director-General, amend Schedule 4 for the purpose of—
- (a) recognising an organisation as an iwi-Māori partnership board; or
 - (b) giving effect to an agreement to a variation or merger referred to in subsection (5); or
 - (c) removing an iwi-Māori partnership board from Schedule 4 pursuant to subsection (6) or at the request of that iwi-Māori partnership board; or
 - (d) making any minor or consequential changes.
- (8) An organisation listed in column 1 of Schedule 4 is recognised as the iwi-Māori partnership board for the corresponding area described in column 2 of Schedule 4.
- (9) An Order in Council made under this section is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).

Legislation Act 2019 requirements for secondary legislation made under this section

Publication	PCO must publish it on the legislation website and notify it in the <i>Gazette</i>	LA19 s 69(1)(c) LA19 s 114
Presentation	The Minister must present it to the House of Representatives	

Disallowance It may be disallowed by the House of Representatives LA19 ss 115, 116

This note is not part of the Act.

Section 31(4)(a): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 31(4)(b): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 31(5)(a): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 31(5)(b): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 31(6): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 31(6)(a): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 31(7): amended, on 30 June 2024, by section 16 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 5—Disputes

[Repealed]

Subpart 5: repealed, on 30 June 2024, by section 17 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

32 Disputes between Health New Zealand, Māori Health Authority, and others

[Repealed]

Section 32: repealed, on 30 June 2024, by section 17 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 6—Key health documents

33 Overview of important health documents

(1) This subpart requires—

- (a) the Minister to issue a Government Policy Statement that sets out the Government’s priorities and objectives, and targets for the publicly funded health sector:
- (b) the Minister to determine the following strategies for improving the health status of New Zealanders:
 - (i) New Zealand Health Strategy:
 - (ii) Hauora Māori Strategy:
 - (iii) Pacific Health Strategy:
 - (iv) Health of Disabled People Strategy:
 - (v) Women’s Health Strategy:
 - (vi) Rural Health Strategy:
 - (vii) Mental Health and Wellbeing Strategy:
- (c) Health New Zealand to develop, for the Minister’s approval, a New Zealand Health Plan based on population health needs:
- (d) Health New Zealand to develop locality plans for localities:
- (e) ~~Health New Zealand to facilitate the making of a New Zealand Health Charter:~~

- (f) the Health Quality and Safety Commission to develop a code of expectations of consumer and whānau engagement in the health sector.
- (2) This section is intended as a guide only.
- Section 33(1)(b)(vii): inserted, on 25 October 2024, by section 6 of the [Pae Ora \(Healthy Futures\) Healthy Futures \(Pae Ora\) \(Improving Mental Health Outcomes\) Amendment Act 2024 \(2024 No 45\)](#).
- Section 33(1)(c): amended, on 30 June 2024, by section 18(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).
- Section 33(1)(d): replaced, on 30 June 2024, by section 18(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).
- Section 33(1)(e): amended, on 30 June 2024, by section 18(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Government Policy Statement on Health

34 GPS

- (1) The Minister must issue a GPS at intervals of no more than 3 years apart.
- (2) The purpose of the GPS is to—
- (a) set priorities, [objectives and targets](#) for the publicly funded health sector; and
 - (b) set clear parameters for the development of the New Zealand Health Plan.
- (3) The GPS priorities [and targets](#) for the publicly funded health sector must, where appropriate, specify measurable outcomes, including outcomes that are culturally specific.
- (4) The GPS—
- (a) must cover a period of at least 3 consecutive financial years; and
 - (b) expires on the close of the third consecutive financial year to which it applies.
- (5) The Minister must issue the GPS before the start of the first financial year to which it applies.
- (6) The Minister must issue the first GPS no later than 2 years after the commencement of this Act.

35 Preparation of GPS

When preparing a GPS, the Minister must—

- (a) be satisfied that the GPS contributes to the purpose of this Act; and
- (b) have regard to, but is not bound by, any health strategy; and
- (c) consult Health New Zealand and have regard to its views; and
- (d) engage with organisations and individuals that the Minister considers appropriate.

Section 35(c): amended, on 30 June 2024, by section 19(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 35(c): amended, on 30 June 2024, by section 19(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

36 Content of GPS

(1) The GPS must include the following:

(a) the Government’s priorities and objectives for the publicly funded health sector:

(aa) targets (including the targets required by section 36A) that the Government expects the publicly funded health sector to meet:

(b) how the Government expects health entities to meet the Government’s priorities and objectives for the publicly funded health sector:

(c) the Government’s priorities for engaging with, and improving health outcomes for, Māori:

(d) the Government’s priorities for improving health outcomes for Pacific peoples, disabled people, women, rural communities, and other popula- tions:

(e) requirements for health entities to monitor and report on progress towards meeting the targets referred to in subsection (1)(aa):

(f) a framework for regular monitoring of progress and reporting requirements on other matters.

~~a framework for regular monitoring of progress and reporting require- ments.~~

(2) The GPS may include any other matters the Minister considers relevant.

(3) To avoid doubt, the GPS may not impose an obligation on any health entity to approve or decline funding for a particular product, service, or provider.

Section 36(1)(d): amended, on 30 June 2024, by section 20 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

36A Targets that must be included in GPS

Without limiting section 36(1)(aa), the targets that must be included in the GPS under that section must relate to—

(a) cancer management care:

(b) the immunisation of children:

(c) the admission to, and discharge and transfer of patients from, emergency departments:

(d) specialist assessments:

(e) elective treatment:

(f) access to primary care.

37 GPS must be made available

(1) As soon as practicable after issuing a GPS, the Minister must present a copy of the GPS to the House of Representatives.

(2) The GPS must be made publicly available as soon as practicable after it is issued.

38 Status of GPS

- (1) A GPS is not a direction for the purposes of Part 3 of the Crown Entities Act 2004.
- (2) Sections 34 to 39 do not limit other provisions relating to directions in the Crown Entities Act 2004.

39 Health entities must give effect to GPS

A health entity must give effect to the GPS to the extent it is relevant to its functions and subject to any applicable directions under section 103 of the Crown Entities Act 2004.

40 Amending GPS

- (1) The Minister may amend the GPS at any time.

- (2) Sections 35 to 37 do not apply to an amendment to the GPS if the Minister considers the amendment is not significant.

Health strategies

41 New Zealand Health Strategy

- (1) The Minister must prepare and determine a New Zealand Health Strategy.
- (2) The purpose of the New Zealand Health Strategy is to provide a framework to guide health entities in protecting, promoting, and improving people’s health and wellbeing.
- (3) The New Zealand Health Strategy must—
- (a) contain an assessment of the current state of health outcomes and health sector performance; and
 - (b) contain an assessment of the medium and long-term trends and risks that will affect health outcomes and health sector performance in the next 5 to 10 years; and
 - (c) set out opportunities and priorities for improving the health sector over at least the next 5 to 10 years, including workforce development.
- (4) Subsection (3) does not limit what may be included in the New Zealand Health Strategy.

42 Hauora Māori Strategy

- (1) The Minister must prepare and determine a Hauora Māori Strategy.
- (2) *[Repealed]*
- (3) The purpose of the Hauora Māori Strategy is to provide a framework to guide health entities in improving Māori health outcomes.
- (4) The Hauora Māori Strategy must—
- (a) contain an assessment of the current state of Māori health outcomes and the performance of the health sector in relation to Māori; and
 - (b) contain an assessment of medium to long-term trends that will affect hauora Māori and health sector performance; and
 - (c) set out priorities for services and health sector improvements relating to hauora Māori, including workforce development.
- (5) Subsection (4) does not limit what may be included in the Hauora Māori Strategy.

Section 42(1): amended, on 30 June 2024, by section 21(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 42(2): repealed, on 30 June 2024, by section 21(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

43 Pacific Health Strategy

- (1) The Minister must prepare and determine a Pacific Health Strategy.
- (2) The purpose of the Pacific Health Strategy is to provide a framework to guide health entities in improving Pacific health outcomes in New Zealand.
- (3) The Pacific Health Strategy must—
 - (a) contain an assessment of the current state of Pacific health outcomes and the performance of the health sector in relation to Pacific peoples; and
 - (b) contain an assessment of the medium and long-term trends that will affect Pacific health and health sector performance; and
 - (c) set out priorities for services and health sector improvements relating to Pacific health, including workforce development.
- (4) Subsection (3) does not limit what may be included in the Pacific Health Strategy.
- (5) In this section, **Pacific health** means the health of Pacific peoples.

44 Health of Disabled People Strategy

- (1) The Minister must prepare and determine a Health of Disabled People Strategy.
- (2) The purpose of the Health of Disabled People Strategy is to provide a framework to guide health entities in improving health outcomes for disabled people and their families and whānau.
- (3) The Health of Disabled People Strategy must—
 - (a) contain an assessment of the current state of health outcomes for disabled people and the performance of the health sector in relation to disabled people and their families and whānau; and
 - (b) contain an assessment of the medium and long-term trends that will affect the health of disabled people and health sector performance; and
 - (c) set out priorities for services and health sector improvements relating to the health of disabled people, including workforce development.
- (4) Subsection (3) does not limit what may be included in the Health of Disabled People Strategy.

45 Women's Health Strategy

- (1) The Minister must prepare and determine a Women's Health Strategy.
- (2) The purpose of the Women's Health Strategy is to provide a framework to guide health entities in improving health outcomes for women.
- (3) The Women's Health Strategy must—
 - (a) contain an assessment of the current state of health outcomes for women and the performance of the health sector in relation to women; and

- (b) contain an assessment of the medium and long-term trends that will affect the health of women and health sector performance; and
 - (c) set out priorities for services and health sector improvements relating to the health of women, including workforce development.
- (4) Subsection (3) does not limit what may be included in the Women’s Health Strategy.

46 Rural Health Strategy

- (1) The Minister must prepare and determine a Rural Health Strategy.
- (2) The purpose of the Rural Health Strategy is to provide a framework to guide health entities in improving health outcomes for rural communities.
- (3) The Rural Health Strategy must—
 - (a) contain an assessment of the current state of health outcomes of people in rural areas and the performance of the health sector in relation to rural communities; and
 - (b) contain an assessment of the medium and long-term trends that will affect the health of rural communities and health sector performance; and
 - (c) set out priorities for services and health sector improvements relating to the health of rural communities, including workforce development.
- (4) Subsection (3) does not limit what may be included in the Rural Health Strategy.

46A Mental Health and Wellbeing Strategy

- (1) The Minister must prepare and determine a Mental Health and Wellbeing Strategy.
- (2) The Minister must have regard to any advice from the Mental Health and Wellbeing Commission when preparing the Mental Health and Wellbeing Strategy.
- (3) The purpose of the Mental Health and Wellbeing Strategy is to provide a framework to guide health entities for the long-term improvement of mental health and wellbeing outcomes, including minimising the harm from addiction.
- (4) The Mental Health and Wellbeing Strategy must—
 - (a) contain an assessment of the current state of, and the performance of the health sector in relation to, mental health and wellbeing outcomes; and
 - (b) contain an assessment of the medium- and long-term trends that will affect mental health and wellbeing outcomes; and
 - (c) set out priorities for mental health and addiction services and health sector improvements relating to mental health and wellbeing, including workforce development.

- (5) Subsection (4) does not limit what may be included in the Mental Health and Wellbeing Strategy.
Section 46A: inserted, on 25 October 2024, by section 7 of the ~~Pae Ora (Healthy Futures)~~ Healthy Futures (Pae Ora) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45).

47 Process for making health strategy

- (1) When preparing a health strategy, the Minister must—
- (a) have regard to any advice from the Hauora Māori Advisory Committee; and
 - (aa) give effect to the relevant targets in the GPS; and
 - (b) when making a new health strategy, have regard to current strategies; and
 - (c) consult health entities, individuals, and organisations that the Minister considers are reasonably likely to be affected by the health strategy.
- (1A) The Minister must ensure that health strategies are consistent with each other.
- (2) The Minister must present the health strategy to the House of Representatives as soon as practicable after it has been made.
- (3) The health strategy must be made publicly available as soon as practicable after it is made.
Section 47(1)(a): amended, on 30 June 2024, by section 22 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

48 Review and progress of health strategy

The Minister must—

- (a) regularly monitor and review all health strategies; and
- (b) assess how the health sector has performed against the health strategies.

49 Health entities must have regard to health strategies

A health entity must have regard to all health strategies—

- (a) when exercising its powers or performing its functions or duties; and
- (b) to the extent that each health strategy is relevant to those powers, functions, or duties.

New Zealand Health Plan

50 New Zealand Health Plan

- (1) Health New Zealand must develop a New Zealand Health Plan.
- (2) The purpose of the plan is to provide a 3-year costed plan for the delivery of publicly funded services by Health New Zealand.
- (3) The plan must give effect to the GPS.
- (4) In developing the plan, Health New Zealand must also take into account—
 - (a) the functions and services of other health entities and government agencies that contribute to improving health outcomes; and

- (b) the roles of the Cancer Control Agency, the Health and Disability Commissioner, the Health Research Council, the Mental Health and Wellbeing Commission, and the Ministry (including the Public Health Agency); and
- (c) the functions and services of non-government agencies; and
- (d) the preferences and priorities specified in locality plans.

Section 50(1): amended, on 30 June 2024, by section 23(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 50(2): amended, on 30 June 2024, by section 23(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 50(4): amended, on 30 June 2024, by section 23(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

51 Content of New Zealand Health Plan

The New Zealand Health Plan must—

- (a) contain an assessment of population health needs; and
- (b) identify—
 - (i) desired improvements in health outcomes (**desired improvements**); and
 - (ii) priorities for the desired improvements; and
- (c) specify, where appropriate, measurable outcomes for those priorities, including outcomes that are culturally specific; and
- (d) describe how health entities will deliver service and investment changes to achieve the desired improvements, including—
 - (i) how Health New Zealand will provide and commission services to achieve the desired improvements; and
 - (ii) how other health entities will contribute to achieving the desired improvements; and
- (e) describe how the matters referred to in section 50(4) have been taken into account; and
- (f) describe how government agencies, non-government agencies, organisations, and individuals will contribute to achieving the desired improvements; and
- (g) set out—
 - (i) key services and activities to be delivered; and
 - (ii) key performance measures; and
 - (iii) how the key services and activities will be funded and their proposed level of funding;
- (ga) set out a statement of Health New Zealand’s anticipated revenue and expenditure for the period covered by the plan; and
- (h) set out how Health New Zealand—
 - (i) will achieve the purpose of this Act; and
 - (ii) will engage with Māori, protect Māori interests and aspirations, and empower Māori to improve their health; and

(iii) ~~has been guided by the health sector principles in the development and content of the New Zealand Health Plan; and~~

(i) set out any other matters the Minister directs.

Section 51(d)(i): amended, on 30 June 2024, by section 24(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 51(h): amended, on 30 June 2024, by section 24(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 51(h)(iii): amended, on 30 June 2024, by section 24(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

52 Report of performance against New Zealand Health Plan

- (1) Health New Zealand must prepare an annual performance report against the New Zealand Health Plan.
- (2) The report must—
 - (a) provide an assessment of the performance of Health New Zealand against outcomes specified in the New Zealand Health Plan; and
 - (b) include in the assessment an evaluation—
 - (i) of any new interventions or services for Māori health that Health New Zealand has provided or funded; and
 - (ii) that is conducted in accordance with culturally relevant evaluation methods; and
 - (c) ~~be submitted to the Minister after it has been audited by the Auditor General.~~
- (3) The report must, as soon as practicable after it is made,—
 - (a) be presented to the House of Representatives; and
 - (b) be made publicly available.

Section 52(1): amended, on 30 June 2024, by section 25(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 52(2)(a): amended, on 30 June 2024, by section 25(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 52(2)(b)(i): amended, on 30 June 2024, by section 25(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

53 Process for preparing New Zealand Health Plan

- (1) In preparing the New Zealand Health Plan, Health New Zealand must engage with—
 - (a) the Ministry; and
 - (b) other health entities; and
 - (c) individuals and organisations that Health New Zealand considers appropriate.

- (2) ~~The plan must be submitted to the Minister after it has been audited by the Auditor General.~~
- (3) The plan is made when the Minister approves it.
- (4) Subsection (1)(a) to (c) does not apply to any amendments to the plan that do not have a significant impact on consumers or providers of services (other than Health New Zealand).
- (5) The plan must, as soon as practicable after it is made,—
- (a) be presented to the House of Representatives; and
- (b) be made publicly available.

Section 53(1): amended, on 30 June 2024, by section 26(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 53(1)(c): amended, on 30 June 2024, by section 26(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 53(1)(c): amended, on 30 June 2024, by section 26(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 53(4): amended, on 30 June 2024, by section 26(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Localities and locality plans

54 Determination of localities

- (1) Health New Zealand must determine geographically defined areas (**localities**) for the purpose of arranging services.
- (2) Before determining a locality, Health New Zealand must consult relevant local authorities and iwi-Māori partnership boards.
- (3) Health New Zealand must ensure that—
- (a) all of New Zealand is covered by a locality; and
- (b) the boundary of a locality is, subject to subsection (4), consistent with any regional arrangement specified in regulations made under section 102; and
- (c) a list of all localities (including their geographical areas) is made publicly available.
- (4) Subsection (3)(b) does not apply if Health New Zealand is satisfied that there are exceptional circumstances and has consulted relevant local authorities and iwi-Māori partnership boards.
- (5) Health New Zealand may amend the number or boundaries of any localities at any time, as long as the requirements in subsections (2) and (3) are met.

Section 54(1): amended, on 30 June 2024, by section 27(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 54(2): amended, on 30 June 2024, by section 27(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 54(4): amended, on 30 June 2024, by section 27(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 54(4): amended, on 30 June 2024, by section 27(4) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 54(5): amended, on 30 June 2024, by section 27(5) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

55 Locality plans

- (1) Health New Zealand must develop a locality plan for each locality.
- (2) A locality plan must—
 - (a) set out the priority outcomes and services for the locality; and
 - (b) state the plan’s duration, which must, as a minimum, be 3 consecutive financial years; and
 - (c) give effect to the relevant requirements of the New Zealand Health Plan; and
 - (d) include a statement of progress against the priority outcomes set out in the previous locality plan, unless it is the first locality plan for that locality.
- (3) In developing a locality plan for a locality, Health New Zealand must—
 - (a) consult consumers and communities within the locality; and
 - (b) consult local authorities affected by the locality plan; and
 - (c) consult social sector agencies and other entities that contribute to relevant population outcomes within the locality; and
 - (d) *[Repealed]*
 - (e) consult any other individual or group that Health New Zealand considers appropriate.
- (4) A locality plan is made when Health New Zealand makes it publicly available.
- (5) Health New Zealand must prepare an annual report assessing progress against the priority outcomes set out in the locality plan.
- (6) *[Repealed]*
- (7) The report must, as soon as practicable after it is made, be made publicly available.

Section 53(3)(d): repealed, on 30 June 2024, by section 28(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 55(4): replaced, on 30 June 2024, by section 28(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 55(5): amended, on 30 June 2024, by section 28(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 55(6): repealed, on 30 June 2024, by section 28(4) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

*New Zealand Health Charter***56 New Zealand Health Charter**

- ~~(1) For the purpose of supporting the achievement of the health sector principles, a New Zealand Health Charter must be made in accordance with section 57.~~
- ~~(2) The charter is a statement of the values, principles, and behaviours that—~~
- ~~(a) health entities are expected to demonstrate; and~~
 - ~~(b) workers throughout the health sector are expected to demonstrate—~~
 - ~~(i) collectively, at an organisational level; and~~
 - ~~(ii) individually.~~
- ~~(3) To avoid doubt, nothing in this section affects—~~
- ~~(a) the role of responsible authorities under section 118 of the Health Practitioners Competence Assurance Act 2003; and~~
 - ~~(b) existing professional codes and obligations.~~

57 Making of charter

- ~~(1) Health New Zealand must facilitate the making of the charter and, for that purpose, engage with—~~
- ~~(a) health entities; and~~
 - ~~(b) organisations and workers involved in delivering publicly funded services; and~~
 - ~~(c) organisations that, in Health New Zealand's opinion, are representative of the interests of workers who work for health entities or organisations or workers described in paragraph (b); and~~
 - ~~(d) Māori health professional organisations.~~
- ~~(2) The charter is made when the Minister endorses it.~~
- ~~(3) The charter must, as soon as practicable after it is made,—~~
- ~~(a) be presented to the House of Representatives; and~~
 - ~~(b) be made publicly available.~~

~~Section 57(1): amended, on 30 June 2024, by section 29(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).~~

~~Section 57(1)(c): amended, on 30 June 2024, by section 29(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).~~

58 Report on charter

- ~~(1) Health New Zealand must, at least once every 5 years,—~~
- ~~(a) prepare a report on how the New Zealand Health Charter has been given effect throughout the health sector; and~~
 - ~~(b) include in the report any recommendations for changes to the charter.~~

- ~~(2) The report must, as soon as practicable after it is made,—~~
~~(a) be presented to the House of Representatives; and~~
~~(b) be made publicly available.~~

~~Section 58(1): amended, on 30 June 2024, by section 30 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).~~

Consumer and whānau engagement

59 Code for consumer and whānau engagement in health sector

- (1) The HQSC must develop a code of expectations for consumer and whānau engagement in the health sector.
- (2) The code must state expectations for the purpose of supporting consumer and whānau engagement in the health sector and for enabling consumer and whānau voices to be heard.
- (3) The code is made when the Minister approves it.
- (4) The code must, as soon as practicable after it is made,—
 - (a) be presented to the House of Representatives; and
 - (b) be made publicly available.
- (5) The code is secondary legislation for the purposes of the Legislation Act 2019.

Legislation Act 2019 requirements for secondary legislation made under this section

Publication	The maker must publish it in accordance with the Legislation (Publication) Regulations 2021	LA19 s 74(1)(aa) LA19 s
Presentation	The Minister must present it to the House of Representatives	114

Disallowance It may be disallowed by the House of Representatives LA19 ss 115, 116
This note is not part of the Act.

60 Health entities must act in accordance with code

- (1) A health entity must act in accordance with the code approved under section 59 when engaging with consumers and whānau.
- (2) A health entity must report annually on how it has given effect to the code.

Subpart 7—Ministerial powers

61 Minister may appoint Crown observers

- (1) The Minister may make an appointment under this section if the Minister considers it desirable for the purpose of assisting in improving the performance of Health New Zealand.
- (2) The Minister may—
 - (a) appoint 1 or more persons to be a Crown observer of Health New Zealand; and
 - (b) require the Crown observer to attend—

- (i) any board meeting or board committee meeting of the health entity; or
 - (ii) any executive level meeting of the health entity at a national or regional level.
- (3) The person in charge of a meeting described in subsection (2)(b) must—
 - (a) permit the Crown observer to attend; and
 - (b) provide the Crown observer with copies of all notices, documents, and other information that are provided to those attending the meeting.
- (4) The Crown observer's functions are to—
 - (a) observe the meeting's decisions and decision-making processes; and
 - (b) assist those at the meeting in understanding the policies and wishes of the Government so that they can be appropriately reflected in decisions of the meeting; and
 - (c) advise the Minister on any matter relating to the health entity or the board, or its performance.
- (5) The appointment of a person as a Crown observer is on terms and conditions agreed between the Minister and the person.
- (6) A Crown observer may provide to the Minister any information, other than personal information, that the Crown observer obtains in the course of acting as such.
- (7) Subsection (6) is subject to the Privacy Act 2020.

Compare: 2000 No 91 s 30

Section 61(1): replaced, on 30 June 2024, by section 31(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 61(2)(a): amended, on 30 June 2024, by section 31(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

62 Minister may dismiss board or appoint commissioner

- (1) If the Minister is seriously dissatisfied with the performance of the board of Health New Zealand, the Minister may, by written notice, dismiss all members of the board.
- (2) The Minister may, by written notice, appoint a commissioner to replace the board of Health New Zealand if all the members of the board are removed from office under subsection (1) or the Crown Entities Act 2004.
- (3) A commissioner has all the functions, duties, powers, and protections of the board and of a member of the board.
- (4) A commissioner may appoint, on any terms and conditions that may be agreed, up to 3 deputy commissioners, each of whom must be a person who would be eligible to be appointed by the Minister to the board.

- (5) The Minister may at any time, by written notice, dismiss a commissioner from office.
- (6) A commissioner may at any time, by written notice, dismiss a deputy commissioner from office with the agreement of the Minister.
- (7) All the provisions of this Act and the Crown Entities Act 2004 that apply to appointed members of a board apply, with any necessary modifications, to a commissioner and a deputy commissioner.
- (8) *[Repealed]*

Compare: 2000 No 91 s 31

Section 62(1): amended, on 30 June 2024, by section 32(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 62(2): replaced, on 30 June 2024, by section 32(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 62(8): repealed, on 30 June 2024, by section 32(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

63 Minister may appoint Crown manager for Health New Zealand

- (1) This section applies if the Minister believes on reasonable grounds that there is a risk to the operation or long-term viability of Health New Zealand.
- (2) The Minister may, by notice in the *Gazette*, appoint a Crown manager for Health New Zealand.
- (3) The Minister may not appoint a Crown manager unless the Minister—
 - (a) gives Health New Zealand written notice (with reasons) of the Minister’s intention to appoint a Crown manager; and
 - (b) allows Health New Zealand reasonable time (as specified in the notice) to respond to the notice; and
 - (c) considers any written submissions received within the specified time from Health New Zealand.
- (4) Whether a time is reasonable in any particular case may depend (among other things) on the urgency of the matters the Crown manager must deal with.
- (5) The notice appointing a Crown manager must state—
 - (a) the name of the Crown manager and the day on which their appointment takes effect; and
 - (b) the functions of Health New Zealand that are to be performed by the Crown manager; and
 - (c) any conditions subject to which the Crown manager must perform those functions; and
 - (d) any matters about which the Crown manager must advise Health New Zealand.
- (6) While there is a Crown manager appointed for Health New Zealand,—

- (a) the Crown manager may perform any of the functions stated in the notice, and,—
 - (i) for that purpose, the Crown manager has all the powers of Health New Zealand; and
 - (ii) in performing any of those functions (and exercising any of those powers in order to do so), the Crown manager must comply with all relevant duties of Health New Zealand; and
- (b) Health New Zealand—
 - (i) may not perform any of those functions; and
 - (ii) must provide the information and access and do all other things reasonably necessary to enable the Crown manager to perform those functions and exercise those powers.
- (7) The Crown manager must perform any function under subsection (6)(a) (and exercise any power in order to do so) in accordance with this Act.
- (8) Health New Zealand must pay the Crown manager's reasonable fees and expenses.
- (9) If the Crown manager's appointment has not been revoked earlier, the Minister must consider whether the reasons for the appointment still apply—
 - (a) no later than 12 months after it was made; or
 - (b) no later than 12 months after the Minister last considered whether they still apply.

Compare: 2020 No 38 s 334

64 Improvement plan

- (1) If the Minister believes on reasonable grounds it is necessary to improve the performance of a health entity, the Minister may, by written notice to the health entity,—
 - (a) identify any areas within the functions of the health entity that require improvement; and
 - (b) explain why the Minister believes those areas require improvement; and
 - (c) require the health entity to prepare an improvement plan for the Minister's approval.
- (2) The Minister may approve the plan if satisfied that the plan addresses the areas identified in the notice.
- (3) The health entity must implement the improvement plan within any timeframe specified in the plan.
- (4) The health entity must make the improvement plan publicly available as soon as practicable after it is approved.

65 Provision of information

- (1) The Minister of Finance may, by written notice, require a health entity to—
 - (a) provide economic or financial forecasts or other economic or financial information relating to the health entity or any or all of its subsidiaries specified in the notice; and
 - (b) provide that information to the Minister or any person or class of person specified in the notice.
- (2) A health entity must comply with a requirement under subsection (1).
- (3) No requirement under this section may require the supply of any information that would breach the privacy of any natural person or deceased natural person, unless the person (or a representative of the deceased person) has consented to the supply.
- (4) Subsection (1) does not limit sections 133 and 134 of the Crown Entities Act 2004.
- (5) Subsection (2) applies despite section 134 of the Crown Entities Act 2004.

65A Minister may direct Health New Zealand regarding Public Service Commissioner

(1) The Minister may direct Health New Zealand to—

(a) consult the Public Service Commissioner before it appoints specified officers or employees, or specified classes of officers or employees;

(b) delegate some or all of Health New Zealand’s collective bargaining to the Public Service Commissioner. 25

(2) A direction under subsection (1) is a direction for the purposes of section 114 of the Crown Entities Act 2004, and—

(a) Health New Zealand must give effect to the direction in accordance with section 114 of that Act; and

(b) sections 114 to 115A of that Act apply to the direction.

(3) In subsection (1), collective bargaining means collective

66 Restrictions on directions under section 103 of Crown Entities Act 2004

- (1) *[Repealed]*
- (2) No direction may be given to Pharmac under section 103 of the Crown Entities Act 2004 that would—
 - (a) require Pharmac to purchase a pharmaceutical from a particular source or at a particular price; or
 - (b) provide any pharmaceutical or pharmaceutical subsidy or other benefit to a named individual.
- (3) No direction may be given to NZBOS under section 103 of the Crown Entities Act 2004 unless it concerns—
 - (a) NZBOS’s role in providing oversight and clinical governance of the organ donation system

-
- and in providing support to the transplantation system; or
- (b) protecting the gift status, donation, collection, processing, and supply of blood or controlled human substances (as defined in section 55 of the Human Tissue Act 2008); or
 - (c) withdrawal of contaminated blood or contaminated controlled human substances from supply.

Section 66(1): repealed, on 30 June 2024, by section 33 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Part 3 Other roles

Subpart 1—Pharmac

67 Pharmac

- (1) There continues to be a Pharmaceutical Management Agency (**Pharmac**).
- (2) Pharmac is the same organisation that, immediately before the commencement of this section, was known as Pharmac.
- (3) Pharmac is a Crown entity for the purposes of section 7 of the Crown Entities Act 2004.
- (4) The Crown Entities Act 2004 applies to Pharmac except to the extent that this Act expressly provides otherwise.

68 Objectives of Pharmac

- (1) The objectives of Pharmac are—
 - (a) to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided; and
 - (b) any other objectives it is given by or under any enactment, or authorised to perform by the Minister by written notice to the board of Pharmac after consultation with it.
- (2) In this section, **eligible people** means people belonging to a class specified in regulations made under section 102 or any direction continued under clause 30 of Schedule 1 as being eligible to receive services funded under this Act.

69 Functions of Pharmac

- (1) The functions of Pharmac are—
 - (a) to maintain and manage a pharmaceutical schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies; and
 - (b) to manage incidental matters arising out of paragraph (a), including in exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the pharmaceutical schedule; and
 - (c) to engage as it sees fit, but within its operational budget, in research to meet the objectives set out in section 68(1)(a); and
 - (d) to promote the responsible use of pharmaceuticals; and
 - (e) to perform any other functions it is for the time being given under any enactment, or authorised to perform by the Minister by written notice to the board of Pharmac after consultation with it.

- (2) Pharmac must perform its functions within the amount of funding provided to it and in accordance with its statement of intent (including the statement of forecast service performance) and (subject to section 66) any directions given under the Crown Entities Act 2004.

70 Pharmac to consult in implementing objectives and performing functions

In performing its functions, Pharmac must, when it considers it appropriate to do so,—

- (a) consult on matters that relate to the management of pharmaceutical expenditure with any sections of the public, groups, or individuals that, in the view of Pharmac, may be affected by decisions on those matters; and
- (b) take measures to inform the public, groups, and individuals of Pharmac’s decisions concerning the pharmaceutical schedule.

71 Board of Pharmac to ensure advisory committees

- (1) The board of Pharmac must ensure that there are the following advisory committees under clause 14(1)(a) of Schedule 5 of the Crown Entities Act 2004:

- (a) a pharmacology and therapeutics advisory committee to provide objective advice to Pharmac on pharmaceuticals and their benefits:
- (b) a consumer advisory committee to provide input from a consumer or patient point of view.

- (2) Despite clause 14(1)(a) of Schedule 5 of the Crown Entities Act 2004, the members of the pharmacology and therapeutics advisory committee are appointed by the Director-General in consultation with the board of Pharmac.

72 Publication of notices

The Minister must, as soon as practicable after giving a notice under section 68(1)(b) or 69(1)(e), publish in the *Gazette*, and present to the House of Representatives, a copy of the notice.

73 Membership of board of Pharmac

The board of Pharmac consists of up to 6 members appointed under section 28 of the Crown Entities Act 2004.

74 Exemption from Part 2 of Commerce Act 1986

- (1) In this section, unless the context otherwise requires,—

agreement—

- (a) includes any agreement, arrangement, contract, covenant, deed, or understanding, whether oral or written, whether express or implied, and whether or not enforceable at law; and

- (b) without limiting the generality of paragraph (a), includes any contract of service and any agreement, arrangement, contract, covenant, or deed, creating or evidencing a trust
- pharmaceuticals** means substances or things that are medicines, therapeutic medical devices, or products or things related to pharmaceuticals.
- (2) Nothing in Part 2 of the Commerce Act 1986 applies to—
- (a) any agreement to which Pharmac is a party and that relates to pharmaceuticals for which full or part-payments may be made from money appropriated under the Public Finance Act 1989; or
- (b) any act, matter, or thing done by any person for the purposes of entering into such an agreement; or
- (c) any act, matter, or thing done by any person to give effect to such an agreement.

Subpart 2—New Zealand Blood and Organ Service

75 NZBOS

- (1) There continues to be a New Zealand Blood and Organ Service (**NZBOS**).
- (2) NZBOS is the same organisation that, immediately before the commencement of this section, was known as NZBOS.
- (3) NZBOS is a Crown entity for the purposes of section 7 of the Crown Entities Act 2004.
- (4) The Crown Entities Act 2004 applies to NZBOS except to the extent that this Act provides expressly otherwise.

76 Functions of NZBOS

- (1) The functions of NZBOS are—
- (a) to manage the donation, collection, processing, and supply of blood, controlled human substances, and related or incidental matters; and
- (b) to provide oversight and clinical governance of the organ donation system, to provide support to the transplantation system, and manage any related or incidental matters; and
- (c) if it is an appointed entity, to perform the functions for which it is for the time being responsible under section 63 of the Human Tissue Act 2008; and
- (d) to perform any other functions it is for the time being given by or under any enactment, or authorised to perform by the Minister by written notice to the board of NZBOS after consultation with it.
- (2) NZBOS must perform its functions in subsection (1)(a) and (b) in accordance with its statement of intent (including the statement of forecast service per-

formance) and (subject to section 66) any directions given under the Crown Entities Act 2004.

- (3) The Minister must, as soon as practicable after giving a notice under subsection (1)(d), publish in the *Gazette*, and present to the House of Representatives, a copy of the notice.
- (4) In this section, **appointed entity**, **blood**, and **controlled human substance** have the same meanings as in section 55 of the Human Tissue Act 2008.

77 **Membership of board**

The board of NZBOS consists of up to 7 members appointed under section 28 of the Crown Entities Act 2004.

Subpart 3—Health Quality and Safety Commission

78 **Health Quality and Safety Commission**

- (1) There continues to be a Health Quality and Safety Commission (**HQSC**).
- (2) HQSC is the same organisation that, immediately before the commencement of this section, was known as HQSC.
- (3) HQSC is a Crown entity for the purposes of section 7 of the Crown Entities Act 2004.
- (4) The Crown Entities Act 2004 applies to HQSC except to the extent that this Act expressly provides otherwise.

79 **Objectives of HQSC**

The objectives of HQSC are to lead and co-ordinate work across the health sector for the purposes of—

- (a) monitoring and improving the quality and safety of services; and
- (b) helping providers to improve the quality and safety of services.

80 **Functions of HQSC**

- (1) The functions of HQSC are—
 - (a) to advise the Minister on how quality and safety in services may be improved; and
 - (b) to advise the Minister on any matter relating to—
 - (i) health epidemiology and quality assurance; or
 - (ii) mortality; and
 - (c) to determine quality and safety indicators (such as serious and sentinel events) for use in measuring the quality and safety of services; and
 - (d) to provide public reports on the quality and safety of services as measured against—

- (i) the quality and safety indicators; and
 - (ii) any other information that HQSC considers relevant for the purpose of the report; and
 - (e) to promote and support better quality and safety in services; and
 - (f) to disseminate information about the quality and safety of services; and
 - (g) to support the health sector to engage with consumers and whānau for the purpose of ensuring that their perspectives are reflected in the design, delivery, and evaluation of services; and
 - (h) to develop a code of expectations for consumer and whānau engagement in the health sector for approval by the Minister; and
 - (i) to make recommendations to any person in relation to matters within the scope of its functions; and
 - (j) to perform any other function that—
 - (i) relates to the quality and safety of services; and
 - (ii) HQSC is for the time being authorised to perform by the Minister by written notice to HQSC after consultation with it.
- (2) In performing its functions, HQSC must, to the extent it considers appropriate, work collaboratively with—
- (a) the Ministry of Health; and
 - (b) Health New Zealand; and
 - (c) the Health and Disability Commissioner; and
 - (d) *[Repealed]*
 - (e) providers; and
 - (f) healthcare professional bodies (for example, colleges); and
 - (g) any groups representing the interests of consumers of services; and
 - (h) any other organisations, groups, or individuals that HQSC considers have an interest in, or will be affected by, its work.
- (3) The Minister must, as soon as practicable after giving a notice to HQSC under subsection (1)(j)(ii), publish in the *Gazette*, and present to the House of Representatives, a copy of the notice.

Section 80(2)(d): repealed, on 30 June 2024, by section 34 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

81 Membership of board of HQSC

The board of HQSC consists of at least 7 members appointed under section 28 of the Crown Entities Act 2004.

82 HQSC may appoint mortality review committees

- (1) HQSC may appoint 1 or more committees to perform any of the following functions that HQSC specifies by notice to the committee:
 - (a) to review and report to HQSC on specified classes of deaths of persons, or deaths of persons of specified classes, with a view to reducing the numbers of deaths of those classes or persons, and to continuous quality improvement through the promotion of ongoing quality assurance programmes;
 - (b) to advise on any other matters related to mortality that HQSC specifies in the notice.
- (2) A committee appointed under subsection (1) (a **mortality review committee**) must develop strategic plans and methodologies that—
 - (a) are designed to reduce morbidity and mortality; and
 - (b) are relevant to the committee’s functions.
- (3) HQSC—
 - (a) must, at least annually, provide the Minister with a report on the progress of mortality review committees; and
 - (b) must include each such report in HQSC’s next annual report.
- (4) The provisions of Schedule 5 apply in relation to a mortality review committee.
- (5) Every person who fails, without reasonable excuse, to comply with a requirement imposed under Schedule 5 by the chairperson of a mortality review committee commits an offence and is liable on conviction to a fine not exceeding \$10,000.
- (6) Every person who discloses information contrary to Schedule 5 commits an offence and is liable on conviction to a fine not exceeding \$10,000.
- (7) Any member of a registered occupational profession who commits an offence under subsection (5) or (6) is liable to any disciplinary proceedings of that profession in respect of the offence, whether or not they are fined under that subsection.

Subpart 4—Provisions that apply to Pharmac, NZBOS, and HQSC

83 Organisation defined

In this subpart, **organisation** means each of the following organisations:

- (a) Pharmac;
- (b) NZBOS;
- (c) HQSC.

84 Responsibility to operate in financially responsible manner

- (1) Every organisation must operate in a financially responsible manner and for this purpose must endeavour to cover all its annual costs (including the cost of capital) from its net annual income.
- (2) Subsection (1) does not apply to HQSC in respect of costs, which are to be met by the Ministry of Health in a financially responsible manner that allows HQSC to perform its functions to a high standard.
- (3) This section does not limit section 51 of the Crown Entities Act 2004.

85 Public Records Act 2005 to apply

An organisation is a public office for the purposes of the Public Records Act 2005.

86 Committees

In making appointments to a committee of a board of an organisation, the board must endeavour, where appropriate, to ensure representation of Māori on the committee.

Subpart 5—Committees*Ministerial committees***87 Ministerial committees**

- (1) The Minister may, by written notice,—
 - (a) establish any committee (a **ministerial committee**) that the Minister considers necessary or desirable for any purpose relating to this Act or its administration; and
 - (b) appoint any person to be a member or chairperson of the committee; and
 - (c) terminate the committee or the appointment of a member or chairperson of the committee.
- (2) A ministerial committee has the functions that the Minister determines by written notice to the committee.
- (3) A ministerial committee—
 - (a) consists of the members that the Minister determines; and
 - (b) may, subject to any written directions that the Minister gives to the committee, regulate its procedure in any manner that the committee thinks fit.
- (4) Each member of a ministerial committee is appointed on any terms and conditions (including terms and conditions as to remuneration and travelling allowances and expenses) that the Minister determines by written notice to the member.

- (5) Nothing in this subpart limits any powers that the Minister has under any other enactment or rule of law.

88 Information about ministerial committees to be made public

- (1) As soon as practicable—
- (a) after giving a notice establishing a ministerial committee, the Minister must present to the House of Representatives a copy of the notice together with the following information:
 - (i) the name of the committee; and
 - (ii) the number of members of the committee:
 - (b) after giving a notice appointing any person to be a member or chairperson of a ministerial committee, the Minister must present to the House of Representatives a copy of the notice together with the following information:
 - (i) the name of the chairperson of the committee; and
 - (ii) the names of the members of that committee.
- (2) As soon as practicable after giving a notice terminating any ministerial committee, the Minister must present to the House of Representatives a copy of the notice together with the following information:
- (a) the name of the committee terminated; and
 - (b) the reasons for the termination of the committee.
- (3) As soon as practicable after giving a notice under section 87(2) determining a function of a ministerial committee, the Minister must present to the House of Representatives a copy of the notice together with the following information:
- (a) the functions of the committee; and
 - (b) any other terms of reference or directions (other than directions as to procedure).
- (4) As soon as practicable after giving, under section 87(3)(b), a written direction as to the procedure of a ministerial committee, the Minister must present to the House of Representatives a copy of the direction.
- (5) In every annual report of the Ministry of Health, the Ministry must—
- (a) give the following information in respect of every ministerial committee:
 - (i) the name of the committee;
 - (ii) the name of the chairperson of the committee;
 - (iii) the name of every member of the committee; and
 - (b) indicate whether any ministerial committee has not reported to the Minister in the year to which the report relates.

*Hauora Māori Advisory Committee***89 Hauora Māori Advisory Committee**

- (1) The Minister must establish a Hauora Māori Advisory Committee ~~to advise the Minister on any matter relating to hauora Māori that the Minister requests.~~
- (2) ~~The purpose of the committee is to provide advice to the Minister and the board of Health New Zealand on—~~
- ~~(a) healthcare outcomes for Māori based on their needs and aspirations; and~~
- ~~(b) how the health sector is performing in relation to those needs and aspirations.~~
- (3) ~~The committee—~~
- ~~(a) comprises 8 members appointed by the Minister after consulting the Minister for Māori Development; and~~
- ~~(b) may, subject to any written directions that the Minister gives to the committee, regulate its procedure in any manner that the committee thinks fit.~~
- (4) ~~Each member of the committee is appointed on any terms and conditions (including terms and conditions as to remuneration and travelling allowances and expenses) that the Minister determines by written notice to the member.~~
- ~~(2) The committee comprises 8 members appointed by the Minister after consulting the Minister for Māori Development.~~
- ~~(3) Section 87 otherwise applies to the committee and the appointment of its members.~~

Section 89: replaced, on 30 June 2024, by section 35 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

90 Membership of Hauora Māori Advisory Committee

[Repealed]

Section 90: repealed, on 30 June 2024, by section 36 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

91 Listing of organisations in Schedule 2

[Repealed]

Section 91: repealed, on 30 June 2024, by section 36 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

*National advisory committee on health services ethics***92 National advisory committee on health services ethics**

- (1) The Minister must, by written notice, appoint a national advisory committee for the purpose of obtaining advice on ethical issues of national significance in respect of any health and disability matters (including research and services).
- (2) The committee must determine nationally consistent ethical standards across the health sector and provide scrutiny for national health research and services.

- (3) For the purpose of obtaining advice on specific ethical issues of national, regional, or public significance in respect of any health and disability matters, the Minister may, by written notice, appoint any 1 or more of the following committees:
- (a) 1 or more ministerial committees:
 - (b) the ethics committee of the Health Research Council established under section 24 of the Health Research Council Act 1990—
to consider matters specified by the Minister and to report to the Minister or a person specified by the Minister.
- (4) Before a committee appointed under subsection (1) or (3) gives advice, the committee must consult with any members of the public, persons involved in the funding or provision of services, and other persons that the committee considers appropriate.

- (5) As soon as practicable after giving a notice under subsection (1) or (3), the Minister must present a copy of the notice to the House of Representatives.
- (6) A committee appointed under this section must, at least once a year, deliver to the Minister a report setting out its activities and summarising its advice on the matters referred to it under this section.
- (7) As soon as practicable after receiving a report under subsection (6), the Minister must present a copy of the report to the House of Representatives.

Expert advisory committee on public health

93 Expert advisory committee on public health

- (1) The Minister must establish an expert advisory committee on public health.
- (2) The purpose of the committee is to provide independent advice to the Minister, the Public Health Agency, and Health New Zealand on the following matters:
 - (a) public health issues, including factors underlying the health of people, whānau, and communities:
 - (b) the promotion of public health:
 - (c) any other matters that the Minister or the Public Health Agency specifies by notice to the committee.
- (3) The committee—
 - (a) consists of such members as the Minister determines after consulting the Hauora Māori Advisory Committee; and
 - (b) may, subject to any written directions that the Minister gives to the committee, regulate its procedure in any manner that the committee thinks fit.
- (4) ~~When determining appointments to the committee, the Minister must be satisfied that the committee collectively has knowledge of, and experience and expertise in relation to, population health, health equity, te Tiriti o Waitangi (the Treaty of Waitangi), epidemiology, health intelligence, health surveillance, health promotion, health protection, and preventative health.~~
- (5) Each member of the committee is appointed on any terms and conditions (including terms and conditions as to remuneration and travelling allowances and expenses) that the Minister determines by written notice to the member.

Section 93(2): amended, on 30 June 2024, by section 37 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Part 4 General

Subpart 1—Powers in relation to service commissioning

94 Arrangements relating to payments

- (1) The Crown or Health New Zealand may, subject to section 95, give notice (**notice**) of the terms and conditions (**terms and conditions**) on which it will make payment to any person or persons.
- (2) A person who accepts the payment referred to in the notice is deemed to accept the terms and conditions.
- (3) Compliance by the person with the terms and conditions may be enforced by the Crown or Health New Zealand (as the case may be) as if the person had signed a deed under which the person agreed to the terms and conditions.
- (4) The terms and conditions, unless the notice expressly provides otherwise, are deemed to include a provision to the effect that 12 weeks' notice must be given of any amendment or revocation of the terms and conditions.
- (5) The notice (including any amendment or revocation) must be published in the *Gazette* before it takes effect.
- (6) The notice (including any amendment or revocation) must be made publicly available as soon as practicable after it is made.
- (7) No notice may be issued under this section that would bind Pharmac or NZBOS.

Section 94(1): amended, on 30 June 2024, by section 38(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 94(3): amended, on 30 June 2024, by section 38(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

95 Restrictions on notices given under section 94

- (1) A notice under section 94 must not be given without the written approval of the Minister if it—
 - (a) relates to services for which a notice has not been issued before; or
 - (b) sets terms and conditions in respect of particular services that depart from terms and conditions set out in an existing notice in respect of the same or substantially the same services; or
 - (c) differentiates between persons or classes of person accepting payment under section 94.
- (2) The Minister may approve the notice subject to any conditions the Minister specifies.
- (3) Any notice under section 94 that departs from an existing notice in the manner referred to in subsection (1)(b) or differentiates in the manner referred to in

subsection (1)(c) must include a statement of the reasons for the departure or differentiation.

- (4) In this section, **existing notice** means a notice issued under section 94 that is for the time being in force.
- (5) The Minister must present to the House of Representatives a copy of any approval given under this section.

Subpart 2—Provisions that apply to health entities

96 **Accountability documents**

- (1) A health entity must ensure that its accountability documents comply with any regulations made under section 102(1)(c).
- (2) In this section, **accountability document** means statements of intent, annual financial statements, and annual reports of a health entity under the Crown Entities Act 2004.

97 **Director-General may require information from health entities**

- (1) For the purpose of monitoring the performance of any health entity or the health sector in general, the Director-General may, in writing,—
 - (a) request from a health entity information in relation to any matter; and
 - (b) specify a time frame by which the health entity must comply with the request.
- (2) The health entity must comply with the request, and if a time frame is specified, within that time frame.
- (3) The Director-General must not request under this section any personal health information of any identifiable person.

98 **Health entities must provide information**

A health entity must comply with any requirement specified in regulations made under section 102 to provide information.

99 **Minister's approval required for health entity's dealings with land**

- (1) A health entity must not sell, exchange, mortgage, or charge land without the Minister's prior written approval.
- (2) A health entity must not grant a lease or licence over land for a term of more than 5 years without the Minister's prior written approval.
- (3) For the purposes of subsection (2), the term of a lease or licence includes any period (or, if the lease or licence provides for more than 1 such period, the total period) for which any person is entitled to have the lease or licence renewed.
- (4) Any approval under this section may be subject to any conditions the Minister specifies, and may be given in respect of any land of a class the Minister specifies.

- (5) To avoid doubt, the matters to which the Minister may have regard in giving an approval under subsection (2) in relation to any land include the question of the application to the land of clause 3 of Schedule 1 of the Health Sector (Transfers) Act 1993.
- (6) This section applies despite sections 16 and 17 of the Crown Entities Act 2004.
- (7) In this section, **health entity** includes a Crown entity subsidiary of a health entity.

Subpart 3—Review of Act

100 Act must be reviewed every 5 years

- (1) The Director-General must, at least once every 5 years, review the operation and effectiveness of this Act.
- (2) The first review must be completed no later than 5 years after the commencement of this Act.
- (3) The Director-General must prepare a report of the review.
- (4) The Minister must present the report to the House of Representatives as soon as practicable after it has been completed.

Section 100(3): replaced, on 30 June 2024, by section 39 of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 4—Secondary legislation

101 Levies for alcohol-related purposes

- (1) Levies may be imposed for the purpose of enabling the Ministry to recover costs it incurs—
 - (a) in addressing alcohol-related harm; and
 - (b) in its other alcohol-related activities.
- (2) Schedules 6 and 7 apply for the purpose of this section.

102 Regulations

- (1) The Governor-General may, by Order in Council, on the recommendation of the Minister, make regulations—

Regional arrangements

- (a) specifying regional arrangements—
 - (i) through which Health New Zealand must provide and arrange services; and
 - (ii) which must be maintained by Health New Zealand:

Information to be supplied by health entities

- (b) specifying information or classes of information that all health entities or a specified health entity must provide to the Director-General, including—
 - (i) the frequency at which it must be provided or time frames for its provision; and
 - (ii) the manner in which it must be provided:
- (c) for the purpose of section 96,—
 - (i) specifying the form of any accountability document; and
 - (ii) specifying matters to be stated in any accountability document in addition to those required under this Act or the Crown Entities Act 2004:

New Zealand Health Plan

- (d) in relation to the New Zealand Health Plan,—
 - (i) specifying the form of the plan; and
 - (ii) imposing requirements relating to the content of the plan; and
 - (iii) imposing procedural requirements (including engagement requirements for consultation) that must be complied with in the preparation of the plan:

Provision of services

- (e) requiring Health New Zealand to provide or arrange for the provision of any specified services:

Entitlement cards

- (f) providing for the issue of entitlement cards (including cards that may record information of any description that is capable of being read or processed by a computer, but not including cards that are themselves capable of processing information) to various classes of persons or the continuation of use of such cards issued under the Health Entitlement Cards Regulations 1993:
- (g) prescribing the classes of persons eligible to be issued with the cards:
- (h) prescribing and regulating the use of the cards, including (but not limited to)—
 - (i) their use to obtain any payment or exemption from payment for services supplied to the holder of a card, or their dependent spouse or partner or child:
 - (ii) specifying time limits on the validity of the cards:
 - (iii) requiring holders to return the cards to the Ministry of Health:
 - (iv) any other conditions relating to their use:

- (i) providing for reviews or appeals, or both, of any decisions made under any regulations authorised by paragraphs (f) to (h):
 - (j) prescribing offences relating to improper use of the cards and the fines (not exceeding \$10,000) that may be imposed in respect of those offences:
Levies
 - (k) providing for returns to be made by persons importing into or manufacturing in New Zealand any alcohol, or any class or kind of alcohol, for the purpose of ascertaining the amount of any levy payable under this Act, and providing for the verification of returns:
 - (l) exempting any person or class of persons from paying any levy that would otherwise be payable under this Act in any case where the cost of assessing or collecting the levy exceeds the amount payable by way of the levy:
 - (m) amending or replacing the table in Schedule 7, and amending, omitting, or reinserting the description of the method for determining variable rates:
Dispute resolution [Repealed]
 - (n) *[Repealed]*
Eligible people
 - (o) specifying a class of eligible people who are eligible to receive publicly funded services under this Act:
General
 - (p) providing for anything this Act says may or must be provided for by regulations:
 - (q) providing for anything incidental that is necessary for carrying out, or giving full effect to, this Act.
Procedural and other requirements
- (2) The Minister must consult Health New Zealand before recommending the making of regulations under subsection (1)(a).
 - (3) Regulations under subsection (1)(m) may be made only—
 - (a) for the purpose of aligning the rates for classes of alcohol under this Act with the classification system applied to alcoholic beverages under Part B of the Excise and Excise-equivalent Duties Table (as defined in section 5(1) of the Customs and Excise Act 2018); and
 - (b) after consultation with the Minister of Customs.
 - (4) The Minister must, before recommending the making of regulations under subsection (1)(e),—

- (a) have regard to—
 - (i) the objectives and functions of the health entity to whom the regulations apply; and
 - (ii) the New Zealand Health Plan, all health strategies, and any relevant locality plan; and
 - (b) consult the board of the health entity as to the services that are to be required to be provided or arranged, and the cost and funding of those services.
- (5) Regulations under subsection (1)(e) may not—
- (a) require the supply of services to or by any named individuals or organisations (other than Health New Zealand); or
 - (b) specify the price for any services.
- (6) Regulations made under this section are secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).

Legislation Act 2019 requirements for secondary legislation made under this section

Publication PCO must publish it on the legislation website and notify it in the *Gazette* LA19 s 69(1)(c) LA19 s 114

Presentation The Minister must present it to the House of Representatives

Disallowance It may be disallowed by the House of Representatives LA19 ss 115, 116

This note is not part of the Act.

Section 102(1)(a)(i): amended, on 30 June 2024, by section 40(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 102(1)(a)(ii): amended, on 30 June 2024, by section 40(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 102(1)(e): amended, on 30 June 2024, by section 40(2) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 102(1)(n) heading: repealed, on 30 June 2024, by section 40(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 102(1)(n): repealed, on 30 June 2024, by section 40(3) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 102(2): amended, on 30 June 2024, by section 40(4) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Section 102(5)(a): amended, on 30 June 2024, by section 40(5) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 5—Amendments to enactments

103 Enactments repealed and revoked

- (1) The New Zealand Public Health and Disability Act 2000 (2000 No 91) is repealed.
- (2) The enactments specified in Part 3 of Schedule 3 are revoked.

104 Consequential amendments

Amend the enactments specified in Parts 1 and 2 of Schedule 3 as set out in that schedule.

[Consequential amendments not made in this tracked document]

Schedule 1

...

Part 4

Provisions relating to Healthy Futures (Pae Ora) Amendment Act 2025

45 Interpretation

In this Part, —

amendment Act means the Healthy Futures (Pae Ora) Amendment Act 2025.

commencement date means the date on which the amendment Act comes into force.

46 References to previous Title

Every reference in any legislation and in any document to the Pae Ora (Healthy Futures) Act 2022 must, unless the context otherwise provides, be read as a reference to the Healthy Futures (Pae Ora) Act 2022.

47 Board of Health New Zealand must adopt delegations policy as soon as practicable

The board of Health New Zealand must adopt a delegations policy in accordance with section 18 as soon as is reasonably practicable after the commencement date.

48 Board of Health New Zealand must establish infrastructure committee as soon as practicable

As soon as is reasonably practicable after the commencement date, the board of Health New Zealand must—

(a) establish an infrastructure committee in accordance with section 20;

and

(b) delegate to the infrastructure committee some or all of its function in respect of providing and planning for infrastructure to deliver health services in accordance with section 21.

49 GPS, health strategies, and New Zealand Health Plan continue to apply

A GPS, health strategy, or New Zealand Health Plan made before the commencement date continues to apply until replaced in accordance with clauses 49 to 51.

50 Minister must issue new GPS within 18 months

The Minister must issue a new GPS under section 34 within 18 months after the commencement date.

51 Minister must prepare and determine new health strategies within 24 months

The Minister must prepare and determine the following within 24 months after the commencement date:

- (a) a New Zealand Health Strategy under section 41:
- (b) a Hauora Māori Strategy under section 42:
- (c) a Pacific Health Strategy under section 43: 10
- (d) a Health of Disabled People Strategy under section 44:
- (e) a Women's Health Strategy under section 45:
- (f) a Rural Health Strategy under section 46:
- (g) a Mental Health and Wellbeing Strategy under section 46A.

52 Health New Zealand must develop new New Zealand Health Plan within 24 months

Health New Zealand must develop a new New Zealand Health Plan within 24 months after the commencement date.