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7 July 2026

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RECEIVED
Waitangi Tribunal
8 Jul 26
Ministry of Justice
WELLINGTON

Te Kawa Mataaho
Public Service Commission

Regulatory Impact Statement: Amendments to the Pae Ora (Healthy Futures) Act 2022

Decision sought	Analysis produced for the purpose of informing final Cabinet decisions
Agency responsible	Public Services Commission - Health Assurance Unit
Proposing Ministers	Health
Date finalised	8 May 2025

To streamline and clarify legislative provisions supporting a meaningful Māori voice in health decisions.

Summary: Problem definition and options

What is the policy problem?
There is an opportunity to improve the clarity and useability of the Pae Ora (Healthy Futures) Act 2022 to consider how the Act should change to facilitate meaningful Māori involvement in decisions in the context of a health system that is shifting to be more patient oriented.

What is the policy objective?
The objective is to streamline and simplify the regulatory settings for the health system and ensure that Health New Zealand at all levels has the responsibilities and mechanisms to make its decisions informed by Māori views.

What policy options have been considered, including any alternatives to regulation?
The scope of this work directed precludes any alternative to regulation. A package of legislative changes have been considered against the status quo.

What consultation has been undertaken?
Due to the speed of the work and the need to hold information closely there has been minimal discussions between agencies and no testing of proposals with the public. Proposals have been discussed with the Hauora Māori Health Advisory Committee.

Is the preferred option in the Cabinet paper the same as preferred option in the RIS?
Yes.

Summary: Minister's preferred option in the Cabinet paper

Costs (Core information)

Outline the key monetised and non-monetised costs, where those costs fall (e.g. what people or organisations, or environments), and the nature of those impacts (e.g. direct or indirect)
There are not considered to be any material costs associated with the proposals.

Benefits (Core information)

Outline the key monetised and non-monetised benefits, where those benefits fall (e.g. what people or organisations, or environments), and the nature of those impacts (e.g. direct or indirect)

Proposals are likely to improve clarity of roles and responsibilities and reduce duplication of functions between Iwi-Māori Partnership Boards and the Hauora Māori Health Advisory Committee. It is possible that proposals will improve the ability for Māori to have their voices heard at various levels of the health care system. However, any improvement will likely be marginal and will depend on how changes are given effect by Health New Zealand.

Balance of benefits and costs (Core information)

Does the RIS indicate that the benefits of the Minister's preferred option are likely to outweigh the costs?

Yes. While benefits are assessed as low (although they have great potential, they are hard to estimate in advance), costs are negligible.

Implementation

How will the proposal be implemented, who will implement it, and what are the risks?

Proposals will be included in an amendment to the Pae Ora (Healthy Futures) Act 2022 that will be passed into law by the end of 2025. Health New Zealand will be responsible for implementing changes to its internal processes and its support of Iwi-Māori Partnership Boards and the Hauora Māori Advisory Committee.

Limitations and Constraints on Analysis

The proposals being assessed have been developed as part of the wider package of legislative changes being advanced as part of the Minister of Health's Health Delivery Plan. This work has been led out of the Health Assurance Unit in the Public Services Commission. Given the sensitivity of this work there has been negligible engagement with the Ministry of Health or Health New Zealand and no public engagement. Because of this limitation the analysis is only able to assess the requirements in law and not how they are implemented in practice currently or are likely to be implemented in the future.

I have read the Regulatory Impact Statement and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the preferred option.

Responsible Manager's signature: _____

Hamiora Bowkett
Executive Director
Health Assurance Unit
8 May 2025

Quality Assurance Statement

Reviewing Agency: Ministry of Health and Public Service Commission	**QA rating:** Partially meets

Panel Comment:

The Ministry of Health QA panel has reviewed the Impact Statement titled "Amendments to the Pae Ora (Healthy Futures) Act 2022", produced by the Ministry of Health and dated April 2025.

The panel considers that the Impact Statement Partially Meets the quality assurance criteria.

The Impact Statement is clear, concise and complete. However, only limited consultation has been undertaken and engagement with Māori representatives has been limited to the Hauora Māori Advisory Committee.

Section 1: Diagnosing the policy problem

What is the context behind the policy problem and how is the status quo expected to develop?

1. It is widely recognised that Māori generally experience poorer health outcomes compared to non-Māori with disparities evident in health indicators concerning mortality rates, prevalence of chronic diseases and access to health care. Having regard to this, the previous government enacted the Pae Ora (Healthy Futures) Act 2022 to:

    - protect, promote, and improve the health of all New Zealanders,
    - achieve equity by reducing health disparities amongst New Zealand's population groups, in particular for Māori, and
    - build towards healthy futures for all New Zealanders.

2. The Act intended to improve outcomes for Māori by placing the Treaty of Waitangi at the heart of the health system so that decisions made by health entities would be genuinely informed by health principles identified by the Waitangi Tribunal in the WAI 2575 Inquiry, and that the legislation will support system-wide accountability for Māori health outcomes. Given the extent of the structural and procedural changes made, it was expected that time would be required for them to bed in and that further changes might reasonably be needed to ensure the Act's purpose was being realised.

3. At the 2023 general election all parties that make up the coalition Government made a manifesto commitment to disestablish the Māori Health Authority. This was a specific commitment, given effect through the 100-day plan. Given the speed at which these changes were made, it was not possible to fully consider how Māori involvement in the system could be improved in the changed system, although the Government reaffirmed their commitment to giving Māori a meaningful voice to ensure the health system was outcomes-focused, driven by need, and with decisions made closer to the home and hapū.

4. This change, together with more general issues arising as entities become more familiar working with the Act has meant that provisions intended to facilitate Māori involvement in the health system through a variety of channels may be unnecessarily complex, sometimes duplicative and it can be unclear what Health New Zealand is expected to do with the information it receives from Māori.

5. As well as impacting on effectiveness of the Act, the lack of clarity conflicts with the decisions Cabinet has made to refocus the purpose, objectives, and functions of Health New Zealand and to improve the efficiency of the health system.

What is the policy problem or opportunity?

6. There is an opportunity to improve the clarity and useability of the law and to consider how the Act should change to facilitate meaningful Māori involvement in decisions in the context of a health system that is shifting to be more patient oriented.

What objectives are sought in relation to the policy problem?

7. The objective is to streamline and simplify the regulatory settings for the health system and ensure that Health New Zealand at all levels has the responsibilities and mechanisms to make its decisions informed by Māori views.

What consultation has been undertaken?

8. The Government has committed to moving quickly to make improvements to the delivery of public health services. Consultation on the proposals covered by this Regulatory Impact Statement has been limited to a discussion with the Hauora Māori Advisory Committee.

Section 2: Assessing options to address the policy problem

What criteria will be used to compare options to the status quo?

9. We have assessed the options against the following criteria:

    - Simplify the law and improve certainty
    - Facilitating Māori to have a meaningful say in the delivery of health services
    - Effect on Māori health outcomes
    - Cost effectiveness.

What scope will options be considered within?

10. The Minister of Health has advised Cabinet of his intention to amend the Act to streamline planning and accountability arrangements and to remove the complexity it has created within the system. Proposals to facilitate the involvement of Māori interests in the system will only be considered in this context.

What options are being considered?

Option One – Status Quo

11. There is no single provision in the Act to support meaningful Māori involvement in the health system. Rather, the Status Quo comprises the following elements that as a package are intended to ensure that Māori perspectives are taken into account.

Te Tiriti o Waitangi (the Treaty of Waitangi

12. The Act recognises the Crown's intention to give effect to the Treaty of Waitangi. In practice this has no direct legal effect, other than arguably to form part of interpretation of the scheme of the Act. The actual obligations with respect to Māori are set out in specific provisions, such as those establishing the Hauora Māori Advisory Committee.

Capability requirements for Health New Zealand

13. The Act requires the Board of Health New Zealand to maintain systems and processes to ensure it has the capacity and capability to understand the Treaty of Waitangi.

Iwi-Māori Partnership Boards

14. There are currently 15 iwi-Māori partnership boards recognised in New Zealand. Their purpose under the Act is to represent local Māori perspectives on the health needs and aspirations of Māori, how the system is performing in relation to those needs and aspirations and the design and delivery of services and public health interventions within localities. To achieve this purpose iwi-Māori partnership boards have functions to:

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

15. The purpose and functions of iwi-Māori partnership boards were established in the context of there being a Māori Health Authority. Because the manifesto commitment of the new Government was simply to disestablish the Māori Health Authority, a fulsome review of provisions relating to iwi-Māori partnership boards was not undertaken at that time.

Hauora Māori Advisory Committee

16. The Act requires the Minister of Health to establish a Hauora Māori Advisory Committee to advise them on any matter relating to Māori health that the Minister requests. The Act specifies that the Committee must comprise 8 members to be appointed following consultation with the Minister for Māori Development.

17. The Committee established under the Act has identified 9 population priorities for Māori health and has delivered a first tranche of monitoring reports on three of these priorities.

Population-based health strategies

18. In addition to an overarching New Zealand Health Strategy, the Act requires the Minister to prepare and determine the following population-based strategies:

    - Hauora Māori Strategy
    - Pacific Health Strategy
    - Health of Disabled People Strategy
    - Women's Health Strategy
    - Rural Health Strategy
    - Mental Health and Wellbeing Strategy

19. With the exception of the Mental Health and Wellbeing Strategy, the requirement for which was included by an amendment to the Act in October 2024, all population-based strategies have been determined.

Option Two – Streamline and clarify legislative provisions supporting a meaningful Māori voice in health decisions.

20. This option proposes the following changes that are intended to meet our objective.

Elevating the role of the Hauora Māori Advisory Committee and realigning iwi-Māori partnership boards

21. At the centre of the change is an elevated role for the focus of the Hauora Māori Advisory Committee. The function of the Committee would be expanded from advising the Minister on any matter the Minister requests, to a more active and specific role to advise to the Minister and Health New Zealand on:

    - healthcare outcomes for Māori based on their needs;
    - how the health sector is performing in relation to those needs and aspirations;
    - the design and delivery of services and public health interventions; and
    - any other matters that the Minister specifies by notice to the committee.

22. In addition, this option proposes that the Health New Zealand board must take into account the advice of the Hauora Māori Advisory Committee.

23. This will ensure the expertise of the Committee is focused more directly on improving health outcomes for Māori. To support the Committee to undertake this role and to prevent duplication, the function of iwi-Māori Partnership Boards would be reset and focused on engaging with local Māori communities about their health needs and aspirations in a similar way to what they do now. A key shift will be that the results of this engagement would be communicated to the Hauora Māori Advisory Committee.

Capability requirements for Health New Zealand

2. Requirements for Health New Zealand to maintain systems and processes to ensure it has the capacity and capability to understand the Treaty of Waitangi would be replaced with a requirement for it to establish and maintain processes to provide opportunities for Māori to contribute. This is intended to focus Health New Zealand on tangible opportunities for Māori involvement in the health system, and ensure that Māori have opportunities to contribute to health services and how they are delivered.

Te Tiriti o Waitangi (the Treaty of Waitangi)

24. The Act would be amended to state that the legislation recognises the Crown's responsibility to consider and provide for Māori interests, rather than recognising the Crown's intention to give effect to the Treaty of Waitangi. This is intended to clarify that the obligations on health entities established by the Act are those set out in the Act and relate to Māori interests in public sector health care.

Consolidating health strategies

25. The option would remove the existing requirement for population-based health strategies, including the requirement for a Hauora Māori Strategy. In place of these requirements changes would be made to the requirements for an overarching New Zealand Health Strategy so it can take the place of those separate strategies. In particular, the proposals would require it to include a strategic framework for achieving equity in health outcomes amongst New Zealand's population groups based on their needs, including for Māori.

How do the options compare to the status quo/counterfactual?

	Option One – *Status Quo*	Option Two – Streamline and clarify legislative provisions supporting a meaningful Māori voice in health decisions.
Simplify the law and improve certainty	0	+ The package of amendments proposed will improve clarity of roles and reduce duplication in some instances.
Facilitating Māori to have a meaningful say in how health services are delivered	0	+ While benefits are likely to be marginal and depend on how the option is implemented, the package of amendments proposed has the potential to improve on the status quo.
Effect on Māori Health outcomes	0	0 The key purpose of the Act to achieve equitable health outcomes will be unchanged and this will continue to provide a strong incentive for Health New Zealand to design and deliver services that work for Māori.
Cost effectiveness	0	0 The option does not materially change the distribution of costs within the health system. Health New Zealand will continue to support iwi-Māori partnership boards and may realise some savings from their clarified function. However, this will likely be offset by the need to take into account the advice of an expanded Hauora Māori Advisory Committee. The Ministry of Health may realise some savings from removing the requirement to produce population-based health strategies, but this is not expected to be significant.
Overall assessment	0	++

What option is likely to best address the problem, meet the policy objectives, and deliver the highest net benefits?

26. Option Two is the preferred option.

27. The status quo requires the health system to consider Māori perspectives through a range of channels encompassing requirements around knowledge and process, population-based strategy, iwi-Māori partnership boards and the Hauora Māori Advisory Committee. In the context of the Minster's direction to clarify and simplify the statutory settings, roles and responsibilities for the health system, and following further consideration of how these various requirements function in the absence of a Māori Health Authority, there is merit in consolidating these requirements.

28. While success will be dependent on how the change is given effect operationally, it is reasonable to expect that requiring Health New Zealand to establish and maintain processes to provide opportunities for Māori to contribute may more directly facilitate Māori to have a say than the status quo. This is because Option 2 is more tangible and measurable in practice than the status quo which focuses on understanding rather than action.

29. While there will no longer be a legal requirement for a Hauora Māori Strategy, changes to the requirements for the New Zealand Health Strategy will ensure the overarching strategy for health in New Zealand includes frameworks to improve outcomes for Māori. Ministers will also continue to have the ability to direct the Ministry of Health to develop a specific Māori health strategy if needed, in the absence of a legal requirement.

Is the Minister's preferred option in the Cabinet paper the same as the agency's preferred option in the RIS?

30. Yes

What are the marginal costs and benefits of the preferred option in the Cabinet paper?

Affected groups	Comment	Impact	Evidence Certainty
Additional costs of the preferred option compared to taking no action			
Regulated groups	N/A	N/A	Moderate
Regulators	N/A	N/A	Moderate
Others – Health New Zealand and the Ministry of Health	No additional costs	N/A	Moderate
Total monetised costs	*$0*	Low	Moderate
Non-monetised costs	Small amount of resource required by Health New Zealand to support and respond to an elevated role for the Hauora Māori Advisory Committee.	*Low*	*Moderate*

	Likely to be offset by reduced requirements to support iwi-Māori partnership boards. Small amount of resource required by Health New Zealand to ensure it establishes and maintains processes to provide opportunities for Māori to contribute at all levels of the organisation. Likely to be offset by removal of the requirement to retain specific expertise in regard to the Treaty of Waitangi.		
Additional benefits of the preferred option compared to taking no action			
Regulated groups	Increased clarity of roles and accountabilities for Māori input into services has great potential for benefit, but these are not quantifiable, and depend on the effectiveness of the Committee and Health New Zealand's response, so assessed for RIS purposes as low.	Low	Moderate
Regulators	N/A	N/A	Moderate
Others –The Ministry of Health	$0	Low	Low
Total monetised benefits	$0	Low	Low
Non-monetised benefits	The Ministry of Health may realise some benefits from removing the requirement to develop and maintain six population-based health strategies but this may be offset by the requirement to include population based frameworks in the wider New Zealand Health Strategy. If there were savings they may be immaterial.	Low	Low

Section 3: Delivering an option

How will the proposal be implemented?

31. Proposals will be included in an amendment to the Pae Ora (Healthy Futures) Act that will be passed into law by the end of 2025. Realisation of the benefits anticipated will be dependent on Health New Zealand successfully changing its processes which will be supported by changes to the Government Policy Statement on Health and the New Zealand Health Plan.

How will the proposal be monitored, evaluated, and reviewed?

32. The Ministry of Health is the monitoring department responsible for Health New Zealand and will monitor the effects of this change as part of its general stewardship of the health system.

Version
as at 15 January 2026

Pae Ora (Healthy Futures) 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) 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) build towards pae ora (healthy futures) for all New Zealanders.

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) (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, 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]*

(f) provides for iwi-Māori partnership boards to enable Māori to have a meaningful role in the planning and design of local services; 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; and

(ii) to support and engage with iwi-Māori partnership boards; 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) 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) (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.

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) 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.

(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 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 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.

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

(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 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; 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.

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—

(a) have systems in place for the purpose of—

(i) engaging with Māori in relation to their aspirations and needs for hauora Māori; and

(ii) enabling the responses from that engagement to inform the performance of its functions; and

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

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 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

(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 *Gazette*	LA19 s 69(1)(c)
Presentation	The Minister must present it to the House of Representatives	LA19 s 114
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 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) (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 for the publicly funded health sector; and

(b) set clear parameters for the development of the New Zealand Health Plan.

(3) The GPS priorities 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:

(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 populations:

(e) a framework for regular monitoring of progress and reporting requirements.

(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).

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) (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

(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.

(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

(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)
Presentation	The Minister must present it to the House of Representatives	LA19 s 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.

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 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 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 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)
Presentation	The Minister must present it to the House of Representatives	LA19 s 114
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.

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Part 1
Provisions relating to this Act as enacted

1 Defined terms

In this Part, unless the context otherwise requires,—

assets has the meaning given in section 2(1) of the Health Sector (Transfers) Act 1993

collective agreement means a collective agreement (within the meaning of section 5 of the Employment Relations Act 2000) that is in force immediately before the commencement date

commencement date means the date specified in section 2

DHB means an organisation established by or under section 19 of the former Act

former Act means the New Zealand Public Health and Disability Act 2000

HPA or **Health Promotion Agency** means the agency established by section 57 of the former Act

specified departmental agency means any one of the following departmental agencies listed in Part 2 of Schedule 2 of the Public Service Act 2020:

(a) Health New Zealand:

(b) Māori Health Authority.

2 Outline of this Part

(1) Subparts 1 to 3—

(a) delay certain provisions of the Act from taking effect until a specified period, for example, provisions requiring the making of health strategies take effect 12 months after the commencement date; and

(b) provide that an Interim Health Plan will apply until the first New Zealand Health Plan takes effect; and

(c) provide for the continuation of the New Zealand disability strategy and certain committees established under the former Act.

(2) Subparts 4 to 7—

(a) disestablish all DHBs and the HPA on the commencement date; and

(b) vest in Health New Zealand all assets, money, rights, liabilities, contracts, and other things belonging to DHBs and the HPA; and

(c) provide for the transfer of employees of DHBs and the HPA to Health New Zealand; and

(d) provide for the transfer of certain employees of the Ministry of Health (in respect of specified departmental agencies) to Health New Zealand or the Māori Health Authority (as the case may be); and

(e) preserve certain entitlements of employees who are transferred.

(3) Subpart 8 provides for protections from civil liability and related matters arising from the transfers given effect to under subparts 4 to 7.

(4) Subpart 9 continues existing directions and notices under the former Act.

(5) This clause is intended as a guide only.

Subpart 1—Application of certain provisions and key documents

3 New Zealand health strategy applies until health strategies take effect

(1) Sections 41 to 49 (which require the making of the New Zealand Health Strategy, the Hauora Māori Strategy, the Pacific Health Strategy, the Health of Disabled People Strategy, the Women's Health Strategy, and the Rural Health Strategy) do not take effect until 12 months after the commencement date.

(2) Until the date that sections 41 to 49 take effect, the New Zealand health strategy determined under section 8(1) of the former Act continues in force and applies with all necessary modifications as if it were a health strategy under this Act.

4 Interim Health Plan applies until first New Zealand Health Plan takes effect

(1) The first New Zealand Health Plan made under subpart 6 of Part 2 must take effect on a date no later than 2 years after the commencement date.

(2) The Interim Health Plan—

(a) applies on and from the commencement date until the date that the first New Zealand Health Plan takes effect; and

(b) until that date, must be treated as if it were the New Zealand Health Plan.

(3) In this clause, **Interim Health Plan** means a plan approved by the Minister for the purpose of this clause.

5 Determination of localities and locality plans

[Repealed]

Schedule 1 clause 5: repealed, on 30 June 2024, by section 41(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

6 Initial appointment of members of Hauora Māori Advisory Committee

(1) *[Repealed]*

(2) On the commencement date, the Hauora Māori Advisory Committee comprises 8 members appointed—

(a) by the Minister after consulting the Minister for Māori Development; and

(b) for a term not exceeding 2 years.

(3) The Minister must, on the recommendation of the committee, appoint a chairperson, and, if no recommendation is made, the Minister must appoint the chairperson.

(4) Section 87(4) applies to the committee and the appointment of its members.

(5) The Minister may, by written notice, terminate the appointment of a member.

Schedule 1 clause 6(1): repealed, on 30 June 2024, by section 41(1) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Subpart 2—New Zealand disability strategy continued

7 Continuation of New Zealand disability strategy

(1) Despite the repeal of the former Act,—

(a) the New Zealand disability strategy determined under section 8(2) of that Act continues in force; and

(b) the Minister of the Crown who is responsible for disability issues—

(i) must continue to determine a strategy, called the New Zealand disability strategy; and

(ii) may amend or replace that strategy at any time; and

(iii) must continue to comply with the requirements of section 8(3) to (5) of the former Act.

(2) This subpart expires and is repealed on a date determined by Order in Council made on the recommendation of the Minister of the Crown responsible for disability issues.

(3) An Order in Council made under this clause is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).

Legislation Act 2019 requirements for secondary legislation made under this clause		
Publication	PCO must publish it on the legislation website and notify it in the *Gazette*	LA19 s 69(1)(c)
Presentation	The Minister must present it to the House of Representatives	LA19 s 114
Disallowance	It may be disallowed by the House of Representatives	LA19 ss 115, 116

This note is not part of the Act.

Subpart 3—Committees continued

8 Continuation of certain committees established under former Act

(1) A mortality review committee appointed under section 59 of the former Act continues as if it were a mortality review committee appointed under section 82 of this Act.

(2) A committee established by the Minister under section 11 of the former Act continues as if it were established under section 87 of this Act.

(3) The national advisory committee on ethics governing health and disability support services appointed under section 13 of the former Act continues as if it were appointed under section 92 of this Act.

(4) The pharmacology and therapeutics advisory committee established in accordance with section 50(1)(a) of the former Act continues as if it were established in accordance with section 71(1)(a) of this Act.

(5) The consumer advisory committee established in accordance with section 50(1)(b) of the former Act continues as if it were established in accordance with section 71(1)(b) of this Act.

(6) A person who, immediately before the commencement date, was a member of a committee referred to in subclauses (1) to (5), continues, subject to any terms and conditions of their appointment,—

(a) to be a member of the committee; and

(b) to hold any office on the committee that they held immediately before the commencement date.

Subpart 4—District Health Boards

9 District Health Boards disestablished

On the commencement date, all DHBs are disestablished.

10 Transfers

(1) On the commencement date,—

(a) all assets belonging to a DHB vest in Health New Zealand; and

(b) all information and documents held by a DHB are held by Health New Zealand; and

(c) all money payable to or by a DHB becomes payable to or by Health New Zealand; and

(d) all rights, liabilities, contracts, entitlements, undertakings, and engagements of a DHB become the rights, liabilities, contracts, entitlements, undertakings, and engagements of Health New Zealand; and

(e) subject to subclause (4), every employee of a DHB becomes an employee of Health New Zealand on the same terms and conditions as applied immediately before they became an employee of Health New Zealand; and

(f) anything done, or omitted to be done, or that is to be done, by or in relation to a DHB is to be treated as having been done, or having been omitted to be done, or to be done, by or in relation to Health New Zealand; and

(g) proceedings, inquiries, and investigations under any enactment that may be commenced, continued, or enforced by or against a DHB (including

as an interested party or intervenor) or in relation to a DHB may instead be commenced, continued, or enforced by or against or in relation to Health New Zealand without amendment to the proceedings; and

(h) a matter or thing that could, but for this clause, have been done or completed by a DHB may be done or completed by Health New Zealand.

(2) The transfer of information from a DHB to Health New Zealand under subclause (1) does not constitute an action that is a breach of information privacy principle 8 or 11 within the meaning of the Privacy Act 2020.

(3) The disestablishment of a DHB does not, by itself, affect any of the following matters:

(a) any decision made, or anything done or omitted to be done, by a DHB in relation to the performance or exercise of its functions, powers, or duties under any enactment:

(b) any proceedings commenced by or against a DHB:

(c) any other matter or thing arising out of a DHB's performance or exercise, or purported performance or exercise, of its functions, powers, or duties under any enactment.

(4) Despite subclause (1)(e), a chief executive of a DHB does not become an employee of Health New Zealand under this schedule.

11 Consequences of transfer for purposes of Inland Revenue Acts

For the purposes of the Inland Revenue Acts (as defined in section 3(1) of the Tax Administration Act 1994), a DHB and Health New Zealand are treated as the same person.

12 References to DHB, DHB's geographical area, or resident population

On and from the commencement date, unless the context otherwise requires, a reference in any enactment, notice, instrument, contract, or other document to—

(a) a District Health Board or DHB must be read as a reference to Health New Zealand; and

(b) a DHB's geographical area must be read as a reference to the geographical area that the DHB previously represented, as set out in Schedule 1 of the former Act; and

(c) a DHB's resident population must be read as a reference to the resident population of the geographical area that the DHB previously represented, as set out in Schedule 1 of the former Act.

13 References to DHB in visas granted under Immigration Act 2009

On and from the commencement date, a reference to a District Health Board or DHB in a condition imposed on a visa granted under the Immigration Act 2009 must be read as a reference to Health New Zealand.

14 Effect of transfer of contracts and engagements of DHBs

To avoid doubt, the transfer of a contract or an engagement of a DHB under clause 10 does not affect the scope of the contract or engagement or the application of the terms and conditions of the contract or engagement.

15 Collective agreements

(1) If a collective agreement to which more than 1 DHB is a party contains terms or conditions that apply to particular DHBs only, those terms or conditions—

(a) apply only to people who, immediately before the commencement date, were parties to the agreement or covered by those terms or conditions:

(b) must be offered by Health New Zealand to employees who, immediately before the commencement date, would have been offered those terms or conditions—

(i) unless the parties to the agreement agree otherwise; or

(ii) until the agreement expires or otherwise ceases to have effect.

(2) A collective agreement that covers the employees of some but not all DHBs continues after the commencement date to cover only those employees.

16 Application of section 62(4) of Employment Relations Act 2000

(1) Subclause (2) applies if—

(a) section 62 of the Employment Relations Act 2000 (the **Act**) applies to an employee of Health New Zealand; and

(b) a collective agreement covering that employee's work is in force on the commencement date.

(2) If this subclause applies, the number of the employer's employees referred to in section 62(4) of the Act is taken to mean the number of the employer's employees within the geographical region of the former DHB in which the employee's work will be performed.

(3) Subclause (2) applies—

(a) unless the parties to the collective agreement agree otherwise; or

(b) until the collective agreement expires or otherwise ceases to have effect.

17 Final report of DHBs

The final report of each DHB that is required under section 45J of the Public Finance Act 1989 must, despite subsection (2)(b) of that section, be provided by the close of 31 December 2022.

Subpart 5—Health Promotion Agency

18 Health Promotion Agency disestablished

On the commencement date, the HPA is disestablished.

19 Transfers

(1) On the commencement date,—

(a) all assets belonging to the HPA vest in Health New Zealand; and

(b) all information and documents held by the HPA are held by Health New Zealand; and

(c) all money payable to or by the HPA becomes payable to or by Health New Zealand; and

(d) all rights, liabilities, contracts, entitlements, and engagements of the HPA become the rights, liabilities, contracts, entitlements, and engagements of Health New Zealand; and

(e) subject to subclause (4), every employee of the HPA becomes an employee of Health New Zealand on the same terms and conditions as applied immediately before they became an employee of Health New Zealand; and

(f) anything done, or omitted to be done, or that is to be done, by or in relation to the HPA is to be treated as having been done, or having been omitted to be done, or to be done, by or in relation to Health New Zealand; and

(g) proceedings that may be commenced, continued, or enforced by or against the HPA (including as an interested party or intervenor) may instead be commenced, continued, or enforced by or against Health New Zealand without amendment to the proceedings; and

(h) a matter or thing that could, but for this clause, have been done or completed by the HPA may be done or completed by Health New Zealand.

(2) The transfer of information from the HPA to Health New Zealand under subclause (1) does not constitute an action that is a breach of information privacy principle 8 or 11 within the meaning of the Privacy Act 2020.

(3) The disestablishment of the HPA does not, by itself, affect any of the following matters:

(a) any decision made, or anything done or omitted to be done, by the HPA in relation to the performance or exercise of its functions, powers, or duties under any enactment:

(b) any proceedings commenced by or against the HPA:

(c) any other matter or thing arising out of the HPA's performance or exercise, or purported performance or exercise, of its functions, powers, or duties under any enactment.

(4) Despite subclause (1)(e), the chief executive of the HPA does not become an employee of Health New Zealand under this schedule.

20 Final report of HPA

The final report of the HPA that is required under section 45J of the Public Finance Act 1989 must, despite subsection (2)(b) of that section, be provided by the close of 31 December 2022.

21 Consequences of transfer for purposes of Inland Revenue Acts

For the purposes of the Inland Revenue Acts (as defined in section 3(1) of the Tax Administration Act 1994), the HPA and Health New Zealand are treated as the same person.

Subpart 6—Specified departmental agencies

22 Transfer of certain employees of Ministry of Health

(1) This clause applies to an employee of the Ministry of Health if, before the commencement date,—

(a) the employee performed the functions or duties, or exercised the powers, of a specified departmental agency; and

(b) the employee is notified in writing by the chief executive of that departmental agency and the Director-General that—

(i) this clause applies to the employee; and

(ii) on the commencement date, the employee will become an employee of Health New Zealand or the Māori Health Authority, as the case may be.

(2) On the commencement date, the employee becomes an employee of Health New Zealand or the Māori Health Authority, as the case may be, on the same terms and conditions that applied to the employee immediately before the commencement date.

(3) The following applies if, immediately before the commencement date, the employee was covered by a collective agreement (the **earlier agreement**) between the chief executive of the Ministry of Health and a union of which the employee was a member (the **union**):

(a) on the commencement date, Health New Zealand or the Māori Health Authority, as the case may be, and the union are parties to a new collective agreement:

(b) the terms and conditions of the new collective agreement are the same as the earlier agreement, subject to any necessary modifications:

(c) the employee is covered by the new collective agreement as long as they remain a member of the union.

(4) To avoid doubt, subclause (3)—

(a) does not entitle an employee who was not covered by the earlier agreement to be covered by the new collective agreement; and

(b) does not prevent the parties to the new collective agreement from varying or terminating the agreement in accordance with the terms of the agreement and other applicable law.

(5) Clause 24(b) does not apply to this clause.

Subpart 7—Transfer of employees

23 Interpretation

In this subpart, unless the context otherwise requires,—

entity A means one of the following, as the case may be:

(a) a DHB:

(b) the HPA:

(c) in relation to an employee to whom clause 22 applies, the Ministry of Health

entity B means Health New Zealand or the Māori Health Authority, as the case may be

redundancy payment includes any payment or other benefit provided on the ground of a person's position being disestablished or changed.

24 Restriction on redundancy payments and continuation of collective employment agreements

If the rights and obligations of entity A under a contract of service between entity A and its employee are transferred to entity B by operation of clause 10, 19, or 22,—

(a) an employee who is to be transferred by operation of clause 10, 19, or 22 is not entitled to a redundancy payment; and

(b) if those rights and obligations arise by virtue of a collective employment agreement, the collective employment agreement continues, on and from the commencement date, to apply on the same terms (including any terms relating to new employees) as if it were an agreement made between entity B, any union that is a party to it, and the employee.

25 Employment continuous for purpose of certain entitlements

(1) If an employee of entity A is moving by operation of clause 10, 19, or 22 to be an employee of entity B, their employment is to be treated as continuous for the purposes of—

(a) entitlements under the following provisions in Part 2 of the Holidays Act 2003:

(i) subpart 1 (annual holidays); and

(ii) subpart 3 (public holidays); and

(iii) subpart 4 (sick leave and bereavement leave); and

(iv) subpart 5 (family violence leave); and

(b) entitlements to leave under the Parental Leave and Employment Protection Act 1987; and

(c) the KiwiSaver Act 2006; and

(d) entitlements under the Government Superannuation Fund Act 1956; and

(e) entitlements or obligations that—

(i) are under any other enactment or under a contract; and

(ii) relate to employment.

(2) For the purpose of subclause (1)(a),—

(a) the period of employment of the employee in entity A that ends with the date on which the employee moved to entity B must be treated as a period of employment with entity B for the purpose of determining the employee's entitlement to annual holidays, sick leave, bereavement leave, and family violence leave; and

(b) the chief executive of entity A must not pay the employee for annual holidays or alternative holidays not taken before the date on which the employee moved to the position in entity B; and

(c) the chief executive of entity B must recognise the employee's entitlement to—

(i) any sick leave, including any sick leave carried over under section 66 of the Holidays Act 2003, not taken before the date on which the employee moved to the position in entity B; and

(ii) any annual holidays not taken before the date on which the employee moved to the position in entity B; and

(iii) any alternative holidays not taken or exchanged for payment under section 61 of that Act before the date on which the employee moved to the position in entity B; and

(iv) any holidays not taken before the date on which the employee moved to the position in entity B in relation to which there was an agreement between the employee and entity A under section 44A or 44B of that Act.

(3) For the purpose of subclause (1)(b),—

(a) the period of employment of the employee in entity A that ends with the date on which the employee moved to entity B must be treated as a period of employment with entity B; and

(b) the chief executive of entity B must treat any notice given to or by the chief executive of entity A under the Parental Leave and Employment Protection Act 1987 as if it had been given to or by the chief executive of entity B.

(4) For the purpose of subclause (1)(c), the employment of the employee in the position with entity B is not new employment within the meaning of that term in the KiwiSaver Act 2006.

(5) For the purpose of subclause (1)(d), in the definition of Government service in section 2(1) of the Government Superannuation Fund Act 1956, a health service includes, for the avoidance of doubt, Health New Zealand and the Māori Health Authority.

26 Application of sections 14 and 15 of Health Sector Transfers Act 1993

(1) Section 14 of the Health Sector Transfers Act 1993—

(a) applies with all necessary modifications to a person who becomes an employee of entity B by operation of clause 10, 19, or 22; and

(b) must be read as if the contract of service were transferred under clause 10, 19, or 22 of this schedule.

(2) Section 15 of the Health Sector Transfers Act 1993 applies to an employee who becomes an employee of entity B by operation of clause 10, 19, or 22.

27 Employment policies

(1) The employment policies of entity A—

(a) continue to apply after the commencement date—

(i) in relation to an employee who becomes an employee of entity B by operation of clause 10, 19, or 22; and

(ii) with all necessary modifications; and

(b) may be replaced by entity B by written notice to that employee.

(2) Entity B must undertake a reasonable consultation process before introducing any employment policy that is reasonably likely to have a material effect on that employee.

Subpart 8—Effects of transfer

28 Effect of subparts 4 to 7 and other provisions

Nothing effected or authorised by subparts 4 to 7 or any other provision of this Act—

(a) places the Crown, a health entity, or any other person in breach of contract or confidence, or makes any of them liable for a civil wrong; or

(b) places any of those persons or any other person in breach of an enactment, a rule of law, or a provision of a contract that prohibits, restricts, or regulates the assignment or transfer of property or the disclosure of information; or

(c) entitles a person to terminate or cancel a contract or an arrangement, or to accelerate the performance of an obligation, or to impose a penalty or an increased charge; or

(d) releases a surety from an obligation; or

(e) invalidates or discharges a contract or surety.

29 Effect of provisions in subparts 4 to 7

(1) A provision in subparts 4 to 7 (a **relevant provision**) has effect despite any restriction, prohibition, or other provision in any enactment, rule of law, or agreement that would otherwise apply.

(2) However, an Order in Council may—

(a) apply a provision in any enactment or rule of law that, but for subclause (1), would apply in relation to a relevant provision; and

(b) specify how the provision is to apply.

(3) An Order in Council under subclause (2) may be made only on the recommendation of the Minister after being satisfied that applying the provision—

(a) is necessary or desirable for the purpose of any transfer or other matter to which the relevant provision relates; and

(b) is no broader than is reasonably necessary to address the matter giving rise to it.

(4) An Order in Council under subclause (2) 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 *Gazette*	LA19 s 69(1)(c)
Presentation	The Minister must present it to the House of Representatives	LA19 s 114
Disallowance	It may be disallowed by the House of Representatives	LA19 ss 115, 116

This note is not part of the Act.

Subpart 9— Existing directions and notices under former Act

30 Ministerial directions

Despite the repeal of the former Act, a ministerial direction given under section 32 of that Act or section 103 of the Crown Entities Act 2004 in relation to an entity established under the former Act—

(a) continues in force on and after the commencement date; and

(b) ceases to have effect on a date specified by the Minister in writing and published in the *Gazette*.

31 Notices relating to payment arrangements

Despite the repeal of the former Act, a notice given under section 88 of that Act—

(a) continues in force on and after the commencement date; and

(b) is deemed to have been made under section 94 of this Act.

Part 2
Provisions relating to Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024

Schedule 1 Part 2: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

32 Interpretation

In this Part,—

amendment Act means the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024

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

Schedule 1 clause 32: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

33 Disestablishment of Māori Health Authority

On the commencement date, the Māori Health Authority is disestablished.

Schedule 1 clause 33: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

34 Determination of localities and locality plans

(1) Section 54, which requires localities to be determined, takes effect on 1 July 2029.

(2) Section 55, which requires a locality plan to be developed for each locality, takes effect on 1 July 2030.

Schedule 1 clause 34: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

35 Membership of Hauora Māori Advisory Committee continued

(1) The Hauora Māori Advisory Committee established under this Act before the commencement date continues as if it were established under section 89 as amended by the amendment Act.

(2) A person who, immediately before the commencement date, was a member of the Hauora Māori Advisory Committee continues, subject to any terms and conditions of their appointment,—

(a) to be a member of the committee after the commencement date; and

(b) to hold any office on the committee that they held immediately before the commencement date.

Schedule 1 clause 35: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

36 Transfers from Māori Health Authority to Health New Zealand

(1) On the commencement date,—

(a) all assets belonging to the Māori Health Authority vest in Health New Zealand; and

(b) all information and documents held by the Māori Health Authority are held by Health New Zealand; and

(c) all money payable to or by the Māori Health Authority becomes payable to or by Health New Zealand; and

(d) all rights, liabilities, contracts, entitlements, undertakings, and engagements of the Māori Health Authority become the rights, liabilities, contracts, entitlements, undertakings, and engagements of Health New Zealand; and

(e) subject to subclause (4), every employee of the Māori Health Authority becomes an employee of Health New Zealand on the same terms and conditions as applied immediately before they became an employee of Health New Zealand; and

(f) anything done, or omitted to be done, or that is to be done, by or in relation to the Māori Health Authority is to be treated as having been done, or having been omitted to be done, or to be done, by or in relation to Health New Zealand; and

(g) proceedings, inquiries, and investigations under any enactment that may be commenced, continued, or enforced by or against the Māori Health Authority (including as an interested party or intervenor) or in relation to the Māori Health Authority may instead be commenced, continued, or enforced by or against or in relation to Health New Zealand without amendment to the proceedings; and

(h) a matter or thing that could, but for this clause, have been done or completed by the Māori Health Authority may be done or completed by Health New Zealand.

(2) The transfer of information from the Māori Health Authority to Health New Zealand under subclause (1) does not constitute an action that is a breach of information privacy principle 8 or 11 within the meaning of the Privacy Act 2020.

(3) The disestablishment of the Māori Health Authority does not, by itself, affect any of the following matters:

(a) any decision made, or anything done or omitted to be done, by the Māori Health Authority in relation to the performance or exercise of its functions, powers, or duties under any enactment:

(b) any proceedings commenced by or against the Māori Health Authority:

(c) any other matter or thing arising out of the Māori Health Authority's performance or exercise, or purported performance or exercise, of its functions, powers, or duties under any enactment.

(4) Despite subclause (1)(e), the chief executive of the Māori Health Authority does not become an employee of Health New Zealand under this schedule.

Schedule 1 clause 36: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

37 Consequences of transfer for purposes of Inland Revenue Acts

For the purposes of the Inland Revenue Acts (as defined in section 3(1) of the Tax Administration Act 1994), the Māori Health Authority and Health New Zealand are treated as the same person.

Schedule 1 clause 37: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

38 References to Māori Health Authority

On and from the commencement date, unless the context otherwise requires, a reference in any enactment, notice, instrument, contract, or other document to the Māori Health Authority must be read as a reference to Health New Zealand.

Schedule 1 clause 38: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

39 Effect of transfer of contracts and engagements of Māori Health Authority

To avoid doubt, the transfer of a contract or an engagement of the Māori Health Authority under clause 36 does not affect the scope of the contract or engagement or the application of the terms and conditions of the contract or engagement.

Schedule 1 clause 39: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

40 Transfer of employees of Māori Health Authority to Health New Zealand

(1) This clause applies to an employee of the Māori Health Authority if, before the commencement date, the employee is notified in writing by the chief executive of the Māori Health Authority that—

(a) this clause applies to the employee; and

(b) on the commencement date, the employee will become an employee of Health New Zealand.

(2) On the commencement date, the employee becomes an employee of Health New Zealand on the same terms and conditions as applied to the employee immediately before the commencement date.

(3) The following applies if, immediately before the commencement date, the employee was covered by a collective agreement (the **earlier agreement**) between the chief executive of the Māori Health Authority and a union of which the employee was a member (the **union**):

(a) on the commencement date, Health New Zealand and the union are parties to a new collective agreement:

(b) the terms and conditions of the new collective agreement are the same as the earlier agreement, subject to any necessary modifications:

(c) the employee is covered by the new collective agreement as long as they remain a member of the union.

(4) To avoid doubt, subclause (3)—

(a) does not entitle an employee who was not covered by the earlier agreement to be covered by the new collective agreement; and

(b) does not prevent the parties to the new collective agreement from varying or terminating the agreement in accordance with the terms of the agreement and other applicable law.

Schedule 1 clause 40: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

41 Employment continuous for purpose of certain entitlements

(1) If an employee of the Māori Health Authority is moving by operation of clause 36 to be an employee of Health New Zealand, their employment is to be treated as continuous for the purposes of—

(a) entitlements under the following provisions in Part 2 of the Holidays Act 2003:

(i) subpart 1 (annual holidays); and

(ii) subpart 3 (public holidays); and

(iii) subpart 4 (sick leave and bereavement leave); and

(iv) subpart 5 (family violence leave); and

(b) entitlements to leave under the Parental Leave and Employment Protection Act 1987; and

(c) the KiwiSaver Act 2006; and

(d) entitlements under the Government Superannuation Fund Act 1956; and

(e) entitlements or obligations that—

(i) are under any other enactment or under a contract; and

(ii) relate to employment.

(2) For the purpose of subclause (1)(a),—

(a) the period of employment of the employee with the Māori Health Authority that ends with the date on which the employee moved to Health New Zealand must be treated as a period of employment with Health New Zealand for the purpose of determining the employee's entitlement to annual holidays, sick leave, bereavement leave, and family violence leave; and

(b) the chief executive of the Māori Health Authority must not pay the employee for annual holidays or alternative holidays not taken before the date on which the employee moved to the position in Health New Zealand; and

(c) the chief executive of Health New Zealand must recognise the employee's entitlement to—

(i) any sick leave, including any sick leave carried over under section 66 of the Holidays Act 2003, not taken before the date on which the employee moved to the position in Health New Zealand; and

(ii) any annual holidays not taken before the date on which the employee moved to the position in Health New Zealand; and

(iii) any alternative holidays not taken or exchanged for payment under section 61 of that Act before the date on which the employee moved to the position in Health New Zealand; and

(iv) any holidays not taken before the date on which the employee moved to the position in Health New Zealand in relation to which there was an agreement between the employee and the Māori Health Authority under section 44A or 44B of that Act.

(3) For the purpose of subclause (1)(b),—

(a) the period of employment of the employee with the Māori Health Authority that ends with the date on which the employee moved to Health New Zealand must be treated as a period of employment with Health New Zealand; and

(b) the chief executive of Health New Zealand must treat any notice given to or by the chief executive of the Māori Health Authority under the Parental Leave and Employment Protection Act 1987 as if it had been given to or by the chief executive of Health New Zealand.

(4) For the purpose of subclause (1)(c), the employment of the employee in the position with Health New Zealand is not new employment within the meaning of that term in the KiwiSaver Act 2006.

(5) For the purpose of subclause (1)(d), in the definition of Government service in section 2(1) of the Government Superannuation Fund Act 1956, a health service includes, for the avoidance of doubt, Health New Zealand and the Māori Health Authority.

Schedule 1 clause 41: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

42 Application of sections 14 and 15 of Health Sector (Transfers) Act 1993

(1) Section 14 of the Health Sector (Transfers) Act 1993—

(a) applies with all necessary modifications to a person who becomes an employee of Health New Zealand by operation of clause 36; and

(b) must be read as if the contract of service were transferred under that clause.

(2) Section 15 of the Health Sector (Transfers) Act 1993 applies to an employee who becomes an employee of Health New Zealand by operation of clause 36.

Schedule 1 clause 42: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

43 Employment policies

(1) The employment policies of the Māori Health Authority—

(a) continue to apply after the commencement date—

(i) in relation to an employee who becomes an employee of Health New Zealand by operation of clause 36; and

(ii) with all necessary modifications; and

(b) may be replaced by Health New Zealand by written notice to that employee.

(2) Health New Zealand must undertake a reasonable consultation process before introducing any employment policy that is reasonably likely to have a material effect on that employee.

Schedule 1 clause 43: inserted, on 30 June 2024, by section 41(2)(a) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Part 3
Provision relating to Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024

Schedule 1 Part 3: inserted, on 25 October 2024, by section 8(a) of the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45).

44 Requirement for Mental Health and Wellbeing Strategy

Section 46A (which relates to the making of the Mental Health and Wellbeing Strategy) does not take effect until 12 months after the date on which the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 comes into force.

Schedule 1 clause 44: inserted, on 25 October 2024, by section 8(a) of the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45).

Schedule 2
Organisations for purpose of section 90(1)(b)(i)

[Repealed]

ss 90, 91

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

Schedule 3
Consequential amendments to enactments

s 104

Part 1
Amendments to Acts

Abortion Legislation Act 2020 (2020 No 6)

In section 16(1), replace "the New Zealand Public Health and Disability Act 2000" with "the Pae Ora (Healthy Futures) Act 2022".

Accident Compensation Act 2001 (2001 No 49)

In section 6(1), repeal the definition of **district health board or other provider** and insert in its appropriate alphabetical order:

> **Health New Zealand, the Māori Health Authority, or other provider** means Health New Zealand, the Māori Health Authority, or provider as each of those terms are defined in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 6(1), repeal the definition of **Crown funding agreement**.

In section 6(1), definition of **government agency**, replace "and a Crown entity" with ", a Crown entity, and the Māori Health Authority".

In section 6(1), insert in its appropriate alphabetical order:

> **Māori Health Authority** means the Māori Health Authority established by section 17 of the Pae Ora (Healthy Futures) Act 2022

In section 74(4), replace "a district health board or the Minister of Health" with "Health New Zealand, the Māori Health Authority, or the Minister of Health".

In section 282(1), replace "district health boards" with "Health New Zealand and the Māori Health Authority".

In section 282(4), replace "a district health board" with "Health New Zealand or the Māori Health Authority".

Replace section 282(8)(b) with:

> (b) an officer, employee or agent of Health New Zealand or the Māori Health Authority and who is authorised by that entity's chief executive to receive it.

In section 301(2)(a)(i), replace "district health boards" with "Health New Zealand, the Māori Health Authority,".

In section 301(2)(a)(i), replace "Crown funding agreements" with "Health New Zealand or the Māori Health Authority".

Accident Compensation Act 2001 (2001 No 49)—*continued*

In section 302(1), replace "Minister of Health must enter into a Crown funding agreement with district health boards or other providers in order" with "Minister must enter into a funding agreement with Health New Zealand or other providers".

In section 302(2), replace "every Crown funding agreement" with "every funding agreement described in subsection (1)".

In section 303(1), replace "a district health board" with "Health New Zealand, the Māori Health Authority".

In section 305(1), replace "a district health board" with "Health New Zealand".

In Schedule 1, clause 13(7), replace "Health and Disability Services Act 1993" with "Pae Ora (Healthy Futures) Act 2022".

Artificial Limb Service Act 2018 (2018 No 34)

In section 10(d), replace "District Health Boards" with "Health New Zealand".

Biosecurity Act 1993 (1993 No 95)

In section 87(1)(g), replace "DHBs, as defined in section 6 of the New Zealand Public Health and Disability Act 2000" with "Health New Zealand, as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022".

In section 98(1)(g), replace "DHBs, as defined in section 6 of the New Zealand Public Health and Disability Act 2000" with "Health New Zealand, as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022".

Births, Deaths, Marriages, and Relationships Registration Act 1995 (1995 No 16)

In section 85A(1), replace "the New Zealand Public Health and Disability Act 2000" with "the Pae Ora (Healthy Futures) Act 2022".

Charitable Trusts Act 1957 (1957 No 18)

In section 51(2)(b), replace "any district health board" with "Health New Zealand".

Children's Act 2014 (2014 No 40)

In section 5(1), definition of **children's agencies**, replace paragraph (c) with:

(c) Pae Ora (Healthy Futures) Act 2022:

In section 14(a), replace "DHBs boards" with "the boards of Health New Zealand and the Māori Health Authority".

In section 15(1), replace the definition of **board** with:

board, in relation to Health New Zealand or the Māori Health Authority, means the members of the board of that organisation (who number no less than the required quorum) acting together as a board

In section 15(1), repeal the definition of **DHB** and insert in its appropriate alphabetical order:

Children's Act 2014 (2014 No 40)—*continued*

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 15(1), definition of **independent person**, replace "a DHB" with "Health New Zealand or the Māori Health Authority".

In section 15(1), insert in its appropriate alphabetical order:

> **Māori Health Authority** means the Māori Health Authority established by section 17 of the Pae Ora (Healthy Futures) Act 2022

In section 15(4)(a), replace "DHBs" with "Health New Zealand".

In the heading to section 17, replace "**DHBs boards**" with "**Health New Zealand and Māori Health Authority**".

In section 17, replace "Every board of a DHB must" with "The board of Health New Zealand and the board of the Māori Health Authority must each".

In section 17(a), delete "after the commencement (under section 2(1)) of this section".

Civil Defence Emergency Management Act 2002 (2002 No 33)

In section 4, replace the definition of **health and disability services** with:

> **health and disability services** means services as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 4, replace the definition of **provider of health and disability services** with:

> **provider of health and disability services** means a provider as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022

Compensation for Live Organ Donors Act 2016 (2016 No 96)

In section 9(1)(c), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Contraception, Sterilisation, and Abortion Act 1977 (1977 No 112)

In section 16(1), replace "The Minister of Health must, when entering into Crown funding agreements under the New Zealand Public Health and Disability Act 2000" with "Health New Zealand and the Māori Health Authority must, when developing the New Zealand Health Plan under the Pae Ora (Healthy Futures) Act 2022".

In section 16(2), replace "the Minister of Health" with "Health New Zealand and the Māori Health Authority".

Crown Entities Act 2004 (2004 No 115)

Repeal section 98(1A).

In Schedule 1, Part 1, table, repeal the items relating to District Health Boards and Health Promotion Agency.

Crown Entities Act 2004 (2004 No 115)—*continued*

In Schedule 1, Part 1, table, insert the item its appropriate alphabetical order:

Health New Zealand

Crown Organisations (Criminal Liability) Act 2002 (2002 No 37)

In section 4, definition of **government-related organisation**, after paragraph (i), insert:

(j) the Māori Health Authority

Customs and Excise Act 2018 (2018 No 4)

In Schedule 1, Part 1, clause 1(7)(c), replace "Schedule 4A of the New Zealand Public Health and Disability Act 2000" with "Schedule 6 of the Pae Ora (Healthy Futures) Act 2022".

Disabled Persons Community Welfare Act 1975 (1975 No 122)

In section 2, repeal the definitions of **Crown funding agreement**, **disability services**, **district health board**, and **service agreement**.

In section 2, insert in their appropriate alphabetical order:

disability support services has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Health New Zealand has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Māori Health Authority has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

New Zealand Health Plan has the meaning in section 50 of the Pae Ora (Healthy Futures) Act 2022

service agreement means an agreement in which 1 or more health entities as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022 agree to provide money to a person in return for the person providing services within the meaning of section 4 of that Act or arranging for the provision of those services

In section 4(e), replace "district health boards" with "Health New Zealand, the Māori Health Authority".

In section 25A(1)(b) and (2)(a) and (b), replace "a Crown funding agreement" with "the New Zealand Health Plan".

In section 25A(1)(b), replace "section 88 of the New Zealand Public Health and Disability Act 2000" with "section 94 of the Pae Ora (Healthy Futures) Act 2022".

In section 25A(2)(a) and (b), replace "section 88 of the New Zealand Public Health and Disability Act 2000" with "section 94 of the Pae Ora (Healthy Futures) Act 2022".

Disabled Persons Community Welfare Act 1975 (1975 No 122)—*continued*

In section 25C(3)(c)(i) and (ii), replace "a Crown funding agreement" with "an agreement".

In section 25C(3)(d), replace "a district health board" with "Health New Zealand or the Māori Health Authority".

In section 25C(3)(d)(i), replace "section 88 of the New Zealand Public Health and Disability Act 2000" with "section 94 of the Pae Ora (Healthy Futures) Act 2022".

In section 25D(4)(c), replace "any Crown funding agreement or" with "the New Zealand Health Plan or any".

In section 25D(4)(c), replace "section 88 of the New Zealand Public Health and Disability Act 2000" with "section 94 of the Pae Ora (Healthy Futures) Act 2022".

Education and Training Act 2020 (2020 No 38)

In section 10, definition of **early childhood education and care centre**, replace paragraph (c)(iv) with:

(iv) institutions under the control of the Ministry of Health, Health New Zealand, or the Māori Health Authority:

Employment Relations Act 2000 (2000 No 24)

In section 100E(2)(a)(i), replace "not less than three quarters of district health boards" with "Health New Zealand".

In section 100E(2)(a)(ii), replace "district health boards" with "Health New Zealand".

In Schedule 1, Part A, clause 13, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In Schedule 1B, replace clause 1(1) to (3) with:

(1) This code applies to the following parties to an employment relationship in the public health sector:

(a) Health New Zealand and the Māori Health Authority:

(b) employees of Health New Zealand or the Māori Health Authority:

(c) unions whose members are employees of Health New Zealand or the Māori Health Authority:

(d) other employers to the extent that they provide services to Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service:

(e) employees of the employers referred to in paragraph (d) to the extent that they are engaged in providing services to Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service:

(f) the New Zealand Blood and Organ Service:

(g) employees of the New Zealand Blood and Organ Service:

Employment Relations Act 2000 (2000 No 24)—*continued*

(h) unions whose members are employees of the New Zealand Blood and Organ Service.

(2) However, to avoid doubt, subclause (1)(d) and (e) applies in relation to the provision of services only if the services are provided to Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service in its role as a provider of services.

(3) Before Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service enters into an agreement or arrangement with another employer for the provision of services to it, it must notify the employer that this code will apply to the employer in relation to the provision of those services.

In Schedule 1B, clause 3, definition of **services**, replace paragraph (a) with:

(a) has the same meaning as in section 4 of the Pae Ora (Healthy Futures) Act 2022; and

In Schedule 1B, clause 3, definition of **good employer**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 118 of the Crown Entities Act 2004".

In Schedule 1B, replace clause 7 with:

7 Health sector principles

The parties must recognise and support the health sector principles in section 7(1) of the Pae Ora (Healthy Futures) Act 2022.

In Schedule 1B, replace clause 19(1)(a) with:

(a) an employer is Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service; and

In Schedule 1B, clause 20(1), replace "a district health board or the New Zealand Blood Service" with "Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service" in each place.

In Schedule 1B, clause 21(1), replace "a district health board or the New Zealand Blood Service" with "Health New Zealand, the Māori Health Authority, or the New Zealand Blood and Organ Service".

Family Violence Act 2018 (2018 No 46)

In section 19, definition of **specified government agency**, replace paragraph (e) with:

(e) Health New Zealand (that is, Health New Zealand established by section 11 of the Pae Ora (Healthy Futures) Act 2022):

In section 19, definition of **specified government agency**, after paragraph (m), insert:

(n) Māori Health Authority (that is, the Māori Health Authority established by section 17 of the Pae Ora (Healthy Futures) Act 2022)

Finance Act 1994 (1994 No 73)

In section 2(2), replace "(reached before the commencement of the New Zealand Public Health and Disability Act 2000)" with "(reached before 1 January 2001)".

Goods and Services Tax Act 1985 (1985 No 141)

Replace section 25(7) with:

(7) In this section,—

Pharmac means the Pharmaceutical Management Agency continued by section 67 of the Pae Ora (Healthy Futures) Act 2022

Pharmac agreement means an agreement to which Pharmac is a party and under which Pharmac agrees to list a pharmaceutical on the pharmaceutical schedule as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022

pharmaceutical means a pharmaceutical as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022.

Hazardous Substances and New Organisms Act 1996 (1996 No 30)

In section 2(1), definition of **public health**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

Health Act 1956 (1956 No 65)

In section 2(1), repeal the definitions of **district health board**, **personal health**, **personal health services**, **public health**, and **public health services**.

In section 2(1), insert in their appropriate alphabetical order:

Health New Zealand has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Māori Health Authority has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

personal health has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

personal health services has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

public health has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

public health services has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Repeal section 3B(3)(b).

Section 3E, heading, replace "Group" with "Agency".

In section 3E(1) and (2), replace "Group" with "Agency".

Replace section 3E(3) with:

Health Act 1956 (1956 No 65)—*continued*

(3) The functions of the Public Health Agency are—

(a) to provide systems leadership across the public health sector; and

(b) to advise the Director-General on matters relating to public health, including—

(i) personal health matters relating to public health; and

(ii) regulatory and strategic matters relating to public health.

In the heading to section 3F, replace "**Group**" with "**Agency**".

In section 3F, replace "Group's" with "Agency's".

In section 3F, replace "Group" with "Agency".

After section 7A(8), insert:

(9) To avoid doubt, the Director-General may revoke a designation of a person as a medical officer of health or health or protection officer under this section.

(10) The Director-General must consult the Director of Public Health before revoking a designation of a medical officer of health.

After section 22(2), insert:

(3) A person who holds office as Director of Public Health has the functions of a medical officer of health and may exercise them in any part of New Zealand if they are a medical practitioner specialising in public health.

In section 22B, definition of **services**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

Replace section 22C(2)(j) with:

(j) an employee of Health New Zealand, for the purposes of exercising or performing any of that entity's powers, duties, or functions under the Pae Ora (Healthy Futures) Act 2022:

(k) an employee of the Māori Health Authority, for the purposes of exercising or performing any of that entity's powers, duties, or functions under the Pae Ora (Healthy Futures) Act 2022:

(l) an employee of the New Zealand Blood and Organ Service, for the purposes of exercising or performing any of that entity's powers, duties, or functions under the Pae Ora (Healthy Futures) Act 2022.

In section 22D(1), replace "any district health board" with "Health New Zealand or the Māori Health Authority".

In section 22D(2), replace "a district health board" with "Health New Zealand or the Māori Health Authority".

In section 22E, replace "a district health board" with "Health New Zealand or the Māori Health Authority".

Health Act 1956 (1956 No 65)—*continued*

Replace section 22G(1)(a) with:

(a) a department of the Crown that funds services within the meaning of section 4 of the Pae Ora (Healthy Futures) Act 2022:

After section 22G(1)(i), insert:

(j) Health New Zealand:

(k) Māori Health Authority.

In section 22G(2), replace "a district health board" with "Health New Zealand or the Māori Health Authority".

In section 22G(2)(a), replace "the district health board" with "Health New Zealand or the Māori Health Authority".

In section 92ZA(3), replace "a district health board, the district health board" with "Health New Zealand, Health New Zealand".

In section 92ZZA(1)(c), replace "the district health board" with "Health New Zealand".

In section 112J(2)(d), replace "district health board" with "Health New Zealand".

In section 112J(2)(e) and (3), replace "a district health board" with "Health New Zealand".

Health and Disability Commissioner Act 1994 (1994 No 88)

Replace section 7(a) and (b) with:

(a) take into account the Government Policy Statement on Health, and any health strategy issued under the Pae Ora (Healthy Futures) Act 2022, so far as those strategies are applicable to the circumstances of the particular case; and

(b) take into account the objectives of Health New Zealand set out in section 13 of the Pae Ora (Healthy Futures) Act 2022 and the objectives of the Māori Health Authority set out in section 18 of the Pae Ora (Healthy Futures) Act 2022.

Health and Disability Services (Safety) Act 2001 (2001 No 93)

In section 5(1)(c), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 31(4)(a), replace "a District Health Board" with "Health New Zealand".

Health Practitioners Competence Assurance Act 2003 (2003 No 48)

In section 53, definition of **investigation**, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Health Practitioners Competence Assurance Act 2003 (2003 No 48)—*continued*

In section 60(6), replace "clause 2 of Schedule 5 of the New Zealand Public Health and Disability Act 2000" with "clause 2 of Schedule 5 of the Pae Ora (Healthy Futures) Act 2022".

In section 61(1)(b), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Health Sector (Transfers) Act 1993 (1993 No 23)

In section 2(1), definition of **Crown endowment**,—

(a) replace "a DHB" with "Health New Zealand"; and

(b) replace "the DHB" with "Health New Zealand".

In section 2(1), replace the definition of **Crown endowment land** with:

> **Crown endowment land** means, in relation to Health New Zealand, land that—
>
> (a) is vested in Health New Zealand as a Crown endowment; and
>
> (b) was either—
>
> (i) granted by the Crown to Health New Zealand or to any of its predecessors in title; or
>
> (ii) vested in Health New Zealand or in any of its predecessors in title by or pursuant to any Act, Provincial Ordinance, grant, or Order in Council; and
>
> (c) was not land that, before it was granted to, or vested in, Health New Zealand or any of its predecessors in title, had been given to the Crown, whether in trust or otherwise; and
>
> (d) is not a public reserve within the meaning of the Reserves Act 1977; and
>
> (e) is not, except for being held as a Crown endowment, land that is held in trust for a particular purpose; and
>
> (f) is not, except for being held as a Crown endowment, land in respect of which special provision is made by any Act or Provincial Ordinance

In section 2(1), repeal the definition of **HPA**.

In section 2(1), insert in its appropriate alphabetical order:

> **Māori Health Authority** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 2(1), definition of **predecessor in title**, replace "a DHB, means any of its predecessors in title that was" with "Health New Zealand, means any of its predecessors in title that was a DHB,".

In section 2(1), replace definition of **publicly-owned health and disability organisation** with:

Health Sector (Transfers) Act 1993 (1993 No 23)—*continued*

publicly-owned health and disability organisation—

(a) means Health New Zealand, the Māori Health Authority, NZBOS, HQSC, and Pharmac; and

(b) includes any companies wholly or partially owned by those organisations

In section 2(2), replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

In section 2A(b)(ii) and (c), replace "DHBs" with "Health New Zealand or the Māori Health Authority".

In the heading to section 11A, replace "**DHB**" with "**Health New Zealand and Māori Health Authority**".

Replace section 11A(1) with:

(1) Subject to this section and section 99 of the Pae Ora (Healthy Futures) Act 2022, the powers of Health New Zealand or the Māori Health Authority to sell, exchange, mortgage, or charge land may be exercised by Health New Zealand or the Māori Health Authority in respect of land held in trust for any purpose, despite the terms of that trust.

In section 11A(6), replace "a DHB" with "Health New Zealand or the Māori Health Authority".

In section 11B(1), replace "a DHB, declare that any land vested in the DHB" with "Health New Zealand or the Māori Health Authority, declare that any land vested in Health New Zealand or the Māori Health Authority".

Replace section 11B(2)(b) with:

(b) subject to section 99 of the Pae Ora (Healthy Futures) Act 2022, may be sold, exchanged, mortgaged, charged, or otherwise dealt with by Health New Zealand or the Māori Health Authority free from the terms of the Crown endowment.

In section 11B(3), replace "a DHB" with "Health New Zealand or the Māori Health Authority".

Replace section 11C(1) with:

(1) Subject to subsection (2), where Health New Zealand or the Māori Health Authority holds in trust the proceeds of the sale of any land (being land that was, at the time of the sale, subject to a Crown endowment), Health New Zealand or the Māori Health Authority may, despite the terms of that endowment, and whether the land was sold before or after the commencement of this section, apply the proceeds of the sale—

(a) for the purposes of any health services or disability support services, or both, provided by Health New Zealand or the Māori Health Authority; or

Health Sector (Transfers) Act 1993 (1993 No 23)—*continued*

(b) for any purpose for which Health New Zealand or the Māori Health Authority may lawfully apply its own property.

In section 11C(2), replace "the DHB" with "Health New Zealand or the Māori Health Authority".

In section 11C(3), replace "a DHB" with "Health New Zealand or the Māori Health Authority".

In section 11D, replace "a DHB" with "Health New Zealand or the Māori Health Authority".

In section 11E(8)(a), replace "clause 43 of Schedule 3 or clause 28 of Schedule 6 of the New Zealand Public Health and Disability Act 2000" with "section 99 of the Pae Ora (Healthy Futures) Act 2022".

In section 11E(8)(b), replace "clause 43 of Schedule 3 of the New Zealand Public Health and Disability Act 2000" with "section 99 of the Pae Ora (Healthy Futures) Act 2022".

Replace section 11H(2)(a)(i) with:

(i) before being transferred to, or vested in, the transferee under this Act or the Pae Ora (Healthy Futures) Act 2022 had been given to the Crown, Health New Zealand, the Māori Health Authority, or any predecessors in title of Health New Zealand; and

Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016 (2016 No 2)

In the Preamble, subsection (2), replace "District Health Boards" with "the predecessors of Health New Zealand".

In section 4, repeal the definition of **DHB** and insert in its appropriate alphabetical order:

Health New Zealand has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 4, definition of **home and community-based support services**, paragraph (a)(i), replace "services funded by the Ministry of Health or a DHB" with "services funded by the Ministry of Health, Health New Zealand, or the Māori Health Authority".

In section 4, definition of **home and community-based support services**, paragraph (b)(ii), replace "Ministry of Health to allow" with "Ministry of Health or another agency to allow".

In section 4, insert in its appropriate alphabetical order:

Māori Health Authority has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016 (2016 No 2)—*continued*

In section 8(1)(b), replace "a former HCS employer, a DHB, ACC, or the Crown" with "a former HCS employer, Health New Zealand, ACC, or the Crown".

In section 8(3)(a) and (b), replace "a former HCS employer, a DHB, ACC, or the Crown" with "a former HCS employer, Health New Zealand, ACC, or the Crown".

Replace the heading to section 15 with "**Minimum amounts payable for travel before 1 March 2016 funded by Ministry of Health or Health New Zealand**".

Replace section 28(2)(b) with:

(b) Health New Zealand:

Replace section 29(2)(c) with:

(c) Health New Zealand; and

In Schedule 3, repeal the items relating to Auckland DHB, Canterbury DHB, Hawke's Bay DHB, Nelson Marlborough DHB, Tairawhiti DHB (also known as Tairawhiti District Health and TDH), Waikato DHB, and West Coast DHB.

In Schedule 3, insert the following item in its appropriate alphabetical order:

Health New Zealand

Human Assisted Reproductive Technology Act 2004 (2004 No 92)

Replace section 27(3)(a) with:

(a) complies in its composition with any applicable standard governing ethics committees determined by any relevant committee appointed under section 87 of the Pae Ora (Healthy Futures) Act 2022; and

Replace section 27(4) with:

(4) The committee designated under this section is subject to any applicable ethical standards determined by any relevant committee appointed under section 87 of the Pae Ora (Healthy Futures) Act 2022.

Immigration Act 2009 (2009 No 51)

In the heading to section 300, replace "**publicly funded health and disability support services**" with "**services**".

In section 300(1)(a) and (b), replace "publicly funded health and disability support services" with "services".

In section 300(3)(a), (b), and (c), replace "publicly funded health and disability support services" with "services".

In section 300(9), repeal the definition of **publicly funded health and disability support services**.

In section 300(9), definition of **responsible department**, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Immigration Act 2009 (2009 No 51)—*continued*

In section 300(9), insert in its appropriate alphabetical order:

> **services** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Income Tax Act 2007 (2007 No 97)

In section CW 52B(2), definition of **disability support services**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

In section CW 52B(1), replace "the Ministry of Health or a District Health Board" with "Health New Zealand or the Māori Health Authority".

In section LY 3(2)(d)(ii), replace "a district health board" with "Health New Zealand".

In section MX 2(c)(ii), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Inquiries Act 2013 (2013 No 60)

In Schedule 1, repeal the item relating to the New Zealand Public Health and Disability Act 2000.

Land Transport Act 1998 (1998 No 110)

In section 73(7), replace "a district health board" with "Health New Zealand".

Local Electoral Act 2001 (2001 No 35)

Repeal section 7(f).

Local Government Act 1974 (1974 No 66)

In section 2(1), repeal the definition of **district health board**.

Local Government (Rating) Act 2002 (2002 No 6)

In Schedule 1, Part 1, clause 8, replace "a district health board" with "Health New Zealand".

Maritime Transport Act 1994 (1994 No 104)

In section 40M(7), replace "a district health board," with "Health New Zealand,".

Medicines Act 1981 (1981 No 118)

Replace section 49A(3)(b) with:

> (b) officers and employees of Health New Zealand established by section 11 of the Pae Ora (Healthy Futures) Act 2022:

After section 55F(4), insert:

Medicines Act 1981 (1981 No 118)—*continued*

(5) Subsection (1) does not apply to Health New Zealand established by section 11 of the Pae Ora (Healthy Futures) Act 2022.

Replace section 96F(3) with:

(3) Parts 2 and 3 of the Inquiries Act 2013 apply, with all necessary modifications, to the establishment and procedures of a committee that is to be, or has been, established under subsection (1) as if it were an inquiry established that Act.

Mental Health and Wellbeing Commission Act 2020 (2020 No 32)

After section 14(6)(e), insert:

(f) the Māori Health Authority.

Mental Health (Compulsory Assessment and Treatment) Act 1992 (1992 No 46)

In section 2(1), definition of **service**, replace paragraph (a) with:

(a) funded by the Crown under the New Zealand Health Plan within the meaning of section 4 of the Pae Ora (Healthy Futures) Act 2022; or

Misuse of Drugs Act 1975 (1975 No 116)

In section 8(1)(b)(i), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 8(1)(f), replace "any district health board established by the New Zealand Public Health and Disability Act 2000" with "Health New Zealand established by section 11 of the Pae Ora (Healthy Futures) Act 2022".

Replace section 20(3)(a) with:

(a) employees of Health New Zealand established by section 11 of the Pae Ora (Healthy Futures) Act 2022:

New Zealand Sign Language Act 2006 (2006 No 18)

Replace section 10(2) with:

(2) A report under subsection (1) may be included in any report referred to in clause 7 of Schedule 1 of the Pae Ora (Healthy Futures) Act 2022 on the progress being made in implementing the New Zealand disability strategy.

New Zealand Superannuation and Retirement Income Act 2001 (previously named the New Zealand Superannuation Act 2001) (2001 No 84)

In section 19(1), replace "a District Health Board within the meaning of the New Zealand Public Health and Disability Act 2000" with "Health New Zealand established by section 11 of the Pae Ora (Healthy Futures) Act 2022".

Ngā Mana Whenua o Tāmaki Makaurau Collective Redress Act 2014 (2014 No 52)

In the heading to section 137, replace "**district health boards**" with "**Health New Zealand**".

In section 137(1),—

(a) replace "A district health board may dispose" with "Health New Zealand may dispose"; and

(b) replace "the district health board's objectives" with "Health New Zealand's objectives".

Repeal section 137(2).

Ngāi Tahu Claims Settlement Act 1998 (1998 No 97)

In section 50(j), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Ngāti Hauā Claims Settlement Act 2014 (2014 No 75)

In section 109(1)(a)(ii), replace "Waikato District Health Board" with "Health New Zealand".

Replace section 126 with:

126 Disposal by Health New Zealand

Health New Zealand (established by section 11 of the Pae Ora (Healthy Futures) Act 2022), or any of its subsidiaries, may dispose of RFR land to any person if the Minister of Health has given notice to the trustees that, in the Minister's opinion, the disposal will achieve, or assist in achieving, Health New Zealand's objectives.

Ngāti Toa Rangatira Claims Settlement Act 2014 (2014 No 17)

Replace section 202 with:

202 Disposals by Health New Zealand

Health New Zealand (established by section 11 of the Pae Ora (Healthy Futures) Act 2022), or any of its subsidiaries, may dispose of RFR land to any person if the Minister of Health has given notice to the trustees that, in the Minister's opinion, the disposal will achieve, or assist in achieving, Health New Zealand's objectives.

Ombudsmen Act 1975 (1975 No 9)

In section 2(2)(b), replace "a district health board if the district health board, whether alone or together with any other district health board," with "Health New Zealand if Health New Zealand,".

After section 2(2)(c), insert:

Ombudsmen Act 1975 (1975 No 9)—*continued*

(d) the Māori Health Authority if the Māori Health Authority directly or indirectly owns, or controls the exercise of all the voting rights attaching to, the issued shares of the company (other than shares that carry no right to participate beyond a specified amount in a distribution of either profits or capital).

In Schedule 1, Part 1A, repeal the items relating to Health New Zealand and Māori Health Authority.

In Schedule 1, Part 2, repeal the following items:

District health boards

District Health Boards New Zealand Incorporated

Health Promotion Agency

New Zealand Blood Service

Related companies of district health boards (within the meaning of section 2(2)(b))

In Schedule 1, Part 2, insert in their appropriate alphabetical order:

Health New Zealand

Māori Health Authority

New Zealand Blood and Organ Service

Related companies of Health New Zealand

Related companies of the Māori Health Authority

Oranga Tamariki Act 1989/Children's and Young People's Well-being Act 1989 (previously named the Children, Young Persons, and Their Families Act 1989) (1989 No 24)

In section 2(1), definition of **child welfare and protection agency**, replace paragraph (j) with:

(j) Health New Zealand:

In section 2(1), definition of **child welfare and protection agency**, after paragraph (n), insert:

(o) the Māori Health Authority

In section 2(1), repeal the definition of **DHB** and insert in its appropriate alphabetical order:

Health New Zealand has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 2(1), insert in its appropriate alphabetical order:

Māori Health Authority has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Parental Leave and Employment Protection Act 1987 (1987 No 129)

Repeal section 2AB.

Port Nicholson Block (Taranaki Whānui ki Te Upoko o Te Ika) Claims Settlement Act 2009 (2009 No 26)

Replace section 109 with:

109 Disposals by Health New Zealand

Health New Zealand (as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022), or any of its subsidiaries, may dispose of RFR land to any person if the Minister of Health has given notice to the trustees that, in the Minister's opinion, the disposal will achieve, or assist in achieving, Health New Zealand's objectives.

Privacy Act 2020 (2020 No 31)

In section 138, definition of **specified organisation**, replace paragraph (c) with:

(c) Health New Zealand:

In section 138, definition of **specified organisation**, after paragraph (j), insert:

(k) Māori Health Authority

In Schedule 3, table, replace each reference to "District Health Boards" with "Health New Zealand and Māori Health Authority".

Prohibition of Gang Insignia in Government Premises Act 2013 (2013 No 56)

In section 4, repeal the definition of **district health board** and insert in its appropriate alphabetical order:

Health New Zealand has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 4, definition of **Government premises**, replace paragraph (c)(i) with:

(i) Health New Zealand; and

Psychoactive Substances Act 2013 (2013 No 53)

In section 8, definition of **public health**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

Public Audit Act 2001 (2001 No 10)

In Schedule 2, insert the following item in its appropriate alphabetical order:

Māori Health Authority

Public Service Act 2020 (2020 No 40)

In Schedule 2, Part 2, repeal the items relating to Health New Zealand and Māori Health Authority.

Raukawa Claims Settlement Act 2014 (2014 No 7)

In section 106(1)(a)(ii), replace "the Waikato District Health Board" with "Health New Zealand".

Replace section 124 with:

124 Disposal by Health New Zealand

Health New Zealand (established by section 11 of the Pae Ora (Healthy Futures) Act 2022), or any of its subsidiaries, may dispose of RFR land to any person if the Minister of Health has given notice to the trustees that, in the Minister's opinion, the disposal will achieve, or assist in achieving, Health New Zealand's objectives.

Reserves and Other Lands Disposal Act 2015 (2015 No 84)

Replace the cross-heading above section 18 with:

Health New Zealand

In section 19(1), replace "The Nelson Marlborough District Health Board (the **DHB**)" with "Health New Zealand".

In section 19(2), replace "the DHB" with "Health New Zealand".

Residential Care and Disability Support Services Act 2018 (2018 No 33)

In section 5, repeal the definition of **DHB** and insert in its appropriate alphabetical order:

Health New Zealand has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 5, definition of **funder**, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 5, replace the definition of **section 88 notice** with:

section 94 notice means a notice—

(a) given under section 94 of the Pae Ora (Healthy Futures) Act 2022; and

(b) in respect of the provision of LTR care

In section 5, definition of **service agreement**, replace paragraph (a) with:

(a) entered into between a funder and provider; and

Replace section 13 with:

13 Funding eligible

A person is funding eligible if the person belongs to a class of eligible people specified in regulations made under section 102 of the Pae Ora (Healthy Futures) Act 2022 or is eligible under a ministerial direction continued under clause 30 of Schedule 1 of that Act.

In section 27(3), replace "A DHB" with "Health New Zealand".

Residential Care and Disability Support Services Act 2018 (2018 No 33)—*continued*

In section 29(1), replace "A DHB that receives an application under section 27(1)" with "If Health New Zealand receives an application under section 27(1), it".

In section 29(3)(c), replace "the DHB" with "Health New Zealand".

In section 30(1), replace "A DHB" with "Health New Zealand".

In section 30(2), replace "The DHB" with "Health New Zealand".

In section 59(1)(a), replace "a DHB" with "Health New Zealand".

In section 59(1)(c)(ii), replace "section 92(3) of the New Zealand Public Health and Disability Act 2000" with "section 102(1) of the Pae Ora (Healthy Futures) Act 2022".

In section 59(2)(b), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 65, replace "the applicable DHB" with "Health New Zealand".

Smokefree Environments and Regulated Products Act 1990 (1990 No 108)

In section 91(1)(a), replace "a District Health Board under the New Zealand Public Health and Disability Act 2000" with "Health New Zealand established by the Pae Ora (Healthy Futures) Act 2022".

Social Security Act 2018 (2018 No 32)

In section 67(d)(i), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 72(2)(d)(i), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 86(b)(ii), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 96(2)(a), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 96(2)(b), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In section 402(b), replace "section 92(3)(d) of the New Zealand Public Health and Disability Act 2000" with "section 102(1)(i) of the Pae Ora (Healthy Futures) Act 2022".

In Schedule 2, definition of **hospital**, replace paragraph (b) with:

(b) in sections 206 and 207, means a hospital operated by Health New Zealand within the meaning of section 4 of the Pae Ora (Healthy Futures) Act 2022

Social Security Act 2018 (2018 No 32)—*continued*

In Schedule 2, definition of **residential care services**, paragraph (g), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Sport and Recreation New Zealand Act 2002 (2002 No 38)

In section 5, replace the definition of **New Zealand health strategy** with:

> **New Zealand health strategy** means the New Zealand Health Strategy referred to in section 4 of the Pae Ora (Healthy Futures) Act 2022

Support Workers (Pay Equity) Settlements Act 2017 (previously named the Care and Support Workers (Pay Equity) Settlement Act 2017) (2017 No 24)

In section 3(2)(a) and (c), replace "the 20 DHBs" with "the predecessors of Health New Zealand".

In section 5, definition of **care and support services**, paragraph (a)(i), replace "the Ministry of Health, a DHB" with "Health New Zealand, the Māori Health Authority".

In section 5, repeal the definition of **DHB** and insert in its appropriate alphabetical order:

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In section 5, definition of **employer**, replace paragraph (a)(iv) with:

> (iv) Health New Zealand; but

In section 5, definition of **employer**, replace paragraph (b) with:

> (b) does not include a natural person who receives funding directly from ACC, Health New Zealand, or the Māori Health Authority towards the cost of care and support services for the person or a family member of the person

In section 5, definition of **funder**, replace "Ministry for Children, a DHB, or ACC" with "Ministry for Children, Health New Zealand, the Māori Health Authority, or ACC".

Veterans' Support Act 2014 (2014 No 56)

In section 107(2)(b), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

Victims' Rights Act 2002 (2002 No 39)

Replace section 11(2)(b) with:

> (b) Health New Zealand (as defined in section 4 of the Pae Ora (Healthy Futures) Act 2022):

Part 2
Amendments to legislative instruments

Accident Compensation (Ancillary Services) Regulations 2002 (SR 2002/13)

In regulation 6(1)(b)(i), replace "a district health board or other person under an agreement (if any) in force under the New Zealand Public Health and Disability Act 2000" with "Health New Zealand or other person under an agreement (if any) in force under the Pae Ora (Healthy Futures) Act 2022".

Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (SR 2003/388)

In regulation 3, definition of **community services card**, paragraph (b), replace "section 92(3) of the New Zealand Public Health and Disability Act 2000" with "section 102(1) of the Pae Ora (Healthy Futures) Act 2022".

In regulation 13(5)(a), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 18(5)(a) and (6)(c), replace "a district health board" with "Health New Zealand".

COVID-19 Public Health Response (Required Testing) Order 2020 (LI 2020/230)

In Schedule 2, table, item 3.3, replace "district health board" with "Health New Zealand".

Cremation Regulations 1973 (SR 1973/154)

In regulation 7(3), replace "a district health board established by or under section 19 of the New Zealand Public Health and Disability Act 2000" with "Health New Zealand established by the Pae Ora (Healthy Futures) Act 2022".

Crown Entities (Financial Powers) Regulations 2005 (SR 2005/68)

In the heading to regulation 13, replace "**district health boards**" with "**Health New Zealand and Māori Health Authority**".

In regulation 13(1), replace "A district health board" with "Health New Zealand or the Māori Health Authority".

In regulation 13(1)(b), replace "as defined in that district health board's Crown funding agreement" with "as defined in the New Zealand Health Plan".

In regulation 13(4), revoke the definition of **district health board** and insert in their appropriate alphabetical order:

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022
>
> **Māori Health Authority** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

Crown Entities (Financial Powers) Regulations 2005 (SR 2005/68)—*continued*

New Zealand Health Plan has the meaning in section 50 of the Pae Ora (Healthy Futures) Act 2022

In regulation 13(4), revoke the definition of **Crown funding agreement**.

In regulation 13(4), revoke the definition of **Residual Health Management Unit**.

Health (Immunisation) Regulations 1995 (SR 1995/304)

In regulation 2(1), definition of **Pharmac**, replace "established by section 46 of the New Zealand Public Health and Disability Act 2000" with "continued by section 67 of the Pae Ora (Healthy Futures) Act 2022".

Health (Retention of Health Information) Regulations 1996 (SR 1996/343)

In regulation 2, definition of **services**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

Health Entitlement Cards Regulations 1993 (SR 1993/169)

In regulation 2(1), definition of **Act**, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 2(1), definition of **medical practitioner**, paragraph (d)(iii), replace "section 88 of the New Zealand Public Health and Disability Act 2000" with "section 94 of the Pae Ora (Healthy Futures) Act 2022".

In regulation 2(1), definition of **primary health organisation**, replace "a district health board" with "Health New Zealand or the Māori Health Authority".

In regulation 2(1), definition of **provider**, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 5(2)(d), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 8(1)(g), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 8(3), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 12(b), replace "any district health board" with "Health New Zealand".

In regulation 12(b)(ii)(A), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 13(5)(a) and (b), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 17, definition of **general medical services**, replace "section 25 or 88 of the New Zealand Public Health and Disability Act 2000" with "section 94 of the Pae Ora (Healthy Futures) Act 2022".

Health Entitlement Cards Regulations 1993 (SR 1993/169)—*continued*

In regulation 17, definition of **qualifying medical services**, paragraph (a), replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 20A(b), replace "the Ministry of Health or Health Benefits Limited or any medical practitioner or other health practitioner or any specialist or any pharmacist or any district health board" with "the Ministry of Health or any medical practitioner or other health practitioner or any specialist or any pharmacist or Health New Zealand".

In regulation 22(1), definition of **pharmaceutical**, replace "New Zealand Public Health and Disability Act 2000" with "Pae Ora (Healthy Futures) Act 2022".

In regulation 22(1), definition of **prescription item**, replace "a Crown funding agreement or a service agreement or a notice given under section 88 of the New Zealand Public Health and Disability Act 2000" with "the New Zealand Health Plan or a notice given under section 94 of the Pae Ora (Healthy Futures) Act 2022".

In regulation 23A(b), replace "the Director-General of Health or Health Benefits Limited or any medical practitioner or any specialist or any pharmacist or any district health board" with "the Director-General of Health or any medical practitioner or any specialist or any pharmacist or Health New Zealand".

Injury Prevention, Rehabilitation, and Compensation (Public Health Acute Services) Regulations 2002 (SR 2002/71)

In regulation 3(1), definition of **personal health services**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

Medicines Regulations 1984 (SR 1984/143)

In regulation 2(1), definition of **Pharmac**, replace "established by section 46 of the New Zealand Public Health and Disability Act 2000" with "continued by section 67 of the Pae Ora (Healthy Futures) Act 2022".

In regulation 11(3)(a)(ii), replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

National Civil Defence Emergency Management Plan Order 2015 (LI 2015/140)

In the Schedule, clause 2(1), revoke the definition of **DHB** and insert in its appropriate alphabetical order:

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In the Schedule, clause 2(1), definition of **PHU**, replace "a DHB" with "Health New Zealand".

In the Schedule, replace clause 47(1)(c) with:

National Civil Defence Emergency Management Plan Order 2015 (LI 2015/140) *—continued*

(c) Health New Zealand, which plans, manages, provides, and purchases services for the New Zealand population, including primary care, public health services, aged care, and services provided by other non-government health providers; and

In the Schedule, clause 50(3), replace "DHBs are" with "Health New Zealand is".

In the Schedule, clause 50(3)(a), delete "within their districts".

In the Schedule, clause 50(3)(b), delete "affecting their districts, and cooperating with neighbouring DHBs in the development of inter-DHB, sub-regional, regional, and national emergency plans and capability as appropriate to decide how services will be delivered in an emergency (acknowledging DHBs' role as both funders and providers of health and disability service providers, including the provision of support directly or indirectly to other affected parts of the country)".

In the Schedule, clause 50(3)(c), replace "ensuring that all their plans" with "ensuring that all of its plans".

In the Schedule, clause 50(3)(d)(iii), replace "that their own planning" with "that its own planning".

In the Schedule, clause 50(5)(b), replace "relevant DHBs" with "Health New Zealand".

In the Schedule, clause 50(5)(d), replace "DHB regional groups" with "Health New Zealand".

In the Schedule, clause 50(6)(b), replace "the relevant DHBs" with "Health New Zealand".

In the Schedule, clause 50(6)(d), replace "DHB regional groups" with "Health New Zealand".

In the Schedule, clause 51(1), replace "DHBs" with "Health New Zealand".

In the Schedule, clause 51(3), replace "DHBs are responsible for" with "Health New Zealand is responsible for".

In the Schedule, clause 51(3)(c), replace "continuing their services" with "continuing its services".

In the Schedule, clause 51(4)(c), replace "coordinating via local DHB" with "coordinating via Health New Zealand".

In the Schedule, clause 51(5)(b), replace "coordinating via local DHB" with "coordinating via Health New Zealand".

In the Schedule, clause 51(6)(b), replace "local DHB" with "Health New Zealand".

In the Schedule, clause 68(6)(a), replace "DHBs" with "Health New Zealand".

In the Schedule, clause 68(6)(h), replace "DHBs" with "Health New Zealand".

National Civil Defence Emergency Management Plan Order 2015 (LI 2015/140) *—continued*

In the Schedule, clause 69(3)(d), replace "with DHBs and primary care and" with "with Health New Zealand and".

In the Schedule, clause 69(4)(b), replace "DHBs" with "Health New Zealand".

In the Schedule, clause 71(4), replace "DHBs are responsible for coordinating the provision of psychosocial support services (DHBs advise non-government organisations and primary health organisations on the type and nature of services needed for ongoing psychosocial support)" with "Health New Zealand is responsible for coordinating the provision of psychosocial support services (Health New Zealand advises non-government organisations and primary health organisations on the type and nature of services needed for ongoing psychosocial support)".

In the Schedule, clause 71(5)(a), replace "DHBs" with "Health New Zealand".

In the Schedule, clause 72(4)(a), replace "DHBs" with "Health New Zealand".

In the Schedule, clause 73(5), replace "DHBs" with "Health New Zealand".

New Zealand Public Health and Disability (Archives) Regulations 2001 (SR 2001/248)

In regulation 4(1)(a)(i) and (ii), replace "a DHB" with "Health New Zealand or the Māori Health Authority".

Privacy (Information Sharing Agreement between Inland Revenue and Ministry of Social Development) Order 2017 (LI 2017/176)

In clause 3(1), definition of **subsidies**, replace "section 92 of the New Zealand Public Health and Disability Act 2000" with "section 102 of the Pae Ora (Healthy Futures) Act 2022".

Privacy (Information Sharing Agreement between New Zealand Gang Intelligence Centre Agencies) Order 2018 (LI 2018/247)

In clause 3, definition of **subsidies**, replace "section 92 of the New Zealand Public Health and Disability Act 2000" with "section 102 of the Pae Ora (Healthy Futures) Act 2022".

Public and Community Housing Management (Prescribed Elements of Calculation Mechanism) Regulations 2018 (LI 2018/173)

In regulation 3(1), definition of **Crown**, paragraph (c), replace "(for example, DHBs)" with "(for example, Health New Zealand)".

In regulation 3(1), definition of **Crown**, paragraph (d), replace "a DHB" with "Health New Zealand".

In regulation 3(1), revoke the definition of **DHB** and insert in its appropriate alphabetical order:

Public and Community Housing Management (Prescribed Elements of Calculation Mechanism) Regulations 2018 (LI 2018/173)—*continued*

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In regulation 3(1), definition of **disability support services**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

In regulation 3(1), definition of **predecessor in title**, replace "a DHB" with "Health New Zealand".

Residential Care and Disability Support Services Regulations 2018 (LI 2018/203)

In Schedule 3, Part 2, clause 2, definition of **Crown**, paragraph (c), replace "(for example, DHBs)" with "(for example, Health New Zealand)".

In Schedule 3, Part 2, clause 2, definition of **Crown**, paragraph (d), replace "a DHB" with "Health New Zealand".

In Schedule 3, Part 2, clause 2, revoke the definition of **DHB** and insert in its appropriate alphabetical order:

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In Schedule 3, Part 2, clause 2, definition of **disability support services**, replace "section 6(1) of the New Zealand Public Health and Disability Act 2000" with "section 4 of the Pae Ora (Healthy Futures) Act 2022".

In Schedule 3, Part 2, clause 2, definition of **predecessor in title**, replace "a DHB" with "Health New Zealand".

Social Security Regulations 2018 (LI 2018/202)

In regulation 290(2)(d), replace "a district health board" with "Health New Zealand".

In Schedule 8, Part 5, clause 5, definition of **Crown**, paragraph (c), replace "DHBs" with "Health New Zealand".

In Schedule 8, Part 5, clause 5, definition of **Crown**, paragraph (d), replace "a DHB" with "Health New Zealand".

In Schedule 8, Part 5, clause 5, revoke the definition of **DHB** and insert in its appropriate alphabetical order:

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In Schedule 8, Part 5, clause 5, definition of **predecessor in title**, replace "a DHB" with "Health New Zealand".

Student Allowances Regulations 1998 (SR 1998/277)

In regulation 2(1), definition of **Crown**, paragraph (c), replace "DHBs" with "Health New Zealand".

Student Allowances Regulations 1998 (SR 1998/277)—*continued*

In regulation 2(1), definition of **Crown**, paragraph (d), replace "a DHB" with "Health New Zealand".

In regulation 2(1), revoke the definition of **DHB** and insert in its appropriate alphabetical order:

> **Health New Zealand** has the meaning in section 4 of the Pae Ora (Healthy Futures) Act 2022

In regulation 2(1), definition of **predecessor in title**, replace "a DHB" with "Health New Zealand".

Part 3
Revocations

Health (Cancellation of Division of District Health Boards into Constituencies) Order 2004 (SR 2004/63)

Health and Disability (Division of Southern DHB into Constituencies) Order 2010 (SR 2010/77)

Health Sector (Transfer of Assets and Liabilities of Crown Public Health Limited and CLS Properties Limited) Order 2002 (SR 2002/333)

Health Sector Transfers (Enable New Zealand Limited) Order 2002 (SR 2002/334)

Health Sector Transfers (Canterbury DHB) Order 2015 (SR 2015/132)

Health Sector Transfers (Christchurch Hospital Hagley Facility) Order 2020 (LI 2020/178)

Health Sector Transfers (Christchurch Hospital Outpatients Facility) Order 2018 (LI 2018/212)

Health Sector Transfers (Hutt DHB) Order 2009 (SR 2009/205)

Health Sector Transfers (NZ Health Partnerships Limited) Order 2015 (SR 2015/148)

Health Sector Transfers (Organ Donation Capability) Order 2020 (LI 2020/188)

Health Sector Transfers (Provider Arrangements) Order 2001 (SR 2001/135)

Health Sector Transfers (Provider Arrangements) Order (No 2) 2001 (SR 2001/247)

Health Sector Transfers (Provider Arrangements) Order 2002 (SR 2002/151)

Health Sector Transfers (Provider Arrangements) Order 2003 (SR 2003/219)

Health Sector Transfers (Southern DHB) Order 2010 (SR 2010/79)

Health Sector Transfers (Te Nikau Grey Base Hospital and Health Centre) Order 2020 (LI 2020/148)

Health Sector Transfers (Wellington City Council) Order 2002 (SR 2002/393)

Health Sector Transfers (West Otago Health Trust) Order 2004 (SR 2004/16)

New Zealand Public Health and Disability (Planning) Regulations 2011 (SR 2011/147)

Organ Donors and Related Matters Act 2019 Commencement Order 2020 (LI 2020/192)

Schedule 4
Iwi-Māori partnership boards

s 31

Part 1
Recognition of iwi-Māori partnership boards

Schedule 4 Part 1: replaced, on 27 July 2023, by clause 4(1) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

Iwi-Māori partnership board	Area covered by board
Te Taumata Hauora o Te Kahu o Taonui	Tai Tokerau–Tāmaki
Ngaa Pou Hauora oo Taamaki Makaurau	South Auckland
Te Tiratū	Waikato–Tainui
Te Moana a Toi	Mataatua
Tairāwhiti Toitū Te Ora	Tairāwhiti
Te Taura Ora o Waiariki	Te Arawa
Tūwharetoa	Tūwharetoa
Te Punanga Ora	Taranaki
Te Mātuku	Whanganui
Tihei Tākitimu	Tākitimu Hawke's Bay
Te Pae Oranga o Ruahine o Tararua	Manawatū
Te Karu o te Ika Poari Hauora	Wairarapa
Ātiawa Toa	Te Upoko o te Ika Greater Wellington/Hutt
Te Kāhui Hauora o Te Tau Ihu	Nelson–Marlborough
Te Tauraki	Ngāi Tahu
Te Pūhana Ora	Rēkohu/Wharekauri/Chatham Islands

Schedule 4 Part 1: amended, on 15 January 2026, by clause 4(1) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2025 (SL 2025/317).

Part 2
Descriptions of areas

Schedule 4 Part 2: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

1 Interpretation

In this Part, unless the context otherwise requires,—

district has the same meaning as in section 5(1) of the Local Government Act 2002

local board area has the same meaning as in section 5(1) of the Local Government Act 2002

territorial authority has the same meaning as in section 5(1) of the Local Government Act 2002.

Schedule 4 clause 1: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Te Taumata Hauora o Te Kahu o Taonui

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

2 Description of Tai Tokerau–Tāmaki area

The Tai Tokerau–Tāmaki area consists of—

(a) the districts of the following territorial authorities:

(i) Far North District Council:

(ii) Kaipara District Council:

(iii) Whangarei District Council; and

(b) the local board areas of the following:

(i) Albert–Eden Local Board:

(ii) Aotea–Great Barrier Local Board:

(iii) Devonport–Takapuna Local Board:

(iv) Henderson–Massey Local Board:

(v) Hibiscus and Bays Local Board:

(vi) Kaipātiki Local Board:

(vii) Maungakiekie–Tāmaki Local Board:

(viii) Ōrākei Local Board:

(ix) Puketāpapa Local Board:

(x) Rodney Local Board:

(xi) Upper Harbour Local Board:

(xii) Waiheke Local Board:

(xiii) Waitākere Ranges Local Board:

(xiv) Waitematā Local Board:

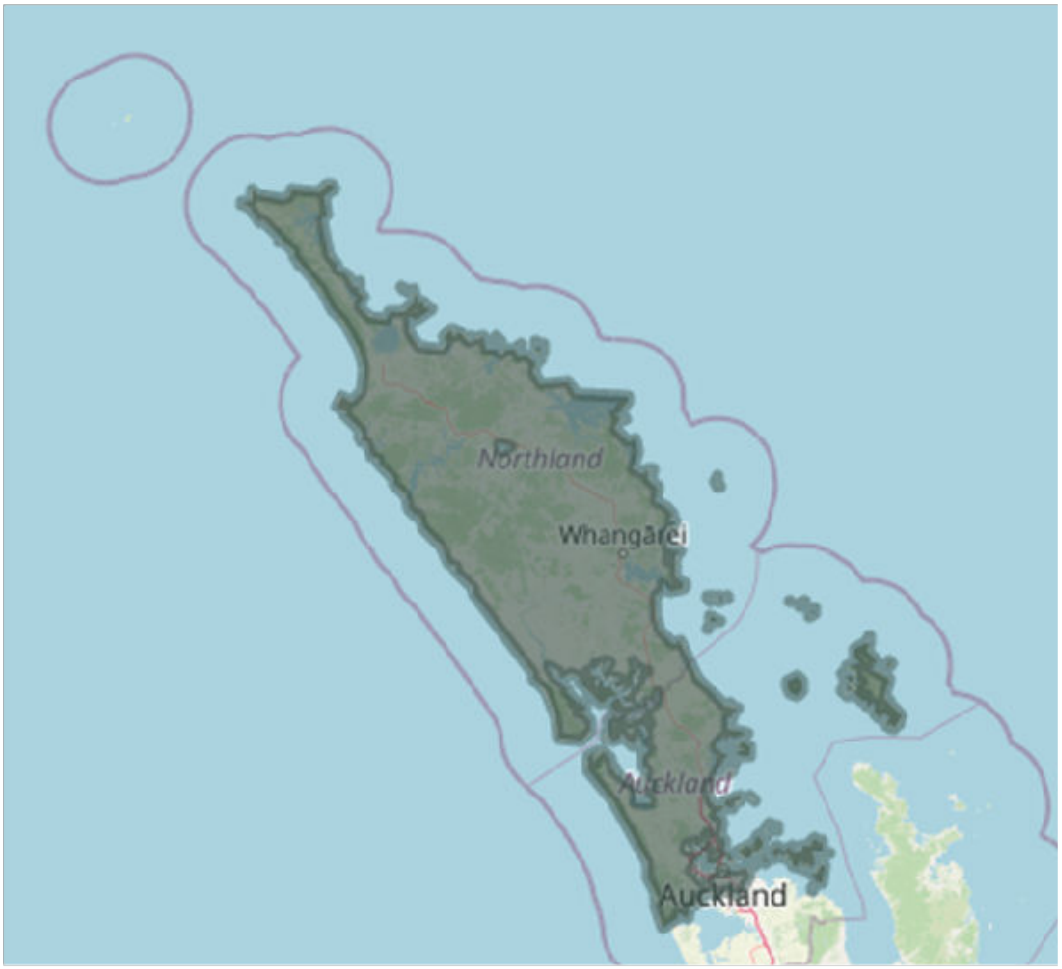
(xv) Whau Local Board.

Schedule 4 clause 2: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Tai Tokerau–Tāmaki area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 2, the description in clause 2 prevails.



Ngaa Pou Hauora oo Taamaki Makaurau

Heading: inserted, on 27 July 2023, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

2A Description of South Auckland area

The South Auckland area consists of—

(a) the local board areas of the following:

(i) Franklin Local Board:

(ii) Howick Local Board:

(iii) Māngere–Ōtāhuhu Local Board:

(iv) Manurewa Local Board:

(v) Ōtara–Papatoetoe Local Board:

(vi) Papakura Local Board; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

(i) Aka Aka:

(ii) Mangatangi:

(iii) Onewhero:

(iv) Pokeno:

(v) Pokeno Rural:

(vi) Tuakau North:

(vii) Tuakau Rural:

(viii) Tuakau South; and

(c) the following meshblocks (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Meshblock 2018 dataset):

(i) 843600:

(ii) 843700:

(iii) 843800:

(iv) 843900:

(v) 844000:

(vi) 844300:

(vii) 845800:

(viii) 845900:

(ix) 846101:

(x) 846200:

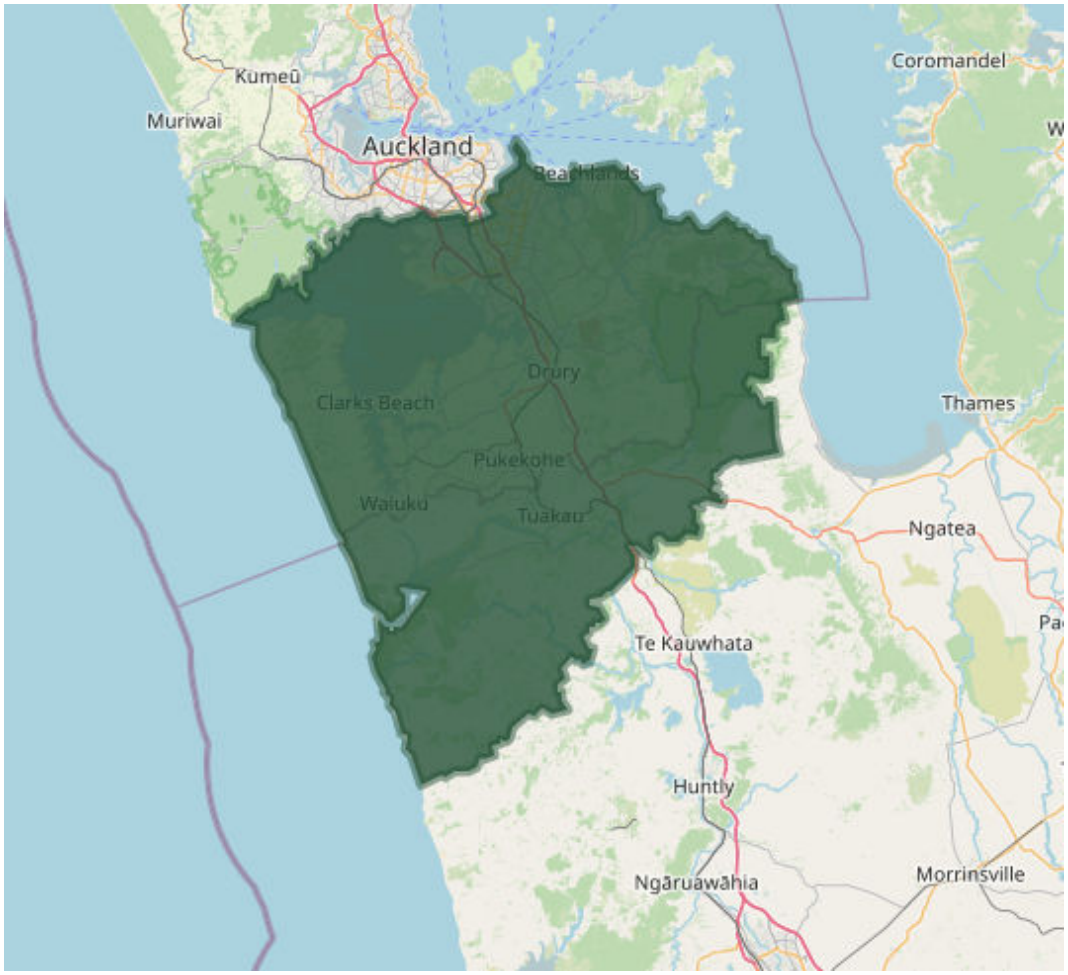
(xi) 846300:
(xii) 846401:
(xiii) 846402:
(xiv) 846500:
(xv) 4000653:
(xvi) 4000654:
(xvii) 4000655:
(xviii) 4000656:
(xix) 4000657:
(xx) 4001036:
(xxi) 4001037:
(xxii) 4002519:
(xxiii) 4010816:
(xxiv) 4010817:
(xxv) 4010950:
(xxvi) 4010951.

Schedule 4 clause 2A: inserted, on 27 July 2023, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

Map of South Auckland area

Heading: inserted, on 27 July 2023, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 2A, the description in clause 2A prevails.



Te Tiratū

Heading: inserted, on 27 July 2023, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

2B Description of Waikato–Tainui area

The Waikato–Tainui area consists of—

(a) the districts of the following territorial authorities:

(i) Hamilton City Council:

(ii) Hauraki District Council:

(iii) Matamata–Piako District Council:

(iv) Ōtorohanga District Council:

(v) South Waikato District Council:

(vi) Thames–Coromandel District Council:

(vii) Waipa District Council:

(viii) Waitomo District Council; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

(i) Eureka–Tauwhare:

(ii) Hamilton Park:

(iii) Horotiu:

(iv) Horsham Downs:

(v) Huntly East:

(vi) Huntly Rural:

(vii) Huntly West:

(viii) Kainui–Gordonton:

(ix) Maramarua:

(x) National Park:

(xi) Ngapuke:

(xii) Ngaruawahia Central:

(xiii) Ngaruawahia North:

(xiv) Ngaruawahia South:

(xv) Otangiwai–Ohura:

(xvi) Pukemoremore:

(xvii) Raglan:

(xviii) Rangiriri:

(xix) Rotokauri:

(xx) Tamahere North:

(xxi) Tamahere South:

(xxii) Taumarunui Central:

(xxiii) Taumarunui East:

(xxiv) Taumarunui North:

(xxv) Taupiri–Lake Kainui:

(xxvi) Te Kauwhata:

(xxvii) Te Kowhai:

(xxviii) Te Uku:

(xxix) Waerenga:

(xxx) Whatawhata East:

(xxxi) Whatawhata West:

(xxxii) Whitikahu; and

(c) the following meshblocks (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Meshblock 2018 dataset):

(i) 844200:

(ii) 844400:

(iii) 846601:

(iv) 846602:

(v) 846700:

(vi) 846900:

(vii) 847000:

(viii) 847101:

(ix) 847102:

(x) 847200:

(xi) 849001:

(xii) 849002:

(xiii) 849100:

(xiv) 849200:

(xv) 849300:

(xvi) 849400:

(xvii) 849500:

(xviii) 849600:

(xix) 852400:

(xx) 852500:

(xxi) 852600:

(xxii) 852700:

(xxiii) 852800:

(xxiv) 852900:

(xxv) 853100:

(xxvi) 853201:

(xxvii) 853300:

(xxviii) 853400:

(xxix) 853500:

(xxx) 853600:

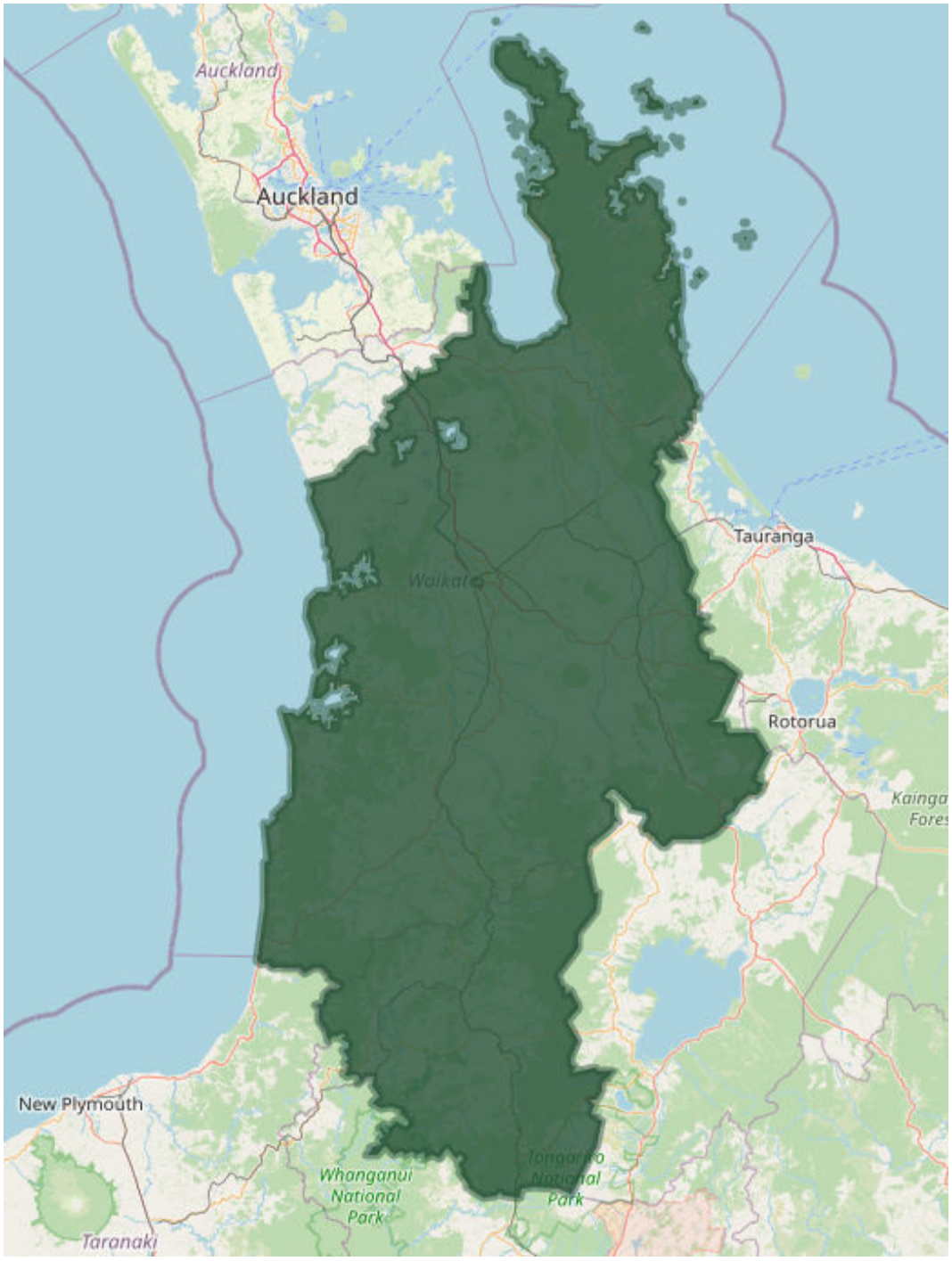
(xxxi) 853700.

Schedule 4 clause 2B: inserted, on 27 July 2023, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

Map of Waikato–Tainui area

Heading: inserted, on 27 July 2023, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 2B, the description in clause 2B prevails.



Te Moana a Toi

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

3 Description of Mataatua area

The Mataatua area consists of—

(a) the districts of the following territorial authorities:

- (i) Kawerau District Council:
- (ii) Ōpōtiki District Council:
- (iii) Tauranga City Council:
- (iv) Western Bay of Plenty District Council; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

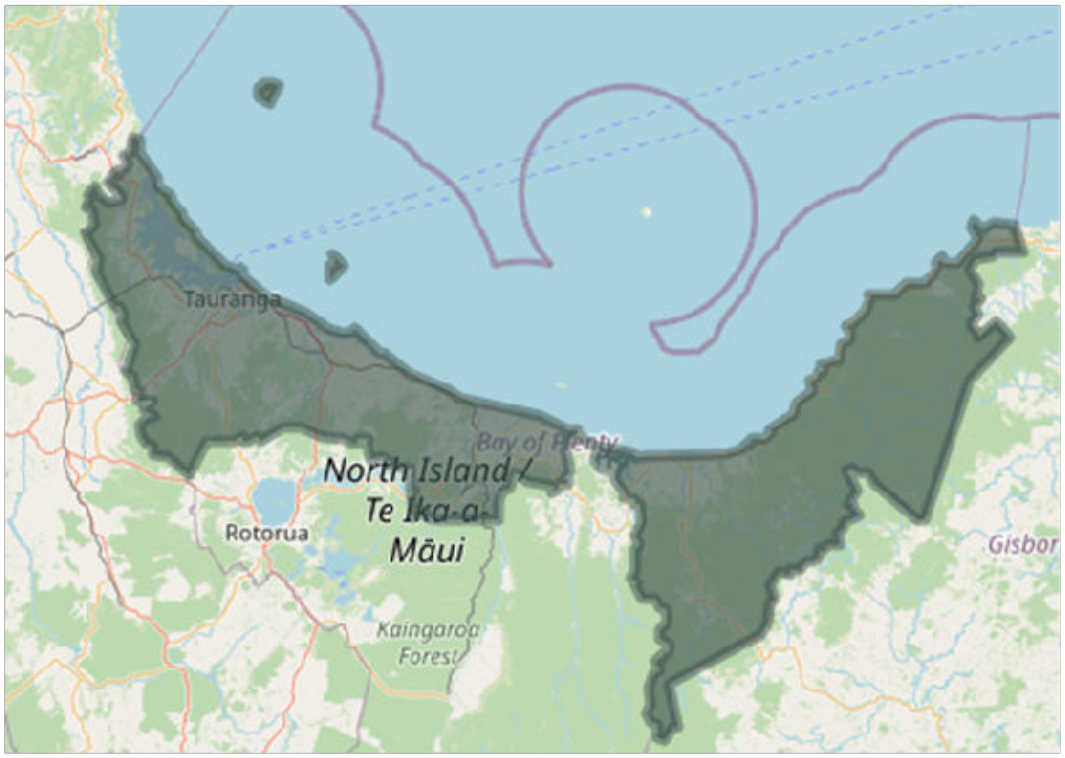
- (i) Coastlands:
- (ii) Edgecumbe:
- (iii) Manawahe:
- (iv) Matata–Otakiri:
- (v) Onepu Spring:
- (vi) Te Teko Lakes:
- (vii) Thornton–Awakeri:
- (viii) Inlet Ohiwa Harbour West:
- (ix) Allandale:
- (x) Ohope:
- (xi) Trident:
- (xii) Whakatane Central:
- (xiii) Whakatane West.

Schedule 4 clause 3: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Mataatua area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 3, the description in clause 3 prevails.



Tairāwhiti Toitū Te Ora

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

4 Description of Tairāwhiti area

The Tairāwhiti area consists of—

(a) the district of Gisborne District Council; and

(b) the following statistical area 1 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 1 2018 dataset):

(i) 7015774:

(ii) 7015775:

(iii) 7015776:

(iv) 7015777; and

(c) the following meshblocks (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Meshblock 2018 dataset):

(i) 1400000:

(ii) 1400100:

(iii) 4004469:

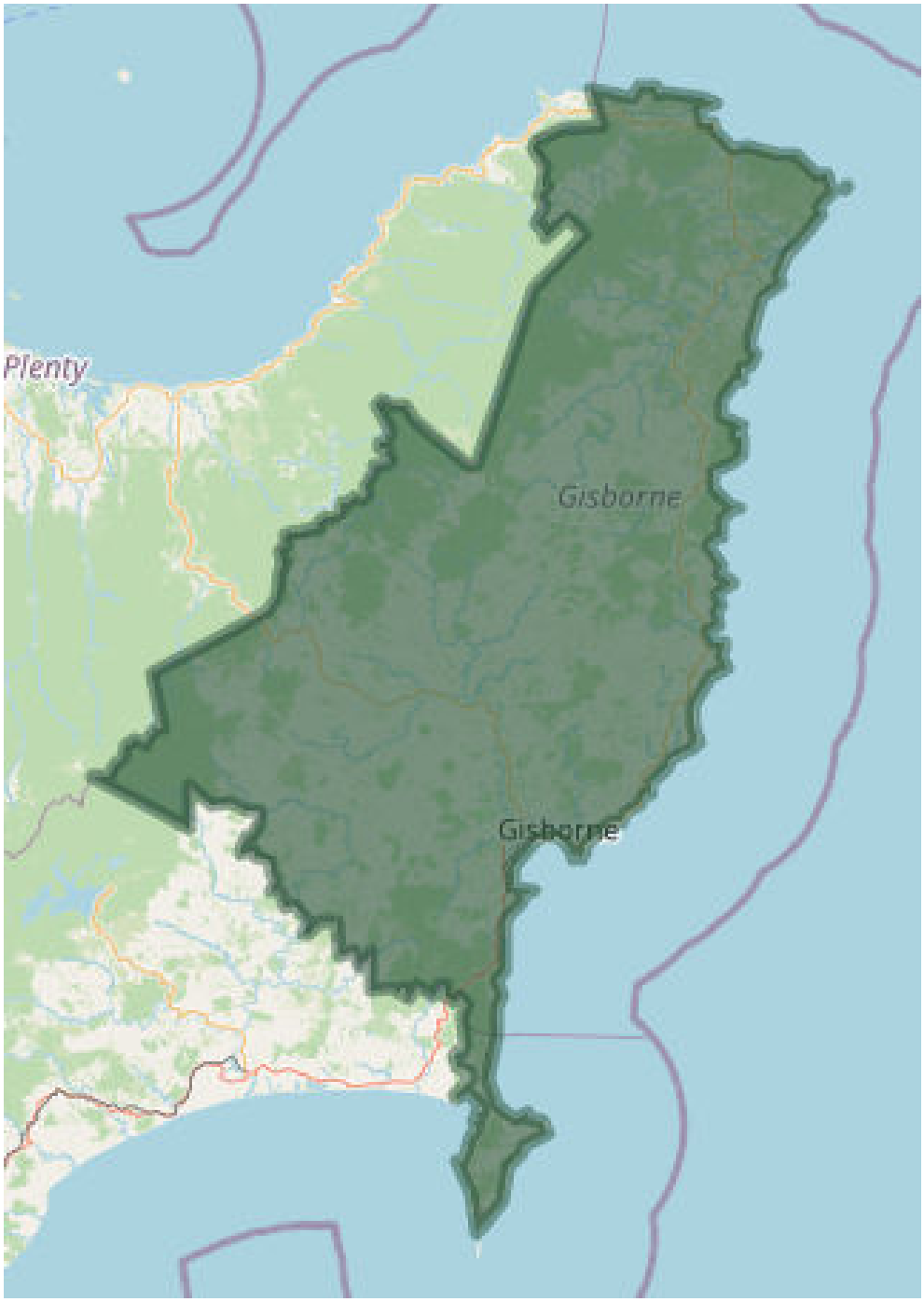
(iv) 4011088.

Schedule 4 clause 4: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Tairāwhiti area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 4, the description in clause 4 prevails.



Te Taura Ora o Waiariki

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

5 Description of Te Arawa area

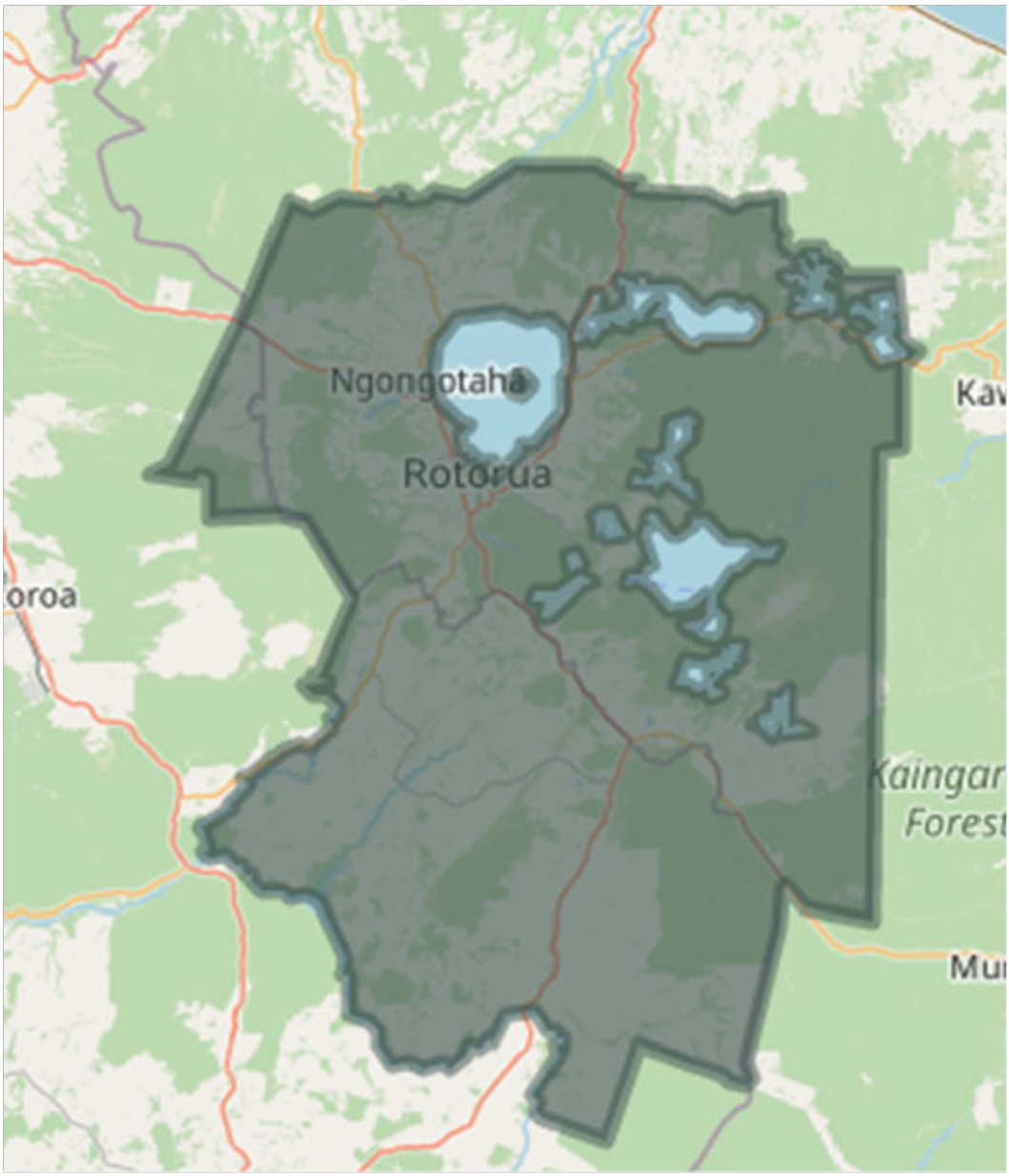
The Te Arawa area consists of the district of Rotorua District Council.

Schedule 4 clause 5: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Te Arawa area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 5, the description in clause 5 prevails.



Tūwharetoa

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

6 Description of Tūwharetoa area

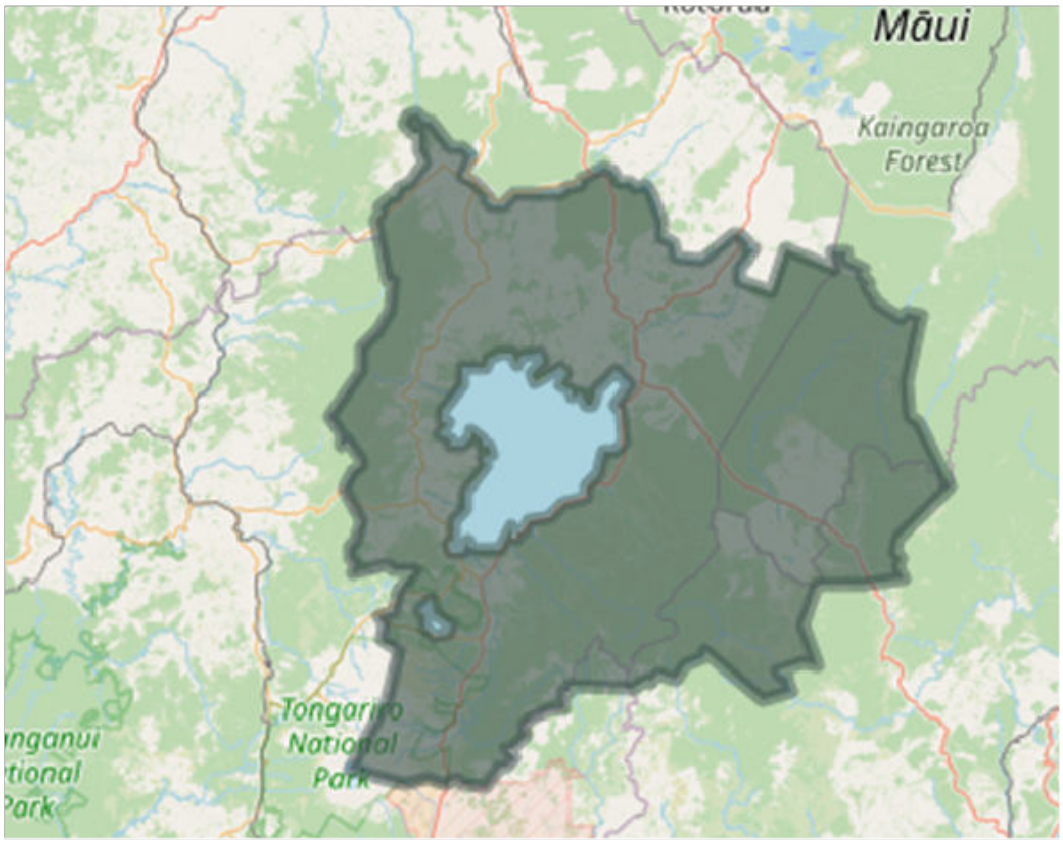
The Tūwharetoa area consists of the district of Taupo District Council.

Schedule 4 clause 6: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Tūwharetoa area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 6, the description in clause 6 prevails.



Te Punanga Ora

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

7 Description of Taranaki area

The Taranaki area consists of the districts of the following territorial authorities:

(a) New Plymouth District Council:

(b) South Taranaki District Council:

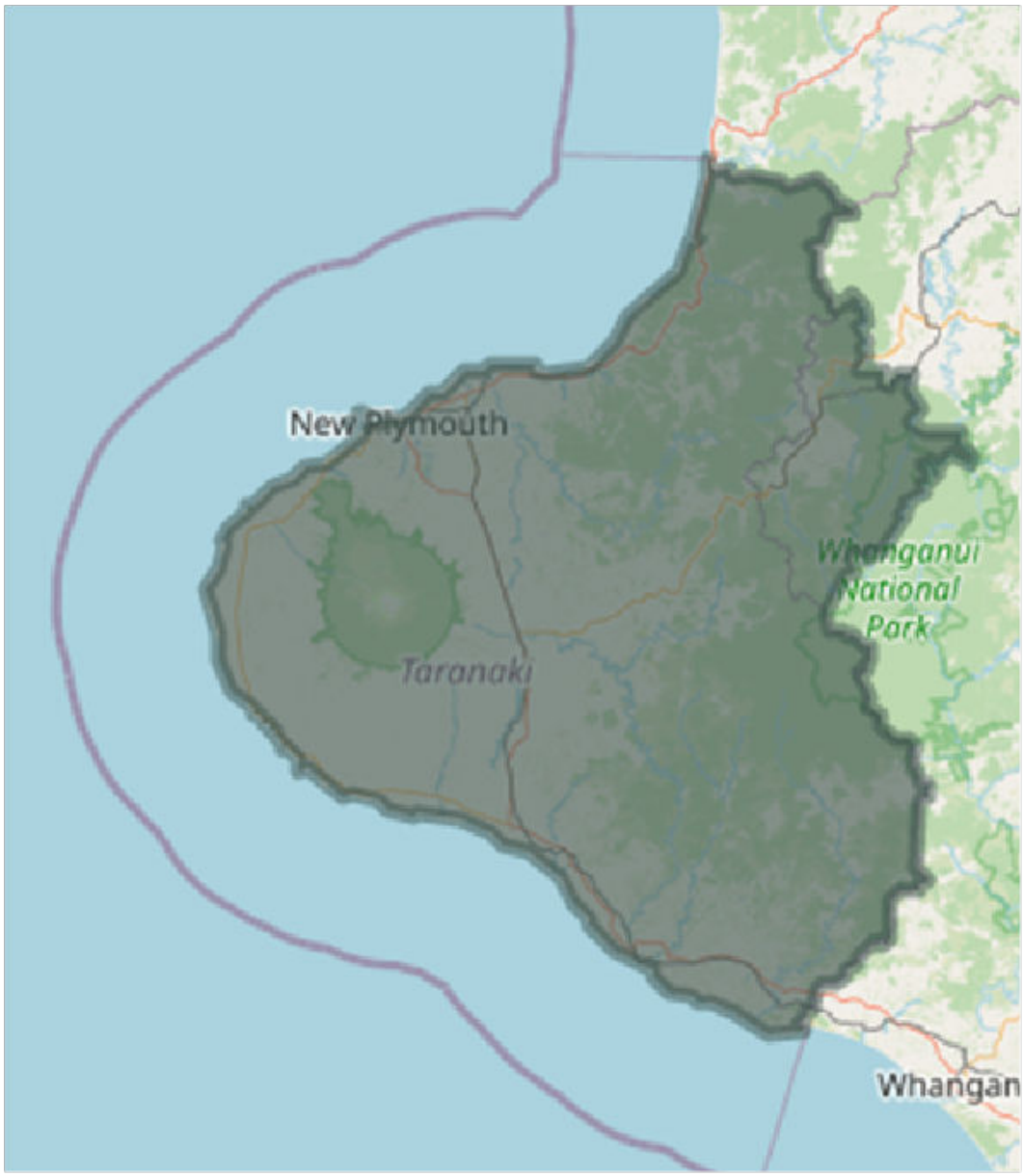
(c) Stratford District Council.

Schedule 4 clause 7: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Taranaki area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 7, the description in clause 7 prevails.



Te Mātuku

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

8 Description of Whanganui area

The Whanganui area consists of—

(a) the districts of the following territorial authorities:

(i) Rangitikei District Council:

(ii) Whanganui District Council; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

(i) Ohakune:

(ii) Raetihi:

(iii) Tangiwai:

(iv) Waiouru.

Schedule 4 clause 8: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Whanganui area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 8, the description in clause 8 prevails.

Tihei Tākitimu

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

9 Description of Tākitimu Hawke's Bay area

The Tākitimu Hawke's Bay area consists of—

(a) the districts of the following territorial authorities:

(i) Central Hawke's Bay District Council:

(ii) Hastings District Council:

(iii) Napier City Council; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

(i) Maungataniwha–Raupunga:

(ii) Frasertown–Ruakituri:

(iii) Wairoa:

(iv) Whakaki; and

(c) the following statistical area 1 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 1 2018 dataset):

(i) 7015769:

(ii) 7015770:

(iii) 7015771; and

(d) the following meshblocks (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Meshblock 2018 dataset):

(i) 4011087:

(ii) 4011089:

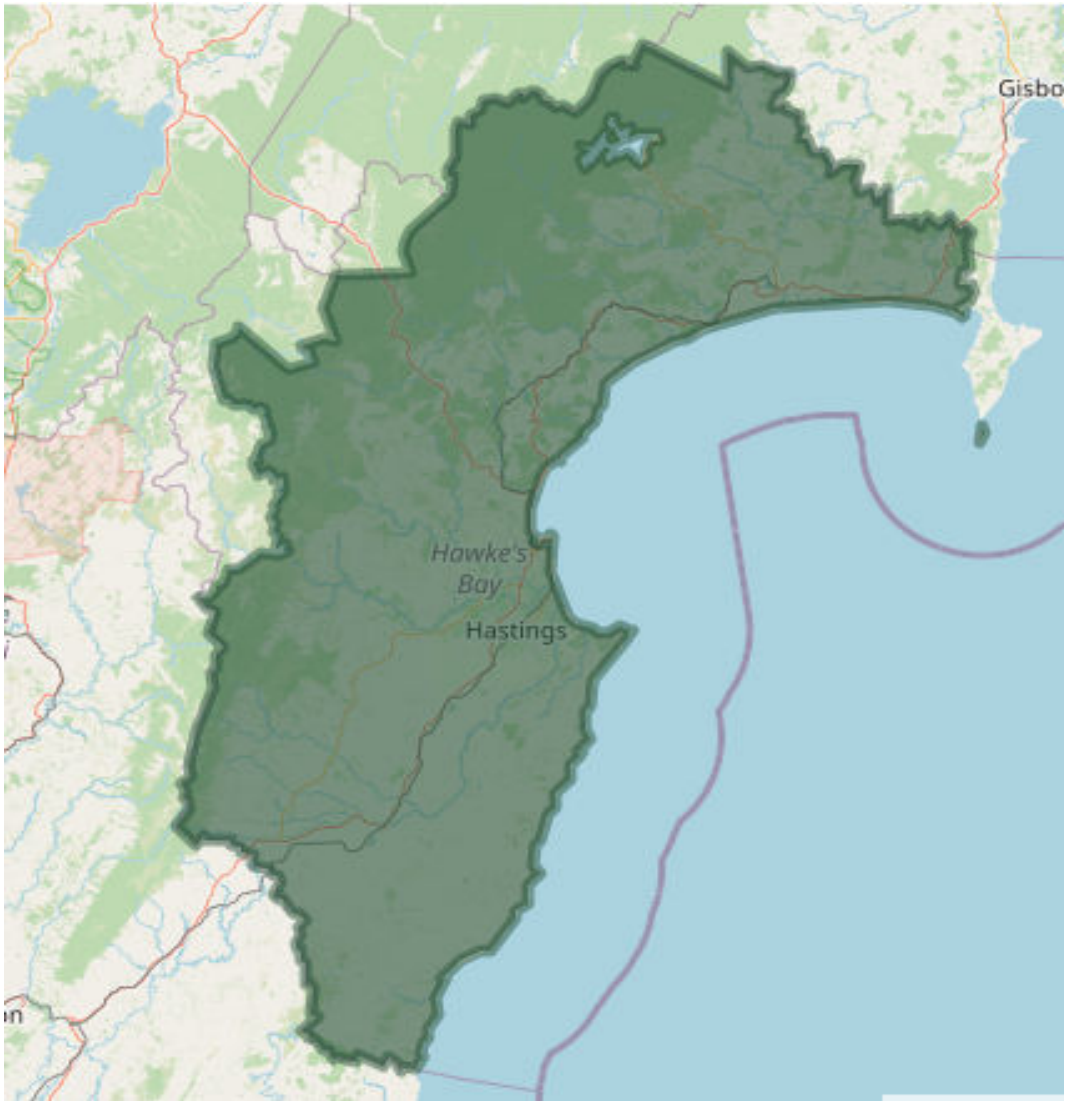
(iii) 4011090.

Schedule 4 clause 9: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Tākitimu Hawke's Bay area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 9, the description in clause 9 prevails.



Te Pae Oranga o Ruahine o Tararua

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

10 Description of Manawatū area

The Manawatū area consists of—

(a) the districts of the following territorial authorities:

(i) Horowhenua District Council:

(ii) Manawatu District Council:

(iii) Palmerston North City Council:

(iv) Tararua District Council; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

(i) Forest Lakes (Kapiti Coast District):

(ii) Otaki:

(iii) Otaki Beach:

(iv) Waitohu.

Schedule 4 clause 10: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Manawatū area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 10, the description in clause 10 prevails.

Te Karu o te Ika Poari Hauora

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

11 Description of Wairarapa area

The Wairarapa area consists of the districts of the following territorial authorities:

(a) Carterton District Council:

(b) Masterton District Council:

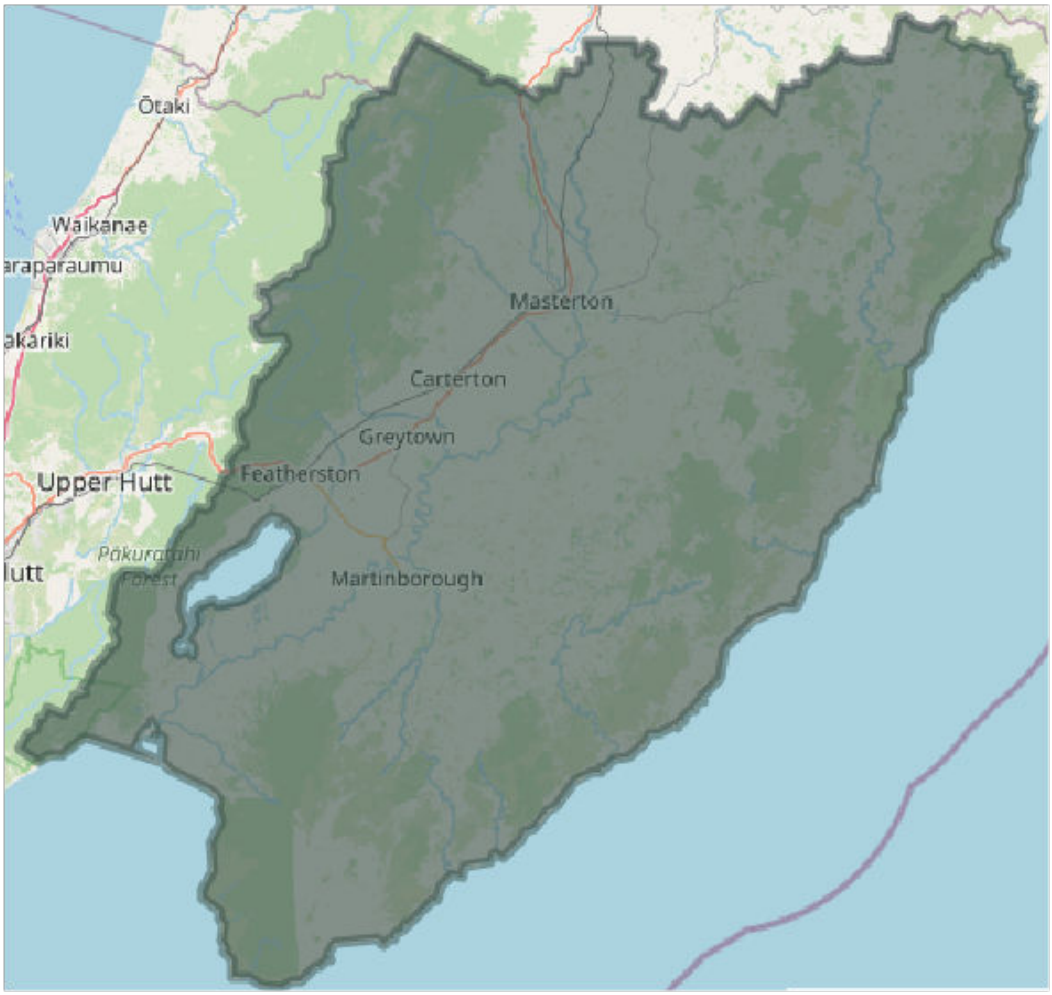
(c) South Wairarapa District Council.

Schedule 4 clause 11: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Wairarapa area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 11, the description in clause 11 prevails.



Ātiawa Toa

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

12 Description of Te Upoko o te Ika Greater Wellington/Hutt area

The Te Upoko o te Ika Greater Wellington/Hutt area consists of—

(a) the districts of the following territorial authorities:

(i) Hutt City Council:

(ii) Porirua City Council:

(iii) Upper Hutt City Council:

(iv) Wellington City Council; and

(b) the following statistical area 2 geographic areas (as determined by Statistics New Zealand in the Statistical standard for geographic areas 2018 and described in the Statistical Area 2 2018 dataset):

(i) Kapiti Island:

(ii) Maungakotukutuku:

(iii) Otaihanga:

(iv) Ōtaki Forks:

(v) Paekākāriki:

(vi) Paraparaumu Beach East:

(vii) Paraparaumu Beach North:

(viii) Paraparaumu Beach West:

(ix) Paraparaumu Central:

(x) Paraparaumu East:

(xi) Paraparaumu North:

(xii) Peka Peka:

(xiii) Raumati Beach East:

(xiv) Raumati Beach West:

(xv) Raumati South:

(xvi) Tararua Forest Park:

(xvii) Te Horo:

(xviii) Waikanae Beach:

(xix) Waikanae East:

(xx) Waikanae Park:

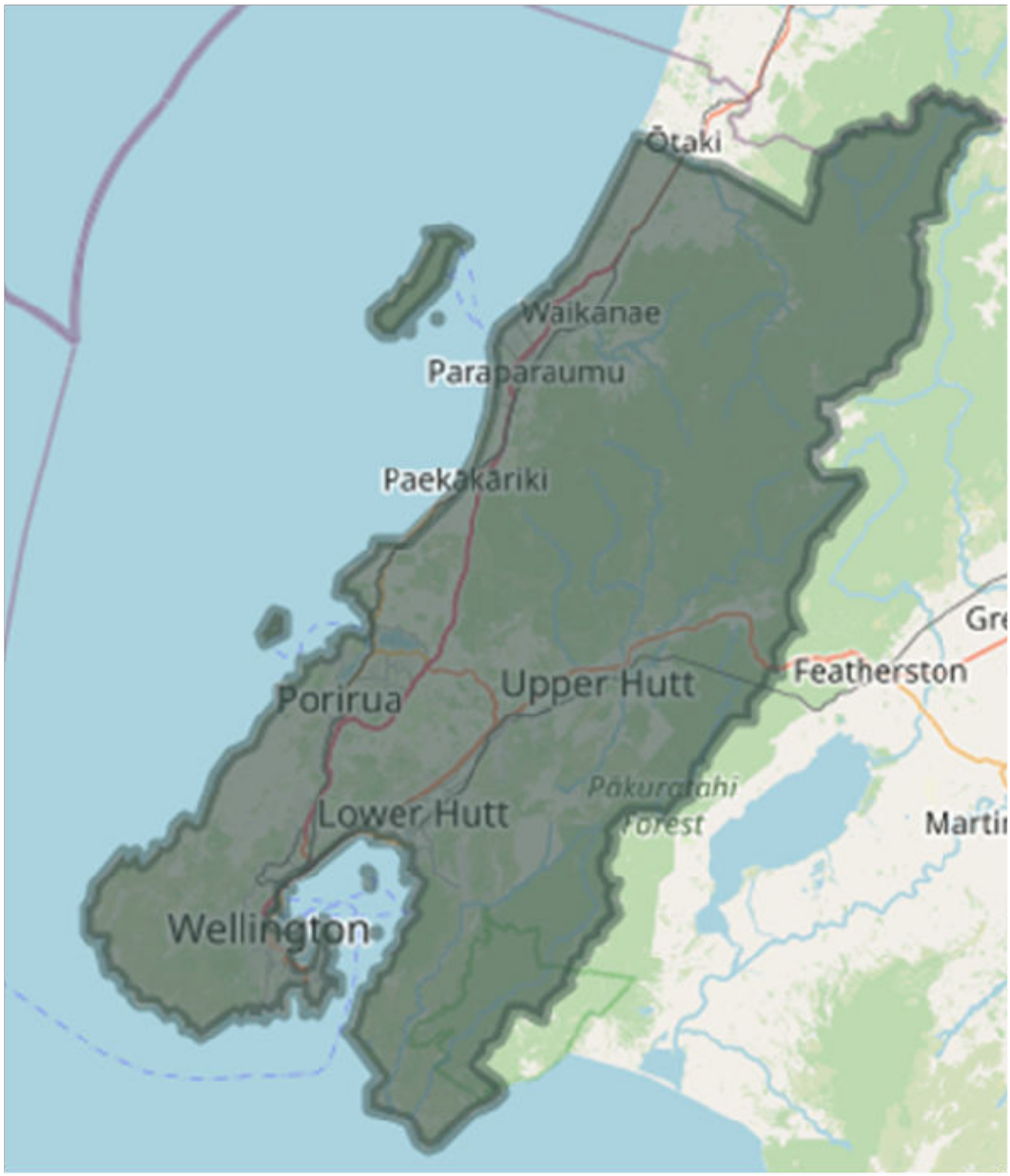
(xxi) Waikanae West.

Schedule 4 clause 12: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

Map of Te Upoko o te Ika Greater Wellington/Hutt area

Heading: inserted, on 13 January 2023, by clause 4 of the Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 12, the description in clause 12 prevails.



Te Kāhui Hauora o Te Tau Ihu

Heading: inserted, on 27 July 2023, by clause 4(3) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

13 Description of Nelson–Marlborough area

The Nelson–Marlborough area consists of all the lands, islands, and coasts of Te Waipounamu north of a line—

(a) commencing in the Marlborough Land District at a point on the coastline of Cloudy Bay at the south-eastern end of Big Lagoon, north-west of White Bluffs, being on the production, in a north-easterly direction, of a right line between survey mark IP2 on SO Plan 5485 (Marlborough Land District) and the Trig station on Belvedere Peak situated in the Nelson Land District; then

(b) proceeding by a right line in a south-westerly direction, passing through the survey mark IP2 on SO Plan 5485 (Marlborough Land District), to the Trig station on Belvedere Peak situated in the Nelson Land District, being the source of the Clarence River; then

(c) proceeding generally in a westerly direction along the summit of the ridge of the Spenser Mountains, passing through Waiau Pass, to the peak of Mount Mahanga; then

(d) proceeding generally in a northerly direction along the summit of the ridge of the Mahanga Range to the peak of Mount Misery; then

(e) continuing by a right line in a north-north-westerly direction to the junction of the western bank of the D'Urville River with the shore of Lake Rotoroa; then

(f) proceeding generally in a north-westerly direction following the south-western shore of Lake Rotoroa to the south-east corner of Gowan Bridge, at the confluence of Lake Rotoroa and the Gowan River, being at position 5934547.5 metres north and 2476179.4 metres east (NZMG); then

(g) proceeding by a right line in a north-north-westerly direction to the Trig station on Mount Owen; then

(h) continuing in a north-north-westerly direction by a right line to the Trig station on Mount Patriarch; then

(i) proceeding generally in a north-easterly, northerly and again north-easterly direction along the summit of the ridge of the Arthur Range to the Trig station on Mount Arthur; then

(j) proceeding by a right line in a north-westerly direction to the Trig station on Mount Peel; then

(k) proceeding generally in a north-westerly direction along the summit of the ridge of the Peel Range, passing through the Trig station on Mount Ranolf, to the Trig station on Aorere Peak; then

(l) proceeding by a right line in a north-westerly direction to the Trig station on Mount Gouland; then

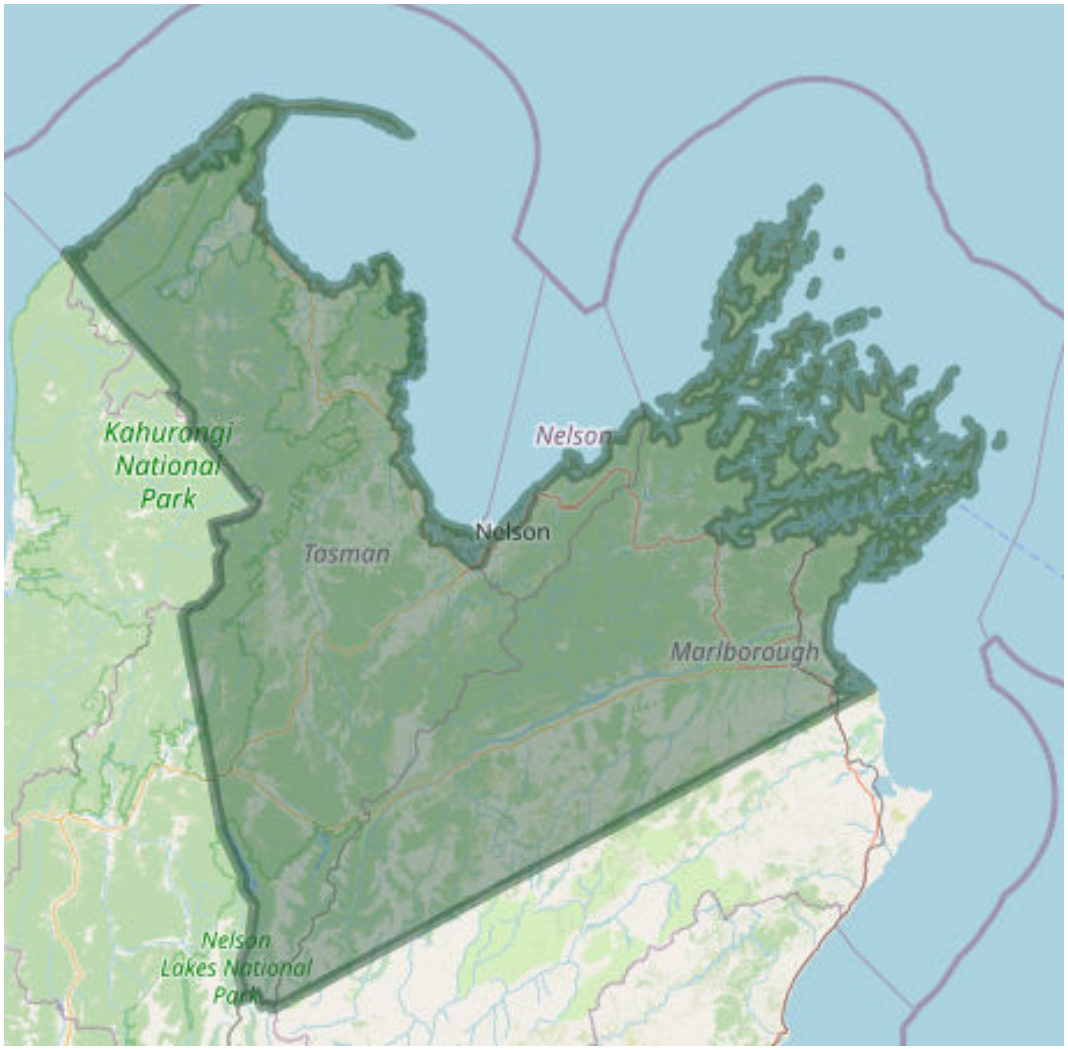
(m) continuing in a north-westerly direction by a right line to Trig Station Kahurangi No. 2 at Kahurangi Point and that line produced to a point on the coastline of the Tasman Sea.

Schedule 4 clause 13: inserted, on 27 July 2023, by clause 4(3) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

Map of Nelson–Marlborough area

Heading: inserted, on 27 July 2023, by clause 4(3) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 13, the description in clause 13 prevails.



Te Tauraki

Heading: inserted, on 27 July 2023, by clause 4(3) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

14 Description of Ngāi Tahu area

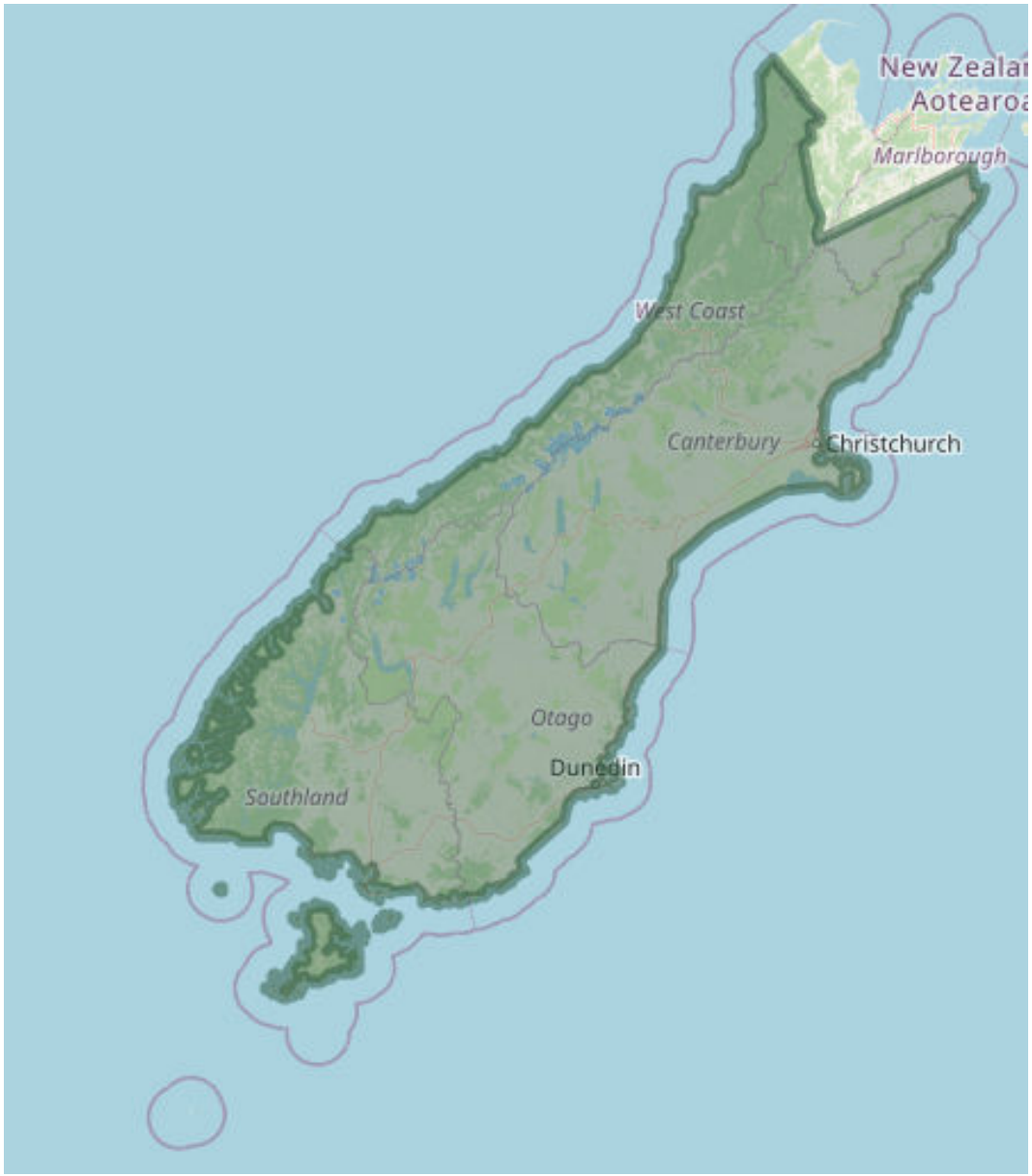
The Ngāi Tahu area consists of the area identified as the takiwā of Ngāi Tahu Whānui in section 5 of the Te Runanga o Ngai Tahu Act 1996.

Schedule 4 clause 14: inserted, on 27 July 2023, by clause 4(3) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

Map of Ngāi Tahu area

Heading: inserted, on 27 July 2023, by clause 4(3) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 14, the description in clause 14 prevails.



Te Pūhana Ora

Heading: inserted, on 15 January 2026, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2025 (SL 2025/317).

15 Description of Rēkohu/Wharekauri/Chatham Islands area

The Rēkohu/Wharekauri/Chatham Islands area consists of the area constituted as The Chatham Islands Territory in section 5 of the Chatham Islands Council Act 1995.

Schedule 4 clause 15: inserted, on 15 January 2026, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2025 (SL 2025/317).

Map of Rēkohu/Wharekauri/Chatham Islands area

Heading: inserted, on 15 January 2026, by clause 4(2) of the Pae Ora (Iwi-Māori Partnership Boards) Order 2025 (SL 2025/317).

The following map is indicative only, and if there is any inconsistency between the map and the description in clause 15, the description in clause 15 prevails.

Schedule 5
Provisions applying to mortality review committees

s 82

1 Interpretation

In this schedule, unless the context otherwise requires,—

document has the same meaning as in section 2(1) of the Official Information Act 1982

judicial proceeding means a proceeding that is judicial within the meaning of section 108 of the Crimes Act 1961

ministerial authority means an authority—

(a) given by the Minister under clause 6(1); and

(b) in force for the time being

serious offence means an offence punishable by imprisonment for a term of 2 years or more.

Compare: 1995 No 95 s 66

Chairperson may require person to give information

2 Chairperson may require person to give information

(1) If a mortality review committee gives its chairperson, or an agent the committee appoints for the purpose, authority in writing to do so, the chairperson or agent may, by notice in writing to any person, require the person to give the committee information in the person's possession, or under the person's control, and relevant to the performance by the committee of any of its functions.

(2) Examples of the information the chairperson or agent may require are—

(a) patient records, clinical advice, and related information:

(b) answers to questions posed by the chairperson in the notice, and that the person is able to answer:

(c) information that became known solely as a result of a declared quality assurance activity, within the meaning of Part 6 of the Medical Practitioners Act 1995, or a protected quality assurance activity within the meaning of section 53(1) of the Health Practitioners Competence Assurance Act 2003.

(3) The person must take all reasonable steps to comply with the notice.

Production, disclosure, and recording of information

3 Meaning of information

In clauses 4 to 6, **information** means any information—

(a) that is personal information within the meaning of section 7(1) of the Privacy Act 2020; and

(b) that became known to any member or executive officer or agent of a mortality review committee only because of the committee's functions being performed (for example, because it is contained in a document created, and made available to the member or executive officer or agent, only because of those functions being performed), whether or not the performance of those functions is completed.

4 Prohibitions on production, disclosure, and recording of information

(1) A member or executive officer or agent of a mortality review committee must not produce or disclose information to another person or in any judicial proceeding, or make any record of it, unless the production, disclosure, or record is—

(a) for the purposes of performing the committee's functions; or

(b) in accordance with an exception stated in clause 5; or

(c) in accordance with a ministerial authority.

(2) In any judicial proceeding, a member or executive officer or agent of a mortality review committee must not be required to produce information in contravention of subclause (1).

Compare: 1995 No 95 s 70

5 Exceptions to prohibitions

Clause 4 does not prohibit—

(a) the production, disclosure, or recording of information if the information does not identify, either expressly or by implication, any particular individual:

(b) the disclosure of information—

(i) with the consent of every person who would be directly or indirectly identified by the disclosure:

(ii) to the Minister, or a person authorised by the Minister, for the purpose of enabling the Minister to decide whether or not to issue a ministerial authority:

(iii) for the purposes of the prosecution of an offence against section 82(6) (disclosure of information contrary to this schedule).

Compare: 1995 No 95 s 71

6 Minister may authorise disclosure of information

(1) If the Minister is satisfied that information relates to conduct (whenever occurring) that constitutes or may constitute a serious offence, the Minister may, by notice in writing signed by the Minister, give a ministerial authority authorising

the disclosure of the information, in the manner, and subject to any conditions, specified in the notice, for 1 or more of the following purposes:

(a) for the purposes of the investigation and prosecution of offences:

(b) for the purposes of a Royal Commission, or a commission of inquiry appointed by an Order in Council made under the Commissions of Inquiry Act 1908:

(c) for the purposes of an inquiry to which section 6 of the Inquiries Act 2013 applies.

(2) However, a ministerial authority may be given for information of a non-factual nature (for example, expressions of opinion) only if that information consists only of matter contained in a report or advice prepared by the mortality review committee.

(3) The Minister may at any time—

(a) revoke a ministerial authority; or

(b) revoke, amend, or add to any condition or conditions to which a ministerial authority is subject.

(4) A ministerial authority authorising the disclosure of information does not of itself—

(a) require the disclosure of that information; or

(b) create a duty to disclose that information.

Compare: 1995 No 95 s 72

Supplementary procedure

7 Supplementary procedure

A mortality review committee may regulate its procedure, at its meetings and otherwise, in any manner not inconsistent with this Act it thinks fit.

Schedule 6
Provisions relating to imposition and payment of Ministry levies

ss 101, 102

1 Interpretation

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

aggregate expenditure figure, in relation to any financial year, means the aggregate expenditure figure assessed in respect of that year by the Minister under clause 2(1)

aggregate levy figure, in relation to any financial year, means the aggregate levy figure determined in respect of that year by the Minister under clause 2(2)

beer means the product of the alcoholic fermentation by yeast of liquid derived from a mash of drinking water and malt grains with hops or their extracts that on analysis is found to contain more than 1.15% volume of alcohol

class of alcohol means a class of alcohol as identified in the table in Schedule 7

preceding statistical year means the latest complete period of 12 consecutive months in respect of which, at any material time, the following information is available to the Minister:

(a) the total number of litres of each class of alcohol imported into New Zealand during that period; and

(b) the total number of litres of each class of alcohol manufactured in New Zealand during that period

spirits means ethyl alcohol, whether denatured or not, and any spirituous beverages, including brandy, gin, rum, vodka, whisky, and every other description of spirituous alcohol derived from ethyl alcohol

wine means the product of the complete or partial fermentation of any fruit (including grapes), vegetable, or honey, and—

(a) includes—

(i) cider, perry, and mead; and

(ii) fortified wines such as sherry, port, and fruit or vegetable-based alcohols; but

(b) does not include—

(i) beer or spirits; or

(ii) any alcohol containing no more than 1.15% volume of alcohol

winemaker has the same meaning as in the Wine Act 2003.

(2) For the purposes of clauses 3 and 5, where any wine manufactured in New Zealand is sold to another winemaker for blending with other wine, the wine so

sold is deemed to be manufactured by the person who blends it, and not by its original maker.

(3) For the purposes of clause 3(2), the total number of litres of wine manufactured in New Zealand during any statistical year is deemed to be the same as the total number of litres of wine sold by winemakers during that year.

(4) For the purposes of clauses 5 and 6, the total number of litres of wine sold in New Zealand during any financial year is deemed to be the same as the total number of litres of wine sold in New Zealand during the preceding statistical year.

(5) For the purposes of clause 3(2) and Schedule 7, alcohol that is exported from New Zealand during the preceding statistical year is not to be treated as alcohol that is imported into or manufactured in New Zealand.

2 Minister to assess aggregate expenditure figure and determine aggregate levy figure

(1) For each financial year, the Minister, acting with the concurrence of the Minister of Finance, must assess the aggregate expenditure figure for that year that, in his or her opinion, would be reasonable for the Ministry to spend during that year—

(a) in addressing alcohol-related harm; and

(b) in meeting its operating costs that are attributable to alcohol-related activities.

(2) After assessing the aggregate expenditure figure for a financial year, the Minister must determine the aggregate levy figure for that year.

(3) The Ministry—

(a) is not obliged to spend in a financial year the whole of its income received from the alcohol levy (**levy income**) in that year; and

(b) may accumulate any part of its levy income in a financial year and spend it as it sees fit, for a purpose referred to in subclause (1)(a) or (b) in any subsequent financial year.

3 Minister to determine amounts of levy for each class of alcohol

(1) After determining the aggregate levy figure for any financial year, the Minister must determine, in accordance with subclause (2), the amounts of the levies payable under clause 5, in respect of each class of alcohol, in order to yield an amount equivalent to the aggregate levy figure.

(2) The process for determining the amounts of levy is as follows:

(a) *Step 1*—for each class of alcohol, determine the total number of litres of that class of alcohol that was imported into or manufactured in New Zealand during the preceding statistical year:

(b) *Step 2*—for each class of alcohol, multiply the result of step 1 by the appropriate rate, as set out in the table in Schedule 7. This gives the (nominal) total number of litres of alcohol for each class of alcohol:

(c) *Step 3*—for each class of alcohol, divide the number of litres of alcohol for that class by the total number of litres of alcohol for all classes. This gives the proportion of the aggregate levy figure that is to be borne by that class of alcohol in the next financial year:

(d) *Step 4*—for each class of alcohol, multiply the result of step 3 by the aggregate levy figure. This gives the amount of levy to be borne by each class of alcohol in the next financial year:

(e) *Step 5*—for each class of alcohol, divide the result of step 4 by the result of step 1. This gives the amount of levy payable on each litre of alcohol of that class in the next financial year.

(3) If a rate for a class of alcohol is described in the table in Schedule 7 as a variable rate, the Minister must—

(a) determine the rate to be applied to that class of alcohol; and

(b) in making that determination, use the method for determining variable rates that is described in Schedule 7.

4 Rate of levy fixed by Order in Council

(1) The Governor-General may, by Order in Council, fix for the next financial year, by reference to each class of alcohol, the amount of levy payable under clause 5.

(2) The amount of levy for each class of alcohol must be as determined by the Minister in accordance with clause 3(2).

(3) If a rate for a class of alcohol is described in the table in Schedule 7 as a variable rate, the Order in Council must identify the rate determined by the Minister under clause 3(3) and used for the purpose of clause 3(2).

(4) An Order in Council made under this clause is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).

Legislation Act 2019 requirements for secondary legislation made under this clause		
Publication	PCO must publish it on the legislation website and notify it in the *Gazette*	LA19 s 69(1)(c)
Presentation	The Minister must present it to the House of Representatives	LA19 s 114
Disallowance	It may be disallowed by the House of Representatives	LA19 ss 115, 116

This note is not part of the Act.

5 Levies payable by importers and manufacturers of alcohol

(1) In every financial year, a levy of the amount set by Order in Council made under clause 4 is payable by every person who—

(a) enters for home consumption (as that expression is used in the Customs and Excise Act 2018) any imported alcohol that contains more than 1.15% volume of alcohol; or

(b) manufactures in New Zealand any beer or spirits; or

(c) sells any wine manufactured by that person in New Zealand.

(2) No levy is payable under this Act in respect of any alcohol that is not subject to or is exempt from Customs duty under the Customs and Excise Act 2018.

(3) If any person may be allowed, under the Customs and Excise Act 2018, any drawback in respect of any alcohol, that person may also be allowed a refund of any levy paid by that person under this Act in respect of that alcohol.

(4) In this section, **Customs duty** has the meaning given to the term duty by section 5(1) of the Customs and Excise Act 2018.

6 Payment and collection of levies in respect of beer, wine, and spirits

(1) All levies payable under this Act in respect of any beer, wine, or spirits are payable to the Customs in addition to any duty payable to the Customs in respect of the beer, wine, or spirits under the Customs and Excise Act 2018.

(2) For the purposes of subclause (1), the levies are payable to the Customs at the same time as the excise duty or excise-equivalent duty is payable under the Customs and Excise Act 2018 in respect of the beer, wine, or spirits concerned.

7 Powers of Customs

The powers and authorities of the Customs under the Customs and Excise Act 2018, with any necessary modifications, apply in the same manner to the collection of a levy under this Act as they apply to the collection of duty under that Act.

8 All levies collected to be paid to Ministry

(1) The Customs must pay to the Ministry all levies received under this Act by the Customs.

(2) This clause is subject to clause 9.

9 Crown may be reimbursed for collection of levies

(1) For the purpose of reimbursing the Crown for any expenses incurred by the Customs in collecting any levies under this Act, the Customs may retain any percentage of every levy collected by it that may be determined by the Minister of Finance after consultation with the Ministry.

(2) The amount of any levy retained under subclause (1) must not exceed 5% of the amount of the levies collected by the Customs.

(3) The Crown is entitled in every financial year to recover from the Ministry out of the fund any sum in respect of the costs incurred by the Director-General

of Health in administering this Act that may be determined by the Minister of Finance after consultation with the Ministry.

Schedule 7
Classes of alcohol and rates for each class

ss 101, 102

Class	Legal definition of class	Indicative description	Rate
	Alcohol which, if imported, would be classified within the following tariff items	*Percentage of alcohol by volume in most items in class*	
A	2203.00.12, 2206.00.37, 2208.70.30, 2208.90.62	More than 1.15% but not more than 2.5%	1.5%
B	2203.00.22, 2203.00.31, 2203.00.39, 2206.00.47, 2208.70.40, 2208.90.68	More than 2.5% but not more than 6%	Variable
C	2206.00.57, 2208.70.50, 2208.90.72	More than 6% but not more than 9%	8%
D	2204.10.01, 2204.10.18, 2204.21.18, 2204.22.90, 2204.29.90, 2205.10.19, 2205.10.38, 2205.90.19, 2205.90.38, 2206.00.08, 2206.00.68, 2208.70.60, 2208.90.78	More than 9% but not more than 14%	10%
E	2204.21.13, 2204.22.19, 2204.29.20, 2205.10.12, 2205.10.33, 2205.90.12, 2205.90.33, 2206.00.17, 2206.00.78, 2208.70.71, 2208.90.06, 2208.90.85	More than 14% but not more than 23%	Variable
F	2206.00.28, 2206.00.89, 2208.20.04, 2208.20.08, 2208.20.19, 2208.20.29, 2208.30.04, 2208.30.08, 2208.30.19, 2208.40.04, 2208.40.08, 2208.40.19, 2208.50.04, 2208.50.08, 2208.50.19, 2208.60.19, 2208.60.29, 2208.60.99, 2208.70.80, 2208.90.08, 2208.90.48, 2208.90.97	More than 23%	Variable

Method for determining variable rates

For a given financial year, the variable rate for a class is the average alcohol content by volume of all the alcohol of that class that was imported into or manufactured in New Zealand in the preceding statistical year.

Notes

1 General

This is a consolidation of the Pae Ora (Healthy Futures) Act 2022 that incorporates the amendments made to the legislation so that it shows the law as at its stated date.

2 Legal status

A consolidation is taken to correctly state, as at its stated date, the law enacted or made by the legislation consolidated and by the amendments. This presumption applies unless the contrary is shown.

Section 78 of the Legislation Act 2019 provides that this consolidation, published as an electronic version, is an official version. A printed version of legislation that is produced directly from this official electronic version is also an official version.

3 Editorial and format changes

The Parliamentary Counsel Office makes editorial and format changes to consolidations using the powers under subpart 2 of Part 3 of the Legislation Act 2019. See also PCO editorial conventions for consolidations.

4 Amendments incorporated in this consolidation

Pae Ora (Iwi-Māori Partnership Boards) Order 2025 (SL 2025/317)

Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45)

Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5)

Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156)

Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334)

Wellington, New Zealand:
Published under the authority of the New Zealand Government—2026

Healthy Futures (Pae Ora) Amendment Bill

Government Bill

As reported from the Health Committee

Commentary

Recommendation

The Health Committee has examined the Healthy Futures (Pae Ora) Amendment Bill and recommends by majority that it be passed. We recommend all amendments by majority.

Introduction

The bill seeks to improve the effectiveness of how health services are provided. It would amend the Pae Ora (Healthy Futures) Act 2022, which established new public health entities including Health New Zealand, a Crown entity that manages and provides public health services.

The bill would revise the purpose, functions, and governance and monitoring arrangements of Health New Zealand. It would introduce new objectives for Health New Zealand to deliver effective and timely services and to plan for and provide for quality, cost-effective, and financially sustainable infrastructure for health services. The Health New Zealand board would also be required to have a permanent infrastructure committee to help fulfil its new infrastructure-related functions.

The bill would introduce new strategic planning arrangements and clarify roles and responsibilities in the health sector. It would require that health targets be included in the Government Policy Statement on Health, and that health entities monitor and report on progress towards meeting these targets. It would also clarify the role of iwi-Māori partnership boards and strengthen the role of the Hauora Māori Advisory Committee.

The bill would change the name of the Act to "Healthy Futures (Pae Ora) Act 2022".

Legislative scrutiny

As part of our consideration of the bill, we have examined its consistency with principles of legislative quality. We have no issues regarding the legislation's design to bring to the attention of the House.

Proposed amendments

The following sections of this commentary discuss the main amendments we recommend to the bill as introduced. At the end we also recommend some minor and consequential amendments.

Definition of "infrastructure"

The bill would introduce a new objective and new function for Health New Zealand related to providing and planning for infrastructure to deliver health services. However, the term "infrastructure" is not defined in the bill. We consider that it would be helpful to include a definition so that the scope of Health New Zealand's new function is clear.

We recommend defining infrastructure as including "any physical assets, including buildings, facilities, and land, that are, or may be in the future, owned or controlled by Health New Zealand for the purpose of providing services". This definition would include infrastructure such as hospitals, and other buildings or facilities. We recommend adding new clause 6(2) to the bill to insert this definition into section 4, the interpretation section of the Act.

Political neutrality obligations

Clause 11 of the bill would insert new section 11A into the Act. New section 11A would clarify that the political neutrality obligations for the public sector, as set out in the Public Service Act 2020, apply to Health New Zealand. Subparts 2 and 4 of Part 1 of the Public Service Act require Crown agents to uphold public service principles, including the principle of political neutrality. These provisions also require Crown agents and individuals working within them to comply with minimum standards of integrity and conduct.

The aim of this provision is to clarify that existing obligations under the Public Service Act already apply to Health New Zealand employees, board members, contractors, secondees, and its chief executive. The bill would not introduce any new political neutrality obligations.

We acknowledge that, in practice, there are differences in how the political neutrality obligations apply to different types of roles within Health New Zealand. For example, how the obligations apply to the chief executive differ from how they apply to a frontline health worker. We understand that the Public Service Commission produces guidance for public sector workers on this matter.

One submitter noted that the specific wording of proposed new section 11A differs from the wording used in the Public Service Act. For example, proposed new section

11A refers to "contractors" whereas section 17 of the Public Service Act refers to "individuals working as contractors".

As the intent of new section 11A is to draw attention to the existing political neutrality obligations in the Public Service Act, we consider that the bill's wording should align with that Act. We recommend amending new section 11A accordingly. We note that, in doing so, the bill would also more clearly describe the relevant provisions of the Public Service Act.

Purpose of the infrastructure committee and delegation of functions

The bill would require the Health New Zealand board to have an infrastructure committee. Proposed new section 21, inserted by clause 18, would require the board to delegate to the committee some or all of its function to provide and plan for infrastructure for health services. We recommend amending new section 20(2) to describe the committee's intended purpose more accurately.

The delegation of functions to the committee, or any amendment or replacement of it, would have to be approved by the Minister of Health before it came into force.

For clarity, we consider that the process for developing and confirming the delegation and determining the responsibilities of the infrastructure committee should be specified in the bill. In addition to the existing provision in the bill that would require the delegation to be approved by the Minister, we recommend that the Minister be empowered to direct content that must be included in the delegation, via notice in the *Gazette*. Before making this notice, the Minister should be required to consult the Health New Zealand board and the infrastructure committee to confirm the workability of the delegation. We recommend amending proposed new section 21 to provide for this.

Attendance at infrastructure committee and board meetings

The purpose of requiring the Health New Zealand board to have an infrastructure committee is to help it fulfil its function to provide and plan for infrastructure to provide health services. This is a new function that would be introduced by the bill. The intent is that the infrastructure committee and the Health New Zealand board would work collaboratively, based on the established framework for delegation of board responsibilities to a committee under the Crown Entities Act 2004.

To help the infrastructure committee and the board to work cooperatively and support more integrated infrastructure planning, we consider that the chair of the Health New Zealand board should be able to attend infrastructure committee meetings. Similarly, the chair of the infrastructure committee should be able to attend board meetings which relate to infrastructure. When attending infrastructure committee meetings, the board chair should be able to receive all relevant information and meeting documents, and should be able to speak but not vote at the meeting. The same conditions should apply when the chair of the infrastructure committee attends board meetings. We recommend amending clause 18 to insert new sections 21A and 21B into the Act, setting out these arrangements for each chair to attend the relevant meetings.[1]

Similarly, proposed new section 22 would allow the Director-General of Health—who is also the chief executive of the Ministry of Health—to attend any meeting of Health New Zealand. As introduced, new section 22 states that the Director-General may observe decision-making processes, assist meeting attendees to understand Government policies, and advise the Minister on any matters related to Health New Zealand. We consider that it should be made clear that the Director-General cannot direct Health New Zealand or make decisions when attending meetings. This is consistent with the role of the Director-General as already set out in the bill. We recommend amending new section 22 to specify that the Director-General may speak at any Health New Zealand meeting, but not vote.

Section 61 of the Act enables the Minister to appoint a Crown observer to attend Health New Zealand meetings. We recommend inserting clause 28A to amend section 61 to clarify that a Crown observer also may not vote in this setting. This is consistent with the role of a Crown observer as already set out in the Act.

Government Policy Statement on Health

The Act requires the Minister of Health to issue a Government Policy Statement (GPS) on Health at least once every three years. The GPS sets the Government's priorities and objectives for the public health system. The Act also requires other strategies and planning documents to be developed for the public health sector. For example, it requires the Minister of Health to establish seven health strategies.[2]

Clause 22 would amend section 36 of the Act to require the Minister to set targets for the public health sector in the GPS. The policy intent is that the GPS should be the primary mechanism that sets the strategic direction for the public health sector, and the targets set in it provide a clear way to monitor performance. The intention is that health strategies give effect to the GPS, not the other way around. To this end, clause 24 would amend section 47 of the Act to require the Minister to give effect to targets in the GPS when preparing any health strategy.

Section 35(b) of the Act requires that the Minister have regard to, but not be bound by, the health strategies when preparing a GPS. We note that there would be a circular relationship between this provision and the new requirement that would be introduced by clause 24. We consider that the hierarchy of strategy and planning documents in the health sector should be clear and coherent, and that the GPS should be the primary strategic document. We therefore recommend removing the requirement that the Min-

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[1] If the board chair is also a member of the infrastructure committee, new section 21A should not apply. Similarly, if the chair of the infrastructure committee is a member of the Health New Zealand board, new section 21B should not apply.

[2] The strategies relate to mental health and wellbeing, health outcomes for Māori, Pacific peoples, disabled people, rural people, and women, and an overarching New Zealand Health Strategy.

ister must have regard to any health strategy when preparing a GPS. We recommend inserting clause 21A to repeal section 35(b) accordingly.

Finally, we recommend removing clause 21(2) of the bill, which would insert a reference to "targets" after "priorities" in section 34(3) of the Act. This section relates to specifying measurable outcomes for GPS priorities for the public health sector; in our view, a reference to targets is not applicable here.

Minor and consequential amendments

We recommend some minor amendments to improve the legislative drafting. These amendments seek to ensure that:

- requirements that would be set by the bill are consistent with those set by the principal Act
- terminology is consistent within the bill and between the bill and the principal Act
- drafting conventions are consistent with the statute book
- provisions are correctly cross-referenced.

Since the bill would amend the name of the Act, consequential amendments would be needed to other legislation to give effect to this name change. Clause 34 of the bill would make consequential amendments to other legislation, as set out in Schedule 2. We recommend inserting new clauses 33A to 33E to make further consequential amendments.

Labour Party, Green Party, and Te Pāti Māori joint differing view

He tīmatanga kōrero (opening comments)

Pae Ora Healthy Futures is not just a name. It sets the foundation for envisioning a new health system as shared by Tā Mason Durie—healthy people (Mauri Ora), healthy whānau (Whānau Ora) and healthy environments (Wai Ora). Pae Ora embodied the principle that health is a taonga that binds us to our whakapapa, our whenua, and our mokopuna. It recognised that Māori must not only be participants in health policy but leaders in shaping systems that sustain wellbeing for generations. This is the essence of mana motuhake and mana mokopuna, the responsibility to ensure that decisions made today uphold the dignity, potential, and wellbeing of future generations.

The gifting of Māori names to the health system such as Pae Ora, Te Whatu Ora and Te Aka Whai Ora recognises the holistic world view of Te Iwi Māori and the opportunity Pae Ora provided for working together through the Te Tiriti o Waitangi relationship for a transformative approach to promote equity and healthy futures for all New Zealanders.

The Pae Ora Healthy Future Amendment legislation ignores this vision, the whakapapa of the legislation, and turns its back fundamentally on Te Tiriti o Waitangi.

Modified Treaty clause: erosion of commitment

The modified Treaty of Waitangi clause in the bill is widely criticised, including in submissions from Te Kāhui Hauora o Ngāti Whātua, Te Whare Tohu Rata o Aotearoa (the Royal College of GPs) and Treaty specialists. The language shifts from explicit partnership and active protection principles, as required by case law, to "give effect to the principles of Te Tiriti o Waitangi" and from active protection principles, toward minimal recognition: "consider Māori interests", undermining earlier commitments to equity and partnership. This linguistic downgrade represents a profound constitutional and moral regression. It replaces the active obligations of partnership, protection, and participation with passive recognition. Legal scholars, including Professor Claire Charters, have warned that this 'weakening' departs from best practice and risks breaching Crown obligations.

The bill also directly contradicts the Waitangi Tribunal's *WAI 2575 Health Services and Outcomes Inquiry*, which affirmed that Māori health inequities are the result of persistent Crown breaches of Te Tiriti, and that the path to equity requires Māori-led authority and decision-making. By dismantling Māori governance mechanisms, the Crown undermines mana motuhake and breaches the constitutional balance between kāwanatanga and tino rangatiratanga.

From a mana motuhake perspective, this failure is intergenerational. To weaken Treaty commitments now is to deny protection of our mokopuna, perpetuating systems that have already failed Māori for generations.

Erosion of Māori voice and partnership

The bill proposes the loss of substantive functions for Iwi Māori Partnership Boards (IMPBs), removing direct lines of accountability and diminishing their influence on local health priorities.

Previously, IMPBs acted as tangible vehicles for iwi and Māori to shape services in their communities and report on outcomes relevant to local needs. The removal of IMPB functions including localities, alongside weakened reporting requirements nor clarity on monitoring functions, abandons what submitters such as the Federation of Māori Authorities and Te Rōpū Whakahaere Hauora Māori described as "meaningful partnership". Instead, the bill substitutes a distant, national Māori advisory committee—one stripped of statutory independence and with unclear lines of accountability, erasing the principle that iwi must hold health entities answerable at the locality level.

Petty undermining of te reo Māori

One of the clearest signals of disregard is the decision to subordinate the Māori name of the bill ("Pae Ora") beneath its English title. Extensive submissions framed this as a symbolic but revealing slight—petty and undermining, suggesting Māori concepts remain secondary within a health system purporting to advance equity and partnership. Labour, the Greens, and Te Pāti Māori consider this decision disrespectful and regressive.

Mana mokopuna and intergenerational equity

At its heart, this bill fails mana mokopuna, our sacred duty to protect and uplift the generations who follow. Health is a taonga, guaranteed under Te Tiriti o Waitangi. To honour it is to design systems that safeguard their right to live well, in balance, dignity, and connection with their whakapapa, whenua, and wairua. The dismantling of Māori-led structures does not only weaken governance but recentralises control that breaches that taonga. When mana motuhake is eroded, the cycle of inequity and harm deepens across generations.

Our vision of Pae Ora was one of enduring justice, where Māori authority, cultural integrity, and community voice secure wellbeing for our mokopuna.

Reduced requirements for collaboration and accountability

Previously, Te Whatu Ora Health New Zealand had a statutory requirement to collaborate with IMPBs, guaranteeing regular engagement between the central health system and Māori structures in every region. Localities were a key feature of Pae Ora Healthy Futures to resource and empower local community voice, inter-sectoral collaboration, and planning across community and rohe-wide.

The bill's removal of this obligation—highlighted as unacceptable by Te Arawhiti and multiple Hauora Māori groups—will create "multiple points of detachment," reducing accountability and weakening the system's responsiveness to local voices.

Where there was once local monitoring and direct reporting, now the bill prescribes advisory input at the national level only, distant from communities and diluted by bureaucratic process.

Criticism of targets and binding of future governments

The bill includes new statutory health targets, a move heavily criticised by public health scholars and submitters. Many submitters argued that legislating specific health targets could incentivise gaming of statistics and narrow efforts to only areas measured, undermining holistic care. They warned this short-term focus might neglect equity and prevention, diverting attention from underlying determinants of health.

Concerns also included reduced flexibility for responding to local needs and a lack of consultation on what targets best serve communities. Submissions noted that replacing equity-focused outcome goals with generic targets risks perpetuating existing disparities, particularly for Māori. Overall, critics said the approach fails to address core system challenges and may worsen inequities. Professor Tim Tenbensel argued that targets attempt to bind future governments to outdated priorities, risking rigidity and undermining democratic adaptation of policy as needs change. Others warn that targets can distort service delivery, encourage gaming of statistics, and fail to reflect real health system complexity.

Of significant concern, the bill weakens Health New Zealand's mandate to act on social and environmental determinants of health, undermining the cross-sector approach central to the original Pae Ora reforms. This effectively reduces commitment to equity, and prevention.

Repeal of Te Mauri o Rongo

Another key concern is the repeal of "Te Mauri o Rongo", the New Zealand Health Charter. The charter sets out core values, principles, and expected behaviours for everyone working in the health sector, aiming to foster safe, supportive workplaces and strong collaboration. Te Mauri o Rongo represents the diverse voices of the workforce and health sector developed together maintaining ongoing commitment to Te Tiriti o Waitangi.

Its purpose is to guide how health workers relate to each other, care for their communities, and continuously improve health outcomes: a statutory concept enshrined in the original Pae Ora Act to embody mana and well-being as guiding principles.

Submissions from Māori health leaders and Treaty experts argued that its removal strips the legislation of spiritual and cultural substance, narrowing the framework back to a technocratic model and breaking from commitments to Māori worldviews.

Reducing statutory health strategies

Reducing the suite of seven statutory health strategies to two (a New Zealand Health Strategy and a Hauora Māori Strategy) can have the effect of de-prioritising equity for marginalised groups that have fought hard to have their unique challenges recognised. Reducing the number of statutory strategies could also limit long-term visibility of outcomes and remove specific statutory obligations for equity and inclusion.

We note that officials' own advice on the bill points to a loss of accountability, and risk of being seen to deprioritise explicit focus on determinants of health, going against the intent of previous reforms and pre-emptively removing localities. The bill also risks fragmenting the legislative framework and undermining the coherence of the 2027 statutory review. The changes are ad hoc and potentially destabilising for the sector.

The resultant narrower Health Plans under the bill could limit system-wide coordination, evidence-based planning, and collaboration with other agencies. These risk reducing the plan to an operational tool rather than a strategic population health document.

Misalignment between the six-year Government Policy Statement cycle and the three-year Health Plan cycle could create inconsistencies in planning and resourcing. The longer cycle also reduces opportunities for public and parliamentary scrutiny.

The longer cycles relating to the alcohol levy could reduce flexibility to respond to alcohol harm evidence and trends.

Chilling effect of political neutrality clause

The bill introduces references to "public service principles of political neutrality", a change that was poorly defined in committee and ambiguous in scope. Submissions argued this could have a chilling effect, deterring health entities and even contractors from strongly advocating for Māori needs, health equity, or critiquing government

performance. Furthermore, uncertainty remains over whether this principle applies to external providers, risking confusion and constrained voice in health policy.

Undermining the Crown Agency structure: wage setting

By transferring collective bargaining authority for the entire health sector to the Public Service Commission, the bill substantially undermines the autonomy of Te Whatu Ora Health New Zealand and the agency model. With wages accounting for approximately 70 percent of Te Whatu Ora's operating costs, this means the Te Whatu Ora HNZ Board loses control over the single largest cost driver, and accountability is diffused to another layer of government administration.

Submissions from the New Zealand Nurses Organisation and the Association of Salaried Medical Specialists described this as undercutting the principle of devolved governance and weakening health system performance.

Attempts to provide amendments to improve the legislation through the select committee process

Despite Te Pāti Māori's attempt to propose a series of amendments to restore equity, uphold Te Tiriti, and protect Māori health during the select committee process with support from Labour and the Green Party, all of the amendments were voted against by Government members. These included:

- **Clause 4—Title of Principal Act** *Amendment*: Rename to "Pae Ora (Healthy Futures) Amendment Bill". *Rationale*: Restore the mana of te reo Māori and the original intent of the Act.
- **Clause 5—Purpose of the Act** *Amendment*: Add equity and Te Tiriti as core purposes. *Rationale*: Ensure these are not optional considerations.
- **Clause 8—Te Tiriti o Waitangi** *Amendment*: Insert "the articles and principles of Te Tiriti o Waitangi". *Rationale*: Strengthen accountability and Treaty obligations.
- **Clause 9—Health sector principles** *Amendment*: Retain section 7. *Rationale*: Preserve equity, cultural safety, and responsiveness to Māori.
- **Equity principles after section 13** *Amendment*: Add duty to achieve equity, especially for Māori. *Rationale*: Restore fairness and balance.
- **Clause 14—Consultation with Māori advisory boards** *Amendment*: Require consultation with Hauora Māori Advisory Committee and Iwi Māori Partnership Boards (IMPBs). *Rationale*: Ensure Māori input in planning and delivery.
- **Clause 15—Kaupapa Māori investment engagement** *Amendment*: Safeguard engagement with IMPBs. *Rationale*: Support Māori-led service design.
- **Clause 16—Systems for Te Tiriti understanding** *Amendment*: Retain requirement to understand Te Tiriti and mātauranga Māori. *Rationale*: Prevent institutional ignorance.
- **Clause 17—Engagement with Māori** *Amendment*: Retain Section 16A. *Rationale*: Maintain accountability to Māori communities.

- **Clause 19—Iwi Māori Partnership Boards** *Amendment*: Restore powers to evaluate, commission, and monitor hauora Māori. *Rationale*: Reinstate mana motuhake.
- **Clause 26—Reporting on equity** *Amendment*: Require annual reporting on Māori health equity, audited by the Auditor-General. *Rationale*: Embed accountability.
- **New Section 52A—Workforce and cultural safety** *Amendment*: Require ministerial reporting on workforce wellbeing and cultural safety. *Rationale*: Maintain oversight if Charter is removed.
- **Clauses 26–27—Audit requirements** *Amendment*: Retain audit requirements for NZ Health Plan and performance reports. *Rationale*: Ensure transparency.
- **Clause 28—New Zealand Health Charter** *Amendment*: Retain sections 56–58. *Rationale*: Uphold values of equity, Te Tiriti, and cultural safety.
- **Clause 31—Hauora Māori Advisory Committee** *Amendment*: Make advice binding and require annual reporting to Parliament. *Rationale*: Elevate influence and accountability.
- **Clause 32—Te Tiriti expertise** *Amendment*: Retain original appointment criteria. *Rationale*: Ensure expertise in Te Tiriti, equity, and population health.

Every amendment was grounded in kaupapa Māori, Treaty justice, and practical equity. Their rejection confirms that this bill is not about partnership, it is about control.

Our mokopuna will inherit the consequences of this bill. Without Māori leadership, culturally grounded care will be sidelined. Without statutory equity duties, disparities will persist. Without accountability, the Crown will continue to fail Māori.

Māori deserve better. Our mokopuna deserve better. We deserve a health system that puts Te Tiriti front and centre, listens to Māori voices, and targets to close the gap in health inequities. We deserve to lead our own solutions, to exercise mana motuhake, and to act as kaitiaki for our own people.

This is about our babies and future mokopuna. Health is a taonga and to protect it is our collective duty under Te Tiriti o Waitangi and our whakapapa.

Hei whakakapinga kōrero

In summary, Labour, Greens, and Te Pāti Māori object that the Healthy Futures (Pae Ora) Amendment Bill undermines the voice of Māori in the system, weakens Treaty principles, and distances decision-making from communities. It erodes partnership in favour of advisory bureaucracy, binds future governments with inflexible targets, strips the bill of Māori identity and substantive wellbeing principles, and reduces health system autonomy in workforce matters—all despite the clear evidence presented by submitters that these changes will exacerbate inequity and undermine trust in the reforms.

Appendix

Committee process

The Healthy Futures (Pae Ora) Amendment Bill was referred to this committee on 22 July 2025. The House instructed us to report on the bill no later than 24 November 2025. We invited the Minister of Health, Hon Simeon Brown, to provide oral evidence on the bill. The Minister declined the invitation.

We called for submissions on the bill with a closing date of 18 August 2025. We received and considered submissions from 1,787 interested groups and individuals. We heard oral evidence from 97 submitters. We wish to acknowledge the contributions of all submitters and thank them for their engagement.

Advice on the bill was provided by the Ministry of Health. The Office of the Clerk provided advice on the bill's legislative quality. The Parliamentary Counsel Office assisted with legal drafting.

Committee membership

Sam Uffindell (Chairperson)

Dr Hamish Campbell

Dr Carlos Cheung

Ingrid Leary

Cameron Luxton

Hūhana Lyndon

Jenny Marcroft

Debbie Ngarewa-Packer

Hon Dr Ayesha Verrall

Related resources

The documents we received as advice and evidence are available on the Parliament website.

Key to symbols used in reprinted bill

As reported from the Health Committee

text inserted by a majority

~~text deleted by a majority~~

Hon Simeon Brown

Healthy Futures (Pae Ora) Amendment Bill

Government Bill

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Consequential amendments to other legislation

The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Healthy Futures (Pae Ora) Amendment Act **2025**.

2 Commencement

This Act comes into force on the day after Royal assent.

3 Principal Act

This Act amends the Act that was previously called the Pae Ora (Healthy Futures) Act 2022.

Part 1
Amendments to principal Act

4 Title of principal Act changed

In section 1, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

5 Section 3 amended (Purpose of this Act)

(1) In section 3(c), replace "pae ora (healthy futures)" with "healthy futures (pae ora)".

(2) After section 3(c), insert:

(d) ensure that patients get timely access to quality ~~health~~ services.

6 Section 4 amended (Interpretation)

(1) In section 4, repeal the definitions of **health sector principles** and **New Zealand health charter** or **charter**.

(2) In section 4, insert in its appropriate alphabetical order:

infrastructure includes any physical assets, including buildings, facilities, and land, that are, or may be in the future, owned or controlled by Health New Zealand for the purpose of providing services

7 Section 5 amended (Guide to this Act)

In section 5(1), replace ", the health sector principles," with "and for".

8 Section 6 amended (Te Tiriti o Waitangi (the Treaty of Waitangi))

(1) Repeal section 6(a), (k), (l), and (n).

(2) In section 6(c), after "advise the Minister", insert "and the board of Health New Zealand".

(3) After section 6(d), insert:

(e) requires the board of Health New Zealand to take into account any advice it receives from the Hauora Māori Advisory Committee; and

(4) Replace section 6(f) with:

(f) provides for iwi-Māori partnership boards to engage with local Māori communities about their health needs, aspirations, and health outcomes; and

(5) Replace section 6(m) with:

(m) requires Health New Zealand—

(i) to support iwi-Māori partnership boards; and

(ii) to provide relevant information to ~~Māori~~ iwi-Māori partnership boards for that purpose.

9 Section 7 repealed (Health sector principles)

Repeal section 7.

10 Section 10 amended (Overview of Minister's role)

Repeal section 10(1)(d).

11 New section 11A inserted (Obligations as Crown agent, including in relation to political neutrality)

After section 11, insert:

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, and individuals working as contractors~~, and~~ or 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.~~

(b) make the board of Health New Zealand responsible for ensuring that Health New Zealand upholds the public service principles, including the principle of political neutrality, when carrying out its functions; and

(c) empower the Public Service Commissioner to set minimum standards of integrity and conduct, including standards relating to the public service values or the public service principles (or both); and

(d) require Health New Zealand, and the groups and individuals in it, to comply with the minimum standards set by the Public Service Commissioner that apply to it or them.

12 Section 12 amended (Board of Health New Zealand)

Replace section 12(3) with:

(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.

13 Section 13 amended (Objectives of Health New Zealand)

(1) Replace section 13(a) with:

(a) to design, arrange, and deliver appropriate, effective, and timely services to achieve the purpose of this Act; and

(2) In section 13(c), after "individuals", insert "(including, to avoid doubt, private healthcare providers)".

(3) After section 13(e), insert:

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

14 Section 14 amended (Functions of Health New Zealand)

(1) After section 14(1)(c), insert:

(ca) provide and plan for infrastructure to deliver services; and

(2) In section 14(1)(k), after "individuals", insert "(including, to avoid doubt, private healthcare providers)".

(3) In section 14(1)(n) replace "iwi-Māori partnership boards" with "the Hauora Māori Advisory Committee".

(4) After section 14(3), insert:

(4) ~~Section 14(1)(n)~~ Subsection (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.

15 Section 15 amended (Health New Zealand must support and engage with iwi-Māori partnership boards)

(1) In the heading to section 15, delete "**and engage with**".

(2) Repeal section 15(b).

16 Section 16 amended (Additional collective duties of board of Health New Zealand)

Repeal section 16(1)(d)(ii).

17 Section 16A repealed (Engaging with and reporting to Māori)

Repeal section 16A.

18 New sections 17 to 22 and cross-headings inserted

After section 16, insert:

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 some or all of Health New Zealand's function of providing and planning for infrastructure to deliver ~~health~~ services, in accordance with the delegation under **section 21**.

(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.~~ must—

(a) include content specified by a notice (if any) made under **subsection (2A)**; and

(b) be approved by the Minister before the delegation, amendment, or replacement comes into force.

(2A) The Minister may, by notice in the *Gazette*, direct content to be included in an instrument of delegation under this section.

(2B) Before making a notice under **subsection (2A)**, the Minister must consult—

(a) the board of Health New Zealand; and

(b) the infrastructure committee.

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

21A Chair of board of Health New Zealand may attend infrastructure committee meetings

(1) This section applies if the chair of the board of Health New Zealand is not a member of the infrastructure committee.

(2) The chair may attend any meeting of the infrastructure committee.

(3) The chair may speak, but not vote, at the meeting.

(4) Before the meeting, the person in charge of the meeting must provide the chair with copies of all notices, documents, and other information provided to those attending the meeting.

21B Chair of infrastructure committee may attend meetings of board of Health New Zealand

(1) This section applies if the chair of the infrastructure committee is not a member of the board of Health New Zealand.

(2) The chair may attend any meeting of the board of Health New Zealand relating to infrastructure.

(3) The chair may speak, but not vote, at the meeting.

(4) Before the meeting, the person in charge of the meeting must provide the chair with copies of all notices, documents, and other information provided to those attending the meeting.

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.

(2A) In performing the functions, the Director-General may speak, but not vote, at the meeting.

(3) ~~The~~ Before the meeting, the person in charge of ~~a~~ the 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).

19 Sections 29 and 30 replaced

Replace sections 29 and 30 with:

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.

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~~ insights from that engagement to the Hauora Māori Advisory Committee.

20 Section 33 amended (Overview of important health documents)

(1) In section 33(1)(a), replace "and objectives" with ", objectives, and targets".

(2) Repeal section 33(1)(e).

21 Section 34 amended (GPS)

(1) In section 34(2)(a), after "priorities", insert ", objectives and targets".

~~(2) In section 34(3), after "priorities", insert "and targets".~~

21A Section 35 amended (Preparation of GPS)

Repeal section 35(b).

22 Section 36 amended (Content of GPS)

(1) After section 36(1)(a), insert:

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

(2) Replace section 36(1)(e) with:

(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.

23 New section 36A inserted (Targets that must be included in GPS)

After section 36, insert:

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.

24 Section 47 amended (Process for making health strategy)

(1) After section 47(1)(a), insert:

(aa) give effect to the relevant targets in the GPS; and

(2) After ~~section 47(1)~~ section 47(3), insert:

(~~1A~~4) The Minister must ensure that health strategies are consistent with each other.

25 Section 51 amended (Content of New Zealand Health Plan)

(1) After section 51(g)(ii), insert:

(iii) how the key services and activities will be funded and their proposed level of funding; and

(2) After section 51(g), insert:

(ga) set out a statement of Health New Zealand's anticipated revenue and expenditure for the period covered by the plan; and

(3) Repeal section 51(h)(iii).

26 Section 52 amended (Report of performance against New Zealand Health Plan)

Repeal section 52(2)(c).

27 Section 53 amended (Process for preparing New Zealand Health Plan)

Repeal section 53(2).

28 Sections 56 to 58 and cross-heading repealed

Repeal sections 56 to 58 and the cross-heading above section 56.

28A Section 61 amended (Minister may appoint Crown observers)

(1) In section 61(3)(b), before "provide", insert "before the meeting,".

(2) After section 61(4), insert:

(4A) In performing the functions, the Crown observer may speak, but not vote, at the meeting.

29 New section 65A inserted (Minister may direct Health New Zealand regarding Public Service Commissioner)

After section 65, insert:

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.

(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 bargaining in accordance with Part 5 of the Employment Relations Act 2000.

30 Section 68 amended (Objectives of Pharmac)

In section 68(2), after "section 102", insert "or any direction continued under clause 30 of Schedule 1".

31 Section 89 amended (Hauora Māori Advisory Committee)

(1) In section 89(1), delete "to advise the Minister on any matter relating to hauora Māori that the Minister requests".

(2) Replace section 89(2) and (3) with:

(2) The purpose of the committee is to provide advice to the Minister and the board of Health New Zealand on—

(a) ~~healthcare~~ health 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.

32 Section 93 amended (Expert advisory committee on public health)

Repeal section 93(4).

33 Schedule 1 amended

(1) In Schedule 1, clause 8(1), replace "section 59" with "section 59E".

(2) In Schedule 1,—

(a) insert the Part set out in **Schedule 1** of this Act as the last Part; and

(b) make all necessary consequential amendments.

Part 2
Consequential amendments

Amendments to Pae Ora (Healthy Futures) Alcohol Levy Order 2025

33A Principal order

Sections 33B to 33E amend the order that was previously called the Pae Ora (Healthy Futures) Alcohol Levy Order 2025.

33B Title of principal order changed

In clause 1, replace "Pae Ora (Healthy Futures) Alcohol Levy Order 2025" with "Healthy Futures (Pae Ora) Alcohol Levy Order 2025".

33C New clause 3A inserted (Transitional, savings, and related provisions)

After clause 3, insert:

3A Transitional, savings, and related provisions

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

33D New Schedule 1 inserted

Insert the **Schedule 1** set out in **Schedule 1A** of this Act as the first schedule to appear after the last clause of the principal order.

33E Schedule amended

In the Schedule heading, replace "**Schedule**" with "**Schedule 2**".

Consequential amendments to other legislation

34 Consequential amendments to other legislation

(1) Amend the Acts specified in **Part 1 of Schedule 2** as set out in that schedule.

(2) Amend the secondary legislation specified in **Part 2 of Schedule 2** as set out in that schedule.

Schedule 1
New Part 4 inserted into Schedule 1

s 33

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 54**~~ **clauses 50 to 52**.

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:

(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.

Schedule 1A
New Schedule 1 inserted into Pae Ora (Healthy Futures) Alcohol Levy Order 2025

s 33D

Schedule 1
Transitional, savings, and related provisions

cl 3A

Part 1
Provision relating to Healthy Futures (Pae Ora) Amendment Act 2025

1 References to previous Title

Every reference in any enactment and in any document to the Pae Ora (Healthy Futures) Alcohol Levy Order 2025 must, unless the context otherwise provides, be read as a reference to the Healthy Futures (Pae Ora) Alcohol Levy Order 2025.

Schedule 2
Consequential amendments to other legislation

s 34

Part 1
Amendments to Acts

Accident Compensation Act 2001 (2001 No 49)

In section 6(1), definition of **Health New Zealand or other provider**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In Schedule 1, clause 13(7), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Biosecurity Act 1993 (1993 No 95)

In section 87(1)(g), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 98(1)(g), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Children's Act 2014 (2014 No 40)

In section 5(1), definition of **children's agencies**, replace paragraph (c) with:

(c) Healthy Futures (Pae Ora) Act 2022:

In section 15(1), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Civil Defence Emergency Management Act 2002 (2002 No 33)

In section 4, definition of **health and disability services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 4, definition of **provider of health and disability services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Compensation for Live Organ Donors Act 2016 (2016 No 96)

In section 9(1)(c), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Contraception, Sterilisation, and Abortion Act 1977 (1977 No 112)

In section 16(1), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Disabled Persons Community Welfare Act 1975 (1975 No 122)

In section 2, definition of **disability support services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Disabled Persons Community Welfare Act 1975 (1975 No 122)—*continued*

In section 2, definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 2, replace the definition of **New Zealand Health Plan** with:

New Zealand Health Plan has the meaning in section 4 of the Healthy Futures (Pae Ora) Act 2022

In section 2, definition of **service agreement**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 25A(1)(b) and (2)(a) and (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 25C(3)(d)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 25D(4)(c), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Employment Relations Act 2000 (2000 No 24)

In Schedule 1, Part A, clause 13, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In Schedule 1B, clause 3, definition of **services**, paragraph (a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In Schedule 1B, repeal clause 7.

Family Violence Act 2018 (2018 No 46)

In section 19, definition of **specified government agency**, paragraph (e), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Hazardous Substances and New Organisms Act 1996 (1996 No 30)

In section 2(1), definition of **public health**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health Act 1956 (1956 No 65)

In section 2(1), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 2(1), definition of **personal health**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 2(1), definition of **personal health services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 2(1), definition of **public health**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 2(1), definition of **public health services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health Act 1956 (1956 No 65)—*continued*

In section 22B, definition of **services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 22C(2)(j) and (l), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 22G(1)(a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health and Disability Commissioner Act 1994 (1994 No 88)

In section 7(a) and (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health and Disability Services (Safety) Act 2001 (2001 No 93)

In section 5(1)(c), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health Practitioners Competence Assurance Act 2003 (2003 No 48)

In section 53(1), definition of **investigation**, paragraph (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 60(6), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 61(1)(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health Sector (Transfers) Act 1993 (1993 No 23)

In section 2(2), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 11A(1), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 11B(2)(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 11E(8)(a) and (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 11H(2)(a)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016 (2016 No 2)

In section 4, definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Human Assisted Reproductive Technology Act 2004 (2004 No 92)

In section 27(3)(a) and (4), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Immigration Act 2009 (2009 No 51)

In section 300(9), definition of **responsible department**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 300(9), definition of **services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Income Tax Act 2007 (2007 No 97)

In section CW 52B(2), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Replace section MX 2(c)(ii) with:

(ii) the Healthy Futures (Pae Ora) Act 2022:

Maniapoto Claims Settlement Act 2022 (2022 No 50)

In section 188, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Medicines Act 1981 (1981 No 118)

In section 49A(3)(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 55F(5), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Mental Health (Compulsory Assessment and Treatment) Act 1992 (1992 No 46)

In section 2(1), definition of **service**, paragraph (a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Misuse of Drugs Act 1975 (1975 No 116)

In section 8(1)(b)(i) and (f), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 20(3)(a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Ngā Hapū o Ngāti Ranginui Claims Settlement Act 2025 (2025 No 24)

In section 108, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Ngāi Tahu Claims Settlement Act 1998 (1998 No 97)

In section 50(j), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Ngāti Hauā Claims Settlement Act 2014 (2014 No 75)

In section 126, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Ngati Toa Rangatira Claims Settlement Act 2014 (2014 No 17)

In section 202, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

New Zealand Sign Language Act 2006 (2006 No 18)

In section 10(2), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

New Zealand Superannuation and Retirement Income Act 2001 (2001 No 84)

In section 19(1), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Oranga Tamariki Act 1989 (1989 No 24)

In section 2(1), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Port Nicholson Block (Taranaki Whānui ki Te Upoko o Te Ika) Claims Settlement Act 2009 (2009 No 26)

In section 109, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Psychoactive Substances Act 2013 (2013 No 53)

In section 8, definition of **public health**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Raukawa Claims Settlement Act 2014 (2014 No 7)

In section 124, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Residential Care and Disability Support Services Act 2018 (2018 No 33)

In section 5, definition of **funder**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 5, definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 5, definition of **section 94 notice**, paragraph (a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 13, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Residential Care and Disability Support Services Act 2018 (2018 No 33)—*continued*

In section 59(1)(c)(ii) and (2)(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Smokefree Environments and Regulated Products Act 1990 (1990 No 108)

In section 91(1)(a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Social Security Act 2018 (2018 No 32)

In section 67(d)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 72(2)(d)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 86(1)(b)(ii), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 96(2)(a) and (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In section 402(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In Schedule 2, definition of **hospital**, paragraph (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In Schedule 2, definition of **residential care services**, paragraph (g), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Sport and Recreation New Zealand Act 2002 (2002 No 38)

In section 5, definition of **New Zealand health strategy**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Support Workers (Pay Equity) Settlements Act 2017 (2017 No 24)

In section 5, definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Te Korowai o Wainuiārua Claims Settlement Act 2025 (2025 No 5)

In section 202, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Veterans' Support Act 2014 (2014 No 56)

In section 107(2)(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Victims' Rights Act 2002 (2002 No 39)

In section 11(2)(b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Part 2
Consequential amendments to secondary legislation

Accident Compensation (Ancillary Services) Regulations 2002 (SR 2002/13)

In regulation 6(1)(b)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (SR 2003/388)

In regulation 3, definition of **community services card**, paragraph (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 13(5)(a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Cremation Regulations 1973 (SR 1973/154)

In regulation 7(3), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Crown Entities (Financial Powers) Regulations 2005 (SR 2005/68)

In regulation 13(4), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 13(4), definition of **New Zealand Health Plan**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health Entitlement Cards Regulations 1993 (SR 1993/169)

In regulation 2(1), definition of **Act**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 2(1), definition of **medical practitioner**, paragraph (d)(iii), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 2(1), definition of **provider**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 5(2)(d), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 8(1)(g) and (3), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 12(b)(ii)(A), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health Entitlement Cards Regulations 1993 (SR 1993/169)—*continued*

In regulation 13(5)(a) and (b), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 17, definition of **general medical services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 17, definition of **qualifying medical services**, paragraph (a), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 22(1), definition of **pharmaceutical**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 22(1), definition of **prescription item**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health (Immunisation) Regulations 1995 (SR 1995/304)

In regulation 2(1), definition of **Pharmac**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Health (Retention of Health Information) Regulations 1996 (SR 1996/343)

In regulation 2, definition of **services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Injury Prevention, Rehabilitation, and Compensation (Public Health Acute Services) Regulations 2002 (SR 2002/71)

In regulation 3(1), definition of **personal health services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Medicines Regulations 1984 (SR 1984/143)

In regulation 2(1), definition of **Pharmac**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 11(3)(a)(ii), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

National Civil Defence Emergency Management Plan Order 2015 (LI 2015/140)

In the Schedule, clause 2(1), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Pae Ora (Healthy Futures) Alcohol Levy Order 2025 (SL 2025/139)

In the enacting statement, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In clause 3, definition of **Act**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In the heading to clause 4, replace "**Schedule**" with "**Schedule 2**".

In clause 4, replace "the Schedule" with "**Schedule 2**".

Pae Ora (Healthy Futures) Alcohol Levy Order 2025 (SL 2025/139)—*continued*

In clause 5, replace "the Schedule" with "**Schedule 2**".

Privacy (Information Sharing Agreement between Inland Revenue and Ministry of Social Development) Order 2017 (LI 2017/176)

In clause 3(1), definition of **subsidies**, paragraph (b)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Privacy (Information Sharing Agreement between New Zealand Gang Intelligence Centre Agencies) Order 2018 (LI 2018/247)

In clause 3, definition of **subsidies**, paragraph (b)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Privacy (Information Sharing Agreement Facilitating Access to Information about Deaths) Order 2023 (SL 2023/43)

In clause 3(1), definition of **mortality review committee**, paragraph (b)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Privacy (Information Sharing Agreement Facilitating Services for Veterans and Other Claimants) Order 2024 (SL 2024/59)

In clause 3, definition of **Health NZ**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In clause 3, definition of **subsidy**, paragraph (b)(i), replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Public and Community Housing Management (Prescribed Elements of Calculation Mechanism) Regulations 2018 (LI 2018/173)

In regulation 3(1), definition of **disability support services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In regulation 3(1), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Residential Care and Disability Support Services Regulations 2018 (LI 2018/203)

In Schedule 3, clause 2, definition of **disability support services**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

In Schedule 3, clause 2, definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Social Security Regulations 2018 (LI 2018/202)

In Schedule 8, clause 5, definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Student Allowances Regulations 1998 (SR 1998/277)

In regulation 2(1), definition of **Health New Zealand**, replace "Pae Ora (Healthy Futures) Act 2022" with "Healthy Futures (Pae Ora) Act 2022".

Legislative history

2 July 2025	Introduction (Bill 179–1)
22 July 2025	First reading and referral to Health Committee

Wellington, New Zealand:
Published under the authority of the House of Representatives—2025