

Pae Ora (Healthy Futures) Bill

Government Bill

Explanatory note

General policy statement

Successive reviews of the publicly-funded health system in New Zealand, most recently the independent Health and Disability System Review that was released in June 2020, have found consistently poor outcomes for some groups, in particular Māori, Pacific peoples, and people with disabilities, and significant unwarranted variation in service availability, access, and quality between population groups and areas of New Zealand. For Māori in particular, the health system does not operate in partnership and does not meet the Crown's obligations under te Tiriti o Waitangi (the Treaty of Waitangi).

The Health and Disability System Review identified that one of the root causes of this inequity and variation was the structure of the health system. It described a system that had become fragmented and complex, leading to unclear roles, duplication, misalignment, and a lack of a common whole-system ethos.

Tackling these issues requires reform that fundamentally changes the structure and accountability of the publicly-funded health system, making it necessary to repeal and replace the New Zealand Public Health and Disability Act 2000 in its entirety.

This Bill addresses these issues and provides for a new structure and new accountability arrangements. The purpose of the reforms is to:

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

Giving effect to principles of te Tiriti o Waitangi (the Treaty of Waitangi)

The Bill is intended to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi). A descriptive clause sets out the provisions that give effect to the

Crown's obligations. The Bill also sets out principles that will guide decision-makers, incorporating the concepts of the principles for the health system discussed by the Waitangi Tribunal in the WAI 2575 Inquiry. This places Tiriti/Treaty-informed decision-making at the heart of the system by ensuring that decisions made by health entities will be genuinely informed by the health principles identified by the Tribunal, and that the legislation will support system-wide accountability for Māori health outcomes.

Health system structures

The Bill disestablishes district health boards and the Health Promotion Agency. Their assets, liabilities, contracts, and employees will transfer to new entities. All transferring employees will retain their existing terms and conditions of employment on transfer, including arrangements that had been specific to particular district health boards.

Health New Zealand

The Bill establishes Health New Zealand, a new Crown agent to lead system operations, planning, commissioning and delivery of health services, working with the Māori Health Authority. Health New Zealand will establish localities to plan and commission primary and community health services effectively and engage with communities at the appropriate level. This will reduce system complexity and enable consistency, a population health focus, and meaningful community and consumer participation in the planning, delivery, and monitoring of health services.

Māori Health Authority

The Bill establishes the Māori Health Authority to drive improvement in hauora Māori. The Authority will be an independent statutory entity with clear accountabilities to both Māori and the Crown. It will co-commission and plan services with Health New Zealand, commission kaupapa Māori services, and monitor the performance of the system for Māori. The Authority will work with the Ministry of Health to prepare national strategies and provide advice to the Minister. The Bill also requires the Minister to establish a Hauora Māori advisory committee to advise on the exercise of Ministerial powers in relation to the Authority

Iwi-Māori partnership boards

The Bill provides a statutory purpose and framework for recognising iwi-Māori partnership boards as a vehicle to exercise tino rangatiratanga and mana motuhake at the local level. The interim Māori Health Authority is leading a process of engagement to advise on the specific functions and powers the partnership boards should have, and changes are anticipated during the passage of the legislation.

Public health

The Ministry of Health will continue to act as chief steward of the health system with a focus on strategy, policy, regulation, and monitoring. A new Public Health Agency

will be established as a business unit within the Ministry of Health to provide system leadership for public health and advise the Director-General on public health matters. The role of the Director of Public Health as a system leader will be strengthened. The Bill also requires the Minister to establish an expert advisory committee to provide independent advice on issues relating to public health.

Strategic, accountability, and monitoring documents

The Bill establishes a more cohesive system focused on long-term strategic direction and population health needs, providing for a number of key health system strategic, accountability, and monitoring documents:

- the Government Policy Statement on Health, which will set out the government's overall direction, priorities, and objectives for the health system. It must be issued by the Minister at intervals no longer than 3 years; and
- National health strategies—the New Zealand Health Strategy will provide a framework for the overall 5–10 year direction of the health system and must be prepared and determined by the Minister. The Minister must also prepare and determine Hauora Māori, Pacific Health, and Disability Health strategies that include specific consideration of outcomes and performance for Māori, Pacific, and disabled peoples; and
- the New Zealand Health Plan, which will set the operational direction for the system and is to be jointly prepared by Health New Zealand and the Māori Health Authority; and
- locality plans, which will assess health needs at the local level and are to be jointly agreed by Health New Zealand and the Māori Health Authority; and
- the New Zealand Health Charter, which will provide common values, principles, and behaviours for organisations and workers in the health system; and
- the Code of Consumer Participation, which will support consumer participation and enable the consumer voice to be heard.

Continuation of some existing statutory provisions

Part 3 of the Bill continues Pharmac, the New Zealand Blood and Organ Service, and the Health Quality and Safety Commission (HQSC). They will continue to exercise their current functions, subject to the accountability and monitoring requirements in the Bill, and minor amendments to reflect a stronger role for HQSC in supporting consumer engagement.

Part 3 also continues provisions relating to ministerial committees. *Part 4* continues general administrative requirements that apply to health entities.

Schedule 1 set out transitional, savings and related provisions. This includes the transfer of district health board assets and liabilities. *Schedules 4 and 6* replicate relevant schedules of the New Zealand Public Health and Disability Act 2000.

Departmental disclosure statement

The Department of the Prime Minister and Cabinet is required to prepare a disclosure statement to assist with the scrutiny of this Bill. The disclosure statement provides access to information about the policy development of the Bill and identifies any significant or unusual legislative features of the Bill.

A copy of the statement can be found at <http://legislation.govt.nz/disclosure.aspx?type=bill&subtype=government&year=2021&no=85>

Regulatory impact statement

The Department of the Prime Minister and Cabinet produced a supplementary analysis report on 2 June 2021 and a regulatory impact statement on 2 September 2021 to help inform the main policy decisions taken by the Government relating to the contents of this Bill.

Copies of these documents can be found at—

- <https://www.dPMC.govt.nz/publications>
- <https://treasury.govt.nz/publications/informationreleases/ris>

Clause by clause analysis

Clause 1 is the Title clause.

Clause 2 is the commencement clause. The Bill comes into force on 1 July 2022.

Part 1

Preliminary provisions

Clause 3 states the purpose of the Bill.

Clause 4 defines terms used in this Bill.

Clause 5 is an outline provision.

Clause 6 describes how this Bill provides for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi).

Clause 7 sets out the health system principles for the purpose of the Bill.

Clause 8 gives effect to transitional and savings provisions which are set out in detail in *Schedule 1*.

Clause 9 provides that the Bill, when enacted, will bind the Crown.

Part 2

Key roles and health documents

Subpart 1 provides an overview of the Minister's role in the health system.

Subpart 2 relates to Health New Zealand and provides for the following:

- the establishment of Health New Zealand as a Crown agent to which the Crown Entities Act 2004 applies:
- the membership of its board, which must comprise a total of not more than 8 but not fewer than 5 members appointed by the Minister:
- the objectives and functions of Health New Zealand.

Subpart 3 provides for the establishment of the Māori Health Authority and provides for—

- the membership of its board, which must comprise a total of not more than 8 but not fewer than 5 members appointed by the Minister after consulting with the Hauora Māori advisory committee:
- the objectives and functions of the Māori Health Authority:
- the application of the Crown Entities Act 2004, Public Service Act 2020, and the Public Records Act 2005 to the Māori Health Authority.

Subpart 4 provides a means by which disputes are to be resolved if Health New Zealand and the Māori Health Authority disagree on a matter that they are required under this Act to work together on, jointly develop, or agree. If their chief executives are unable to resolve the dispute between themselves, they must refer the dispute to the Minister. The Minister may determine the dispute or a process to resolve the dispute, the outcome of which the parties must comply with.

Subpart 5 requires the making of the following key health documents for the health system:

- the Government Policy Statement for health:
- the New Zealand Health Strategy, Hauora Māori Strategy, Pacific Health Strategy, and the Disability Health Strategy:
- the New Zealand Health Plan:
- the New Zealand Health Charter:
- the Code of Consumer Participation:
- Locality plans.

Subpart 6 enables the Minister to—

- appoint Crown observers to attending meetings of Health New Zealand or the Māori Health Authority if the Minister considers it desirable for the purpose of assisting in improving the performance of that health entity:
- require a health entity to prepare and implement an improvement plan if the Minister believes on reasonable grounds it is necessary to improve the performance of the health entity:
- dismiss the board of Health New Zealand or the Māori Health Authority if the Minister is seriously dissatisfied with the board's performance:
- appoint a commissioner to replace a board that has been dismissed above or removed from office under Crown Entities Act 2004 (the agreement of the

Hauora Māori advisory committee is required in relation to the board of Māori Health Authority).

Part 3 Other roles

Subparts 1 to 4 continues the roles of the following health entities established under the New Zealand Public Health and Disability Act 2000 (**former Act**):

- Pharmac;
- New Zealand Blood and Organ Service;
- Health Quality and Safety Commission.

Subpart 5—

- provides for the establishment of ministerial committees; and
- requires the establishment of a Hauora Māori advisory committee whose functions include advising the Minister on matters relating to the Māori Health Authority; and
- requires the establishment of a national advisory committee on health services ethics and an expert advisory committee on public health (this requirement is carried forward from the former Act).

Subpart 6 provides for Iwi-Māori partnership boards and sets out the criteria and process for the recognition of Iwi-Māori partnership boards. The purpose of Iwi-Māori partnership boards is to represent local Māori perspectives on—

- the needs and aspirations of Māori in relation to hauora Māori outcomes; and
- how the health system is performing in relation to those needs and aspirations; and
- the design and delivery of services and public health interventions within localities.

An organisation listed in *Schedule 3* is recognised as the Iwi-Māori partnership board for the area that it covers. That schedule may be amended in accordance with *clause 88*.

Part 4 General

Part 4 provides for general matters and contains—

- provisions relating to funding agreements and arrangements relating to payments; and
- provisions that apply to all health entities; and
- powers relating to the making of secondary legislation.

Schedules

Schedule 1 relates to the transition of health system arrangements under the former Act to the Pae Ora (Healthy Futures) Act 2021. Schedule 1 provides for—

- certain provisions of the Bill to take effect at a later date and provides for interim measures until they take effect:
- the continuation of the New Zealand disability strategy made under the former Act:
- the disestablishment of DHBs and the transfer of assets, liabilities, and other matters from DHBs to Health New Zealand:
- the disestablishment of the Health Promotion Agency and the transfer of assets, liabilities, and other matters from the agency to Health New Zealand:
- the transfer of employees to Health New Zealand, including the effect of the transfer on collective agreements covering employees of DHBs:
- the continuation of ministerial directions and notices relating to payment arrangements made under the former Act:
- the continuation of ministerial committees and other committees established or appointed under the former Act.

Schedule 2 provides for consequential amendments to Acts and secondary legislation.

Schedule 3 lists the names of iwi-Māori partnership boards and the areas that they cover.

Schedule 4 continues the provisions that apply to mortality review committees appointed by HQSC.

Schedules 5 and 6 are carried forward from the former Act and relate to levies that may be imposed for alcohol related purposes.

Hon Andrew Little

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The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Pae Ora (Healthy Futures) Act **2021**.

2 Commencement

This Act comes into force on 1 July 2022.

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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—

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- (a) protect, promote, and improve the health of all New Zealanders; and
- (b) achieve equity by reducing health disparities among New Zealand's population groups, in particular for Māori; and
- (c) build towards pae ora (healthy futures) for all New Zealanders.

4 Interpretation

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In this Act, unless the context otherwise requires,—

Code of Consumer Participation means the Code of Consumer Participation approved under **section 53**

Crown funding agreement means an agreement that the Crown enters into with any person under which the Crown agrees to provide money in return for the person providing, or arranging for the provision of services, facilities, or goods specified in the agreement

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- 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; 5
or
 - (b) provided for purposes related or incidental to the care or support of people with disabilities or to the promotion of the inclusion and participation in society of such people and their independence
- Government Policy Statement** or **GPS** means the Government Policy Statement on Health required under **section 30** 10
- Hauora Māori advisory committee** means the committee established under **section 84**
- health entity** means Health New Zealand, HQSC, the Māori Health Authority, Pharmac, or NZBOS 15
- Health New Zealand** means the health entity established under **section 11**
- 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: 20
 - (d) the Disability Health Strategy
- health system** means all of the following entities, and includes activities funded by them:
- (a) the Ministry (including its departmental agencies); and
 - (b) all health entities; and 25
 - (c) the Mental Health and Wellbeing Commission, the Health and Disability Commissioner, the New Zealand Artificial Limb Service, and the Health Research Council of New Zealand
- health system principles** means the principles set out in **section 7(1)**
- HQSC** means the Health Quality and Safety Commission continued under **section 71** 30
- iwi-Māori partnership board** means an organisation listed in **Schedule 3**
- locality** means a geographically defined area determined under **section 48**
- Māori Health Authority** means the health entity established under **section 17** 35
- Minister** or **Minister of Health** 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

- Ministry or Ministry of Health** means the department of the public service referred to by that name
- ministerial committee** means a committee established under **section 82**
- New Zealand Health Charter or charter** means the charter made under **section 52** 5
- New Zealand Health Plan** means the plan required under **section 44**
- New Zealand Health Strategy** means the strategy required under **section 37**
- NZBOS** means the New Zealand Blood and Organ Service continued under **section 68**
- personal health** means the health of an individual 10
- 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 15
- Pharmac** means the Pharmaceutical Management Agency continued under **section 60**
- pharmaceutical** means a medicine, therapeutic medical device, or related product or related thing 20
- 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 25
- 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 30
- 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— 35
- (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 to publish it 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 5
- (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 10
- (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.

5 Guide to this Act 15

- (1) **Part 1** provides for the purpose of this Act, the health system principles, and 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 the Māori Health Authority. **Part 2** also provides for the key health documents that will inform the provision of services under this Act. 20
- (3) **Part 3** sets out the role of Pharmac, HQCS, NZBOS, specified committees, and iwi-Maori partnership boards 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. 25
- (5) This section is intended as a guide only.

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— 30

- (a) requires health entities to be guided by the health system principles, which, among other things, are aimed at improving the health system for Māori and raising hauora Māori outcomes; and
- (b) establishes the Māori Health Authority and sets out its objectives and functions; and 35
- (c) requires the Minister to—
 - (i) establish a permanent committee, the Hauora Māori advisory committee, to advise the Minister; and

- (ii) seek the advice or agreement of the committee before exercising certain powers; and
- (d) gives recognition to iwi-Māori partnership boards to enable Māori to participate in and contribute to decision making on local health priorities; and 5
- (e) requires Health New Zealand and the Māori Health Authority to engage with iwi-Māori partnership boards; and
- (f) requires Health New Zealand and the Māori Health Authority to jointly develop and implement a New Zealand Health Plan and to work together in the performance of specified functions of Health New Zealand; and 10
- (g) requires the boards of Health New Zealand and the Māori Health Authority to have knowledge of, and experience and expertise in relation to, giving effect to te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and
- (h) requires the Māori Health Authority to have systems in place for the purpose of engaging with Māori and enabling the responses from that engagement to inform the performance of its functions; and 15
- (i) requires the Māori Health Authority to report back to Māori on how the engagement under **section 20(1)(c)** has informed the performance of its functions. 20

7 Health system principles

- (1) For the purpose of this Act, the health system principles are as follows:
 - (a) the health system should be equitable, which includes ensuring Māori and other population groups—
 - (i) have access to services in proportion to their health needs; and 25
 - (ii) receive equitable levels of service; and
 - (iii) achieve equitable health outcomes:
 - (b) the health system 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 raise hauora Māori outcomes: 30
 - (c) the health system should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both— 35
 - (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:

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- (d) the health system should provide choice of quality services to Māori and other population groups, including by—
- (i) resourcing kaupapa Māori and whānau centred services; and
 - (ii) providing services that are culturally safe and culturally responsive to people’s needs; and 5
 - (iii) harnessing clinical leadership, innovation, and technology to continuously improve services; and
 - (iv) providing services that are tailored to a person’s circumstances and preferences; and
 - (v) providing services that reflect mātauranga Māori: 10
- (e) the health system 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 15
 - (iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably.
- (2) A health entity must, when performing its functions under this Act, be guided by the health system principles— 20
- (a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and
 - (b) to the extent applicable to the health entity and its functions.
- (3) The Ministry must, when performing any activity authorised or required under this Act, be guided by the health system principles— 25
- (a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and
 - (b) to the extent applicable to the Ministry.
- (4) The health system principles in **subsection (1)(b) and (c)** do not apply to Pharmac and the performance of its functions. 30
- 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. 35

Part 2 Key roles and health documents

Subpart 1—Minister of Health

10 Overview of Minister's role

- | | | |
|-----|---|----|
| (1) | The Minister's role in the New Zealand health system includes— | 5 |
| | (a) issuing a Government Policy Statement and the following health strategies: | |
| | (i) New Zealand Health Strategy: | |
| | (ii) Hauora Māori Strategy: | |
| | (iii) Pacific Health Strategy: | 10 |
| | (iv) Disability Health Strategy: | |
| | (b) approving the New Zealand Health Plan developed by Health New Zealand and the Māori Health Authority; and | |
| | (c) approving the New Zealand Health Charter and the Code of Consumer Participation; and | 15 |
| | (d) establishing committees under this Act; and | |
| | (e) exercising intervention powers under sections 55 to 57 . | |
| (2) | This section is intended as a guide only. | |

Subpart 2—Health New Zealand

- | | | |
|-----------|--|----|
| 11 | Health New Zealand established | 20 |
| (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. | 25 |
| 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 (other than the member referred to in subsection (4)) and the chairperson. | 30 |
| (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) The chairperson of the Māori Health Authority (or the nominated co-chairperson referred to in **section 22(3)**)—
- (a) is, by virtue of holding that office, a member of the board of Health New Zealand with voting rights; and 5
- (b) may delegate that membership to a deputy chairperson of the Māori Health Authority.
- 13 Objectives of Health New Zealand**
- The objectives of Health New Zealand are— 10
- (a) to design, arrange, and deliver services to achieve the purpose of this Act in accordance with the health system principles; and
- (b) to encourage 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 social sector agencies to address the determinants of health. 15
- 14 Functions of Health New Zealand**
- (1) The functions of Health New Zealand are to—
- (a) jointly develop and implement a New Zealand Health Plan with the Māori Health Authority; and 20
- (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 25
- (e) set requirements and specifications for publicly funded services; and
- (f) develop and implement locality plans; and
- (g) undertake and promote public health initiatives, including commissioning services to deliver public health programmes specified by the Public Health Agency; and 30
- (h) improve service delivery and outcomes at all levels within the health system; and
- (i) collaborate with other providers of social services to improve health and wellbeing outcomes; and 35
- (j) work with the Māori Health Authority when performing any function in **paragraphs (c) to (i)**; and

- (k) contribute to key health documents in **subpart 5**; and
- (l) engage with iwi-Māori partnership boards; and
- (m) evaluate the delivery and performance of services provided or funded by Health New Zealand; and
- (n) provide accessible and understandable information to the public on health system performance; and 5
- (o) 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
- (p) perform or exercise the functions, duties, and powers conferred or imposed on it by this Act or any other enactment; and 10
- (q) 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. 15
- (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.
- 15 Health New Zealand must provide information to iwi-Māori partnership boards** 20
- Health New Zealand must provide sufficient and timely information to iwi-Māori partnership boards to support them to achieve their purpose in **section 92**.
- 16 Additional collective duties of board of Health New Zealand** 25
- (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) works collaboratively with the Māori Health Authority; and
- (c) operates in a financially responsible manner and, for this purpose, endeavours to cover all its annual costs (including the cost of capital) from its net annual income; and 30
- (d) maintains systems and processes to ensure Health New Zealand,—
- (i) has the capacity and capability to perform its functions; and
- (ii) when performing any function in relation to Māori, has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), mātauranga Māori, and Māori perspectives of services. 35

- (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.

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Subpart 3—Māori Health Authority

17 Māori Health Authority established

- (1) The Māori Health Authority is established.
- (2) The Māori Health Authority is an independent statutory entity.

18 Objectives of Māori Health Authority

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The objectives of the Māori Health Authority are to—

- (a) ensure that planning and service delivery respond to the aspirations and needs of whānau, hapū, iwi, and Māori in general; and
- (b) design and arrange services—
 - (i) to achieve the purpose of this Act in accordance with the health system principles; and
 - (ii) to achieve the best possible health outcomes for whānau, hapū, and Māori in general; and
- (c) promote Māori health and prevent, reduce, and delay the onset of ill-health for Māori, including by collaborating with other social sector agencies to address the determinants of Māori health.

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19 Functions of Māori Health Authority

- (1) The functions of the Māori Health Authority are to—
 - (a) jointly develop and implement a New Zealand Health Plan with Health New Zealand; and
 - (b) own and operate services; and
 - (c) improve service delivery and outcomes for Māori at all levels of the health system; and
 - (d) collaborate with other providers of social services to improve health and wellbeing outcomes for Māori; and
 - (e) provide accessible and understandable information to Māori on health system performance; and
 - (f) commission kaupapa Māori services and other services developed for Māori in accordance with the New Zealand Health Plan; and
 - (g) review locality plans developed by Health New Zealand and participate in the processes set out in **sections 48 and 49**; and

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- (h) provide policy and strategy advice to the Minister on matters relevant to hauora Māori; and
- (i) work with Health New Zealand when Health New Zealand performs any function in **section 14(c) to (i)**; and
- (j) contribute to key health documents in **subpart 5**; and 5
- (k) monitor the delivery of hauora Māori services by Health New Zealand; and
- (l) monitor, in co-operation with the Ministry and Te Puni Kōkiri, the performance of the health system in relation to hauora Māori; and
- (m) support and engage with iwi-Māori partnership boards in accordance with **section 21**; and 10
- (n) design and deliver programmes for the purpose of improving the capability and capacity of Māori health providers and the Māori health workforce; and
- (o) perform or exercise the functions, duties, and powers conferred or imposed on it by this Act or any other enactment; and 15
- (p) 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) The Māori Health Authority must give effect to the GPS and the New Zealand Health Plan when performing its functions. 20
- (3) The Māori Health Authority has all the powers necessary to perform its functions.
- 20 Engaging with and reporting to Māori**
- (1) The Māori Health Authority must— 25
- (a) have systems in place for the purpose of—
- (i) engaging with Māori in relation to their aspirations and needs for the health system; and
- (ii) enabling the responses from that engagement to inform the performance of its functions; and 30
- (b) engage with relevant Māori organisations when—
- (i) jointly developing the New Zealand Health Plan with Health New Zealand; and
- (ii) advising on the GPS and any health strategy; and
- (iii) preparing its statement of intent and statement of performance expectations; and 35
- (c) report back to Māori from time to time on how engagement under this section has informed the performance of its functions.

- (2) In this section,—
- Māori organisation** includes (without limitation) iwi-Māori partnership boards, iwi and hapū authorities, rūnanga, trust boards, Māori health professionals’ organisations, and representatives of whānau and hapū
- relevant Māori organisation** means a Māori organisation that the Māori Health Authority considers relevant for the purpose of the engagement. 5
- 21 Māori Health Authority to support and engage with iwi-Māori partnership boards**
- The Māori Health Authority must—
- (a) take reasonable steps to support iwi-Māori partnership boards to achieve their purpose in **section 92**, including by— 10
- (i) providing administrative, analytical, or financial support where needed; and
- (ii) providing sufficient and timely information; and
- (b) engaging with iwi-Māori partnership boards when determining priorities for kaupapa Māori investment. 15
- 22 Board of Māori Health Authority**
- (1) The board of the Māori Health Authority consists of not fewer than 5, and not more than 8, members.
- (2) When appointing members, the Minister must be satisfied that the board, collectively, has knowledge of, and experience and expertise in relation to,— 20
- (a) te Tiriti o Waitangi (the Treaty of Waitangi), tikanga Māori, and mātauranga Māori; and
- (b) kaupapa Māori services; and
- (c) cultural safety and responsiveness of services; and 25
- (d) the public funding and provision of services; and
- (e) public sector governance and government processes; and
- (f) financial management.
- (3) The Minister must appoint a chairperson or 2 co-chairpersons of the board. If co-chairpersons are appointed, the Minister must nominate a co-chairperson to be a member of the board of Health New Zealand. 30
- (4) Sections 28 (other than section 28(1)(b)) and 29 of the Crown Entities Act 2004 apply to the appointment of members of the board of the Māori Health Authority, except that the Minister must consult the Hauora Māori advisory committee before appointing any member. 35
- (5) Section 32(1)(a) and 32(2) to (4) of the Crown Entities Act 2004 applies to the term of office of members of the board.

- 23 Removal of members**
- (1) The Minister may at any time remove a member of the board of the Māori Health Authority from office if the Minister—
- (a) considers that the removal is justified for any reason; and
 - (b) has consulted the Hauora Māori advisory committee and had regard to its views. 5
- (2) The removal must be made by written notice to the member (with a copy to the Māori Health Authority).
- (3) The notice must—
- (a) state the date on which the removal takes effect which must not be earlier than the date on which the notice is received; and 10
 - (b) state the reasons for the removal.
- (4) The Minister must notify the removal in the *Gazette* as soon as practicable after the notice is given.
- 24 Financial operations of Māori Health Authority** 15
- The board of the Māori Health Authority must ensure that the Māori Health Authority operates in a financially responsible manner and, for this purpose, endeavours to cover all its annual costs (including the cost of capital) from its net annual income.
- 25 Application of Crown Entities Act 2004 to Māori Health Authority** 20
- The following provisions of the Crown Entities Act 2004 apply, subject to this Act and with all necessary modifications, to the Māori Health Authority:
- (a) sections 15, 17 to 35, and 41 to 78; and
 - (b) subpart 3 of Part 2 except section 98(1)(c); and
 - (c) Part 3 except sections 104 to 106 and 116; and 25
 - (d) Part 4; and
 - (e) Schedule 5 except clause 4.
- 26 Application of Public Service Act 2020 to Māori Health Authority**
- The following provisions of the Public Service Act 2020 apply to the Māori Health Authority: 30
- (a) sections 12 and 13; and
 - (b) subpart 4 of Part 1; and
 - (c) Part 4.
- 27 Application of Public Records Act 2005**
- The Māori Health Authority is a public office for the purposes of the Public Records Act 2005. 35

Subpart 4—Disputes

28 Disputes between Health New Zealand and Māori Health Authority

- (1) If Health New Zealand and the Māori Health Authority disagree on a matter that they are required under this Act to work together on, jointly develop, or agree,— 5
- (a) either party may give written notice to the other party that they wish to resolve the dispute in accordance with this section; and
- (b) as soon as practicable after a party has received written notice, the chief executives of each party must meet and use their best endeavours to resolve the dispute. 10
- (2) The parties—
- (a) must refer the dispute to the Minister if they have not resolved it within 20 working days after the date a party received written notice under **subsection (1)(a)**; or
- (b) may refer the dispute to the Minister earlier if they agree. 15
- (3) The Minister may determine the dispute or a process to resolve the dispute and, for that purpose, may require any party to provide information to the Minister.
- (4) The parties must comply with the Minister’s determination or the process determined by the Minister and its outcome.

Subpart 5—Key health documents 20

29 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 health system:
- (b) the Minister to determine the following strategies for improving the health status of New Zealanders: 25
- (i) New Zealand Health Strategy:
- (ii) Hauora Māori Strategy:
- (iii) Pacific Health Strategy:
- (iv) Disability Health Strategy: 30
- (c) Health New Zealand and the Māori Health Authority to develop a New Zealand Health Plan based on population health needs:
- (d) the Minister to approve the New Zealand Health Plan:
- (e) Health New Zealand and the Māori Health Authority to approve locality plans for localities: 35

- (f) the Minister to determine a New Zealand Health Charter to guide health entities and their workers:
 - (g) the Minister to determine a Code of Consumer Participation to support consumer participation and enable the consumer to be voice to heard.
- (2) This section is intended as a guide only. 5

Government Policy Statement on Health

30 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 health system; and 10
 - (b) set clear parameters for the development of the New Zealand Health Plan.
- (3) 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. 15
- (4) The Minister must issue the GPS before the start of the first financial year to which it applies.
- (5) This Minister must issue the first GPS no later than 2 years after the commencement of this Act. 20

31 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 with Health New Zealand and the Māori Health Authority and have regard to their views; and 25
- (d) engage with organisations and individuals that the Minister considers appropriate.

32 Content of GPS

- (1) The GPS must include the following: 30
 - (a) the Government’s priorities and objectives for the health system:
 - (b) how the Government expects health entities to meet the Government’s priorities and objectives for the health system:
 - (c) the Government’s priorities in relation to Māori, which must include the following priorities: 35

-
- (i) improving health outcomes for Māori; and
 - (ii) engaging with Māori:
 - (d) the Government's priorities for improving health outcomes for Pacific people, disabled people, rural communities, and other populations:
 - (e) a framework for regular monitoring of progress and reporting requirements. 5
- (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.
- 33 GPS must be made available** 10
- (1) As soon 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.
- 34 Status of GPS** 15
- (1) A GPS is not a direction for the purposes of Part 3 of the Crown Entities Act 2004.
 - (2) **Sections 30 to 35** do not limit other provisions relating to directions in the Crown Entities Act 2004.
- 35 Health entities must give effect to GPS** 20
- 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.
- 36 Amending GPS**
- (1) The Minister may amend the GPS at any time. 25
 - (2) **Sections 31 and 33** do not apply to an amendment to the GPS if the Minister considers the amendment is not significant.
- Health strategies*
- 37 New Zealand Health Strategy**
- (1) The Minister must prepare and determine a New Zealand Health Strategy. 30
 - (2) The purpose of the New Zealand Health Strategy is to provide a framework to guide the health system 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 system performance; and
- (b) contain an assessment of the medium and long-term trends and risks that will impact on health outcomes and health system performance in the next 5 to 10 years; and 5
- (c) set out opportunities and priorities for improving the health system 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.
- 38 Hauora Māori Strategy** 10
- (1) The Minister must prepare and determine a Hauora Māori Strategy.
- (2) The purpose of the Hauora Māori Strategy is to provide a framework to guide the health system in improving Māori health outcomes.
- (3) The Hauora Māori Strategy must—
- (a) contain an assessment of the current state of Māori health outcomes and the performance of the health system in relation to Māori; and 15
- (b) contain an assessment of medium to long-term trends that will affect hauora Māori and health system performance; and
- (c) set out priorities for services and health system improvements relating to hauora Māori, including workforce development. 20
- (4) **Subsection (3)** does not limit what may be included in the Hauora Māori Strategy.
- 39 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 the health system in improving Pacific health outcomes in New Zealand. 25
- (3) The Pacific Health Strategy must—
- (a) contain an assessment of the current state of Pacific health outcomes and the performance of the health system in relation to Pacific peoples; and
- (b) contain an assessment of the medium and long-term trends that will affect Pacific health and health system performance; and 30
- (c) set out priorities for services and health system improvements relating to Pacific health, including workforce development.
- (4) **Subsection (3)** does not limit what may be included in the Pacific Health Strategy. 35
- (5) In this section, **Pacific health** means the health of Pacific peoples.

- 40 Disability Health Strategy**
- (1) The Minister must prepare and determine a Disability Health Strategy.
- (2) The purpose of the Disability Health Strategy is to provide a framework to guide the health system in improving health outcomes for disabled people.
- (3) The Disability Health Strategy must— 5
- (a) contain an assessment of the current state of health outcomes for disabled people and the performance of the health system in relation to disabled people; and
- (b) contain an assessment of the medium and long-term trends that will affect the health of disabled people and health system performance; and 10
- (c) set out priorities for services and health system improvements relating to the health of disabled people, including workforce development.
- (4) **Subsection (3)** does not limit what may be included in the Disability Health Strategy.
- 41 Process for making health strategy** 15
- (1) When preparing a health strategy, the Minister must—
- (a) have regard to any advice from the Māori Health Authority; and
- (b) consult health entities or groups 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 practicable after it has been made. 20
- (3) The health strategy must be made publicly available as soon as practicable after it is made.
- 42 Review and progress of health strategy**
- The Minister must— 25
- (a) regularly monitor and review all health strategies; and
- (b) assess how the health system has performed against the health strategies.
- 43 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 30
- (b) to the extent that the health strategy is relevant to those powers, functions, or duties.

*New Zealand Health Plan***44 New Zealand Health Plan**

- (1) Health New Zealand and the Māori Health Authority must jointly 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 and the Māori Health Authority. 5
- (3) The plan must give effect to the GPS.
- (4) In developing the plan, Health New Zealand and the Māori Health Authority must also take into account— 10
- (a) the functions and services of other health entities and government agencies that contribute to improving health outcomes; and
 - (b) the role of the Cancer Control Agency, Health and Disability Commission, Health Research Council, Mental Health and Wellbeing Commission, and Ministry (including the Public Health Agency) within the health system. 15

45 Content of New Zealand Health Plan

The New Zealand Health Plan must—

- (a) contain an assessment of population health needs; and
- (b) identify— 20
 - (i) desired improvements in health outcomes (**desired improvements**); and
 - (ii) priorities for the desired improvements; and
- (c) describe how the health system will deliver service and investment changes to achieve the desired improvements, including— 25
 - (i) how Health New Zealand and the Māori Health Authority will provide and commission services to achieve the desired improvements; and
 - (ii) how other health entities will contribute to achieving the desired improvements; and 30
- (d) describe how the matters referred to in **section 44(4)** have been taken into account; and
- (e) describe how other government agencies will contribute to achieving the desired improvements; and
- (f) set out— 35
 - (i) key services and activities to be delivered; and
 - (ii) key performance measures; and

- (g) set out how Health New Zealand and the Māori Health Authority—
 - (i) will achieve the purpose of this Act; and
 - (ii) will engage with Māori and protect Māori interests and aspirations; and
 - (iii) have been guided by the health system principles in the development and content of the New Zealand Health Plan; and 5
- (h) set out any other matters the Minister directs.

46 Reports

- (1) Health New Zealand and the Māori Health Authority must jointly prepare an annual performance report against the New Zealand Health Plan. 10
- (2) The report must, soon as practicable after it is made,—
 - (a) be presented to the House of Representatives; and
 - (b) be made publicly available.

47 Process

- (1) In preparing the New Zealand Health Plan, Health New Zealand and the Māori Health Authority must engage with— 15
 - (a) the Ministry; and
 - (b) other health entities; and
 - (c) individuals and organisations that Health New Zealand and the Māori Health Authority consider appropriate. 20
- (2) The plan is made when the Minister approves it.
- (3) **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 the boards of Health New Zealand and the Māori Health Authority).
- (4) The plan must, as soon as practicable after it is made,— 25
 - (a) be presented to the House of Representatives; and
 - (b) be made publicly available.

Localities and locality plans

48 Determination of localities

- (1) Health New Zealand must determine, with the agreement of the Māori Health Authority, geographically defined areas (**localities**) for the purpose of arranging services. 30
- (2) Health New Zealand must ensure that—
 - (a) all of New Zealand is covered by a locality; and

- (b) the boundary of a locality is consistent with any regional arrangement specified in regulations made under **section 97**; and
- (c) a list of all localities (including their geographical areas) is made publicly available.
- (3) Health New Zealand may, with the agreement of the Māori Health Authority, amend the number or boundaries of any localities at any time, as long as the requirements in **subsection (2)** are met. 5
- 49 Locality plans**
- (1) Health New Zealand must develop a locality plan for each locality.
- (2) A locality plan must— 10
- (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.
- (3) In developing a locality plan for a locality, Health New Zealand must— 15
- (a) consult consumers or communities within the locality; and
- (b) consult social sector agencies and other entities that contribute to relevant population outcomes within the locality; and
- (c) consult— 20
- (i) the Māori Health Authority; and
- (ii) iwi-Māori partnership boards for the area covered by the plan; and
- (iii) any other individual or group that Health New Zealand considers appropriate.
- (4) A locality plan is made— 25
- (a) when it is agreed to by Health New Zealand and the Māori Health Authority; or
- (b) if **section 28** applies, when it is made in accordance with **section 28(4)**.

New Zealand Health Charter

- 50 Minister must determine New Zealand Health Charter** 30
- (1) The Minister must determine a New Zealand Health Charter.
- (2) The purpose of the charter is provide common values, principles, and behaviours to guide health entities and their workers.
- (3) To avoid doubt, nothing in this section affects the role of responsible authorities under the Health Practitioners Competence Assurance Act 2003 in setting and enforcing minimum standards for health practitioners. 35

51 Health entities must have regard to charter

A health entity must—

- (a) have regard to the New Zealand Health Charter when planning for and contracting services; and
- (b) report annually on how it has given effect to the charter.

5

52 Making of charter

(1) In preparing the New Zealand Health Charter, the Minister must engage with—

- (a) health entities; and
- (b) organisations that, in the Minister’s opinion, are representative of the interests of workers who work for health entities; and
- (c) Māori health professional organisations.

10

(2) The charter is made when the Minister approves 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.

15

*Consumer participation***53 Code of Consumer Participation**

(1) The HQSC must develop a Code of Consumer Participation.

(2) The code must contain principles for the purpose of supporting consumer participation and enabling the consumer voice to be heard.

20

(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.

54 Health entities must act in accordance with Code of Consumer Participation

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A health entity must act in accordance with the Code of Consumer Participation when engaging with consumers.

Subpart 6—Ministerial powers**55 Minister may appoint Crown observers**

30

(1) The Minister may make an appointment under this section if—

- (a) the Minister considers it desirable for the purpose of assisting in improving the performance of Health New Zealand or the Māori Health Authority; and

- (b) in the case of an appointment to the Māori Health Authority, the Hauora Māori advisory committee agrees.
- (2) The Minister may—
- (a) appoint 1 or more persons to be a Crown observer of Health New Zealand or the Māori Health Authority (as the case may be); and 5
- (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. 10
- (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— 15
- (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. 20
- (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 that the Crown observer obtains in the course of acting as such. 25
- (7) **Subsection (6)** is subject to the Privacy Act 2020.

Compare: 2000 No 91 s 30

56 Minister may dismiss board or appoint commissioner

- (1) If the Minister is seriously dissatisfied with the performance of the board of Health New Zealand or the Māori Health Authority, the Minister may by written notice, dismiss all members of the board. 30
- (2) The Minister may, by written notice, appoint a commissioner to replace the board of Health New Zealand or the Māori Health Authority if,—
- (a) all the members of the board are removed from office under **subsection (1)** or the Crown Entities Act 2004; and 35
- (b) in the case of an appointment replacing the board of the Māori Health Authority, the Hauora Māori advisory committee agrees.

- (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
- (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. 10
- (8) To avoid doubt, a member of the board of Health New Zealand referred to in **section 12(4)(a)** is a member of that board for the purpose of **subsection (1)**. 15

Compare: 2000 No 91 s 31

57 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,— 20
- (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. 25
- (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 time-frame specified in the plan.
- (4) The health entity must make the improvement plan publicly available as soon as practicable after it is approved. 30

58 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 35
- (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. 5
- (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.
Compare: 44
- 59 Restrictions on directions under section 103 of Crown Entities Act 2004** 10
- (1) No direction may be given to the Māori Health Authority under section 103 of the Crown Entities Act 2004 unless it relates to improving equity of access and outcomes for Māori.
- (2) No direction may be given to Pharmac under section 103 of the Crown Entities Act 2004 that would— 15
- (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— 20
- (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 25
- (c) withdrawal of contaminated blood or contaminated controlled human substances from supply.

Part 3 30

Other roles

Subpart 1—Pharmac

- 60 Pharmac**
- (1) There continues to be a Pharmaceutical Management Agency (**Pharmac**).
- (2) Pharmac is the same organisation that, immediately before the commencement of this section, was known as Pharmac. 35

- (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.
- 61 Objectives of Pharmac** 5
- (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. 10
- (2) In this section, **eligible people** means people belonging to a class specified in regulations made under **section 97** as being eligible to receive services funded under this Act. 15
- 62 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 20
- (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 61(1)(a)**; and 25
- (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 59**) any directions given under the Crown Entities Act 2004. 30
- 63 Pharmac to consult in implementing objectives and performing functions**
- In performing its functions, Pharmac must, when it considers it appropriate to do so,— 35
- (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.

- 64 Board of Pharmac to ensure advisory committees** 5
- (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. 10
- (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.
- 65 Publication of notices** 15
- The Minister must, as soon as practicable after giving a notice under **section 61(1)(b) or 62(1)(e)**, publish in the *Gazette*, and present to the House of Representatives, a copy of the notice.
- 66 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. 20
- 67 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 25
- (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 30
- 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 35

- (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 5

68 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. 10
- (4) The Crown Entities Act 2004 applies to NZBOS except to the extent that this Act provides expressly otherwise.

69 Functions of NZBOS

- (1) The functions of NZBOS are— 15
 - (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 20
 - (c) if it is an appointed entity, to perform the functions for which it is for the time being responsible under 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. 25
- (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 performance) and (subject to **section 59**) 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. 30
- (4) In this section, **appointed entity**, **blood**, and **controlled human substance** have the same meaning as in section 55 of the Human Tissue Act 2008.

70 Membership of board 35

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

71 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. 5
- (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.

72 Objectives of HQSC

10

The objectives of HQSC are to lead and co-ordinate work across the health system 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.

73 Functions of HQSC

15

- (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 20
 - (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— 25
 - (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 30
 - (g) to support the health system 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 prepare a Code of Consumer Participation for approval by the Minister; and 35
 - (i) 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— 5
- (a) the Ministry of Health; and
- (b) the Health and Disability Commissioner; and
- (c) the Māori Health Authority; and
- (d) providers; and
- (e) any groups representing the interests of consumers of services; and 10
- (f) 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)(i)(ii)**, publish in the *Gazette*, and present to the House of Representatives, a copy of the notice. 15
- 74 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.
- 75 HQSC may appoint mortality review committees**
- (1) HQSC may appoint 1 or more committees to carry out any of the following functions that HQSC specifies by notice to the committee: 20
- (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: 25
- (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— 30
- (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 35
- (b) must include each such report in HQSC’s next annual report.

- (4) The provisions of **Schedule 4** apply in relation to a mortality review committee.
- (5) Every person who fails, without reasonable excuse, to comply with a requirement imposed under **Schedule 4** by the chairperson of a mortality review committee commits an offence and is liable on conviction to a fine not exceeding \$10,000. 5
- (6) Every person who discloses information contrary to **Schedule 4** 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. 10

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

76 Organisation defined

In this subpart, **organisation** means each of the following organisations: 15

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

77 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. 20
- (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 carry out its functions to a high standard. 25
- (3) This section does not limit section 51 of the Crown Entities Act 2004.

78 Delegations policy

- (1) Every board of an organisation must,—
- (a) have a policy for the exercise of its powers of delegation under section 73 of the Crown Entities Act 2004 (**delegations policy**); and 30
 - (b) keep the policy under review and update the policy as it considers appropriate; and
 - (c) make the policy publicly available.
- (2) A delegations policy—
- (a) comes into force when the Minister approves it; and 35
 - (b) is subject to any conditions the Minister specifies in the approval.

- (3) When a delegations policy is in force, every exercise by the board of a power of delegation under section 73 of the Crown Entities Act 2004 must comply with that policy.

79 Employees

- (1) The terms and conditions of employment of a chief executive appointed by an organisation are determined by agreement between the board of the organisation and the chief executive, but the board must not finalise those terms and conditions, or agree to any amendments to any or all of those terms and conditions once they have been finalised, without first obtaining the consent of the Public Service Commissioner. 5
10
- (2) The individual for the time being acting in the position of chief executive of an organisation may enter into a collective agreement on behalf of the organisation with any or all employees of the organisation, except that that individual must not finalise any such collective agreement without first consulting the Director-General on the terms and conditions of any such collective agreement. 15
- (3) The Governor-General may, by Order in Council, exempt any organisation, or any organisation specified in the order, from the requirement to consult in **subsection (2)**.
- (4) This section applies despite section 117(2) to (3) of the Crown Entities Act 2004, but section 117(1) of that Act applies to a chief executive of an organisation. 20
- (5) Despite section 116(2) of the Crown Entities Act 2004, the Governor-General may not make an Order in Council under section 116(1) of that Act in relation to an organisation.
- (6) An Order in Council made under this section is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements). 25

80 Public Records Act 2005 to apply

An organisation (other than NZBOS) is a public office for the purposes of the Public Records Act 2005.

81 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

82 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. 5
- (2) A ministerial committee has the functions that the Minister determines by written notice to the committee.
- (3) A ministerial committee—
- (a) consists of such members as the Minister determines; and 10
- (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. 15
- (5) Nothing in this subpart limits any powers that the Minister has under any other enactment or rule of law.
- 83 Information about ministerial committees to be made public 20**
- (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: 25
- (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: 30
- (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: 35
- (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 82(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). 5
- (4) As soon as practicable after giving, under **section 82(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— 10
- (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 there is a ministerial committee that has not reported to the Minister in the year to which the report relates. 15

Hauora Māori advisory committee

84 Hauora Māori advisory committee

- (1) The Minister must establish a Hauora Māori advisory committee.
- (2) The function of the committee is— 20
- (a) to provide advice to the Minister on the matters specified in **subsection (3)**; and
 - (b) to advise the Minister for the purposes of **sections 55 and 56**; and
 - (c) to provide any other advice as the Minister requests.
- (3) The Minister must seek and consider the committee's advice before exercising any power to— 25
- (a) appoint or remove members of the Māori Health Authority Board; and
 - (b) require the Māori Health Authority to develop an improvement plan; and
 - (c) issue letters of expectation to the Māori Health Authority; and
 - (d) issue directions to the Māori Health Authority; and 30
 - (e) require amendments to the Māori Health Authority's Statement of Intent or Statement of Performance Expectations.
- (4) **Section 82** applies to the committee and the appointment of its members with all necessary modifications.

*National advisory committee on health services ethics***85 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). 5
- (2) The committee must determine nationally consistent ethical standards across the health system 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: 10
- (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— 15
- 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. 20
- (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. 10
- (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. 25
- (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***86 Expert advisory committee on public health**

- (1) The Minister must establish an expert advisory committee on public health. 30
- (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: 35
- (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; 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 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

Subpart 6—Iwi-Māori partnership boards

87 Purpose of iwi-Māori partnership boards 10

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 system is performing in relation to those needs and aspiration; and
- (c) the design and delivery of services and public health interventions within localities.

15

88 Recognition of iwi-Māori partnership boards

- (1) The criteria for recognition of an organisation as an iwi-Māori partnership board are as follows: 20

- (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) all iwi within the area have been given an opportunity to nominate a member to the organisation; and
- (c) reasonable steps have been taken to provide for representation from—
 - (i) the wider Māori community within the area (regardless of whether they are affiliated with an iwi within the area); and
 - (ii) hauora Māori experts.

30

- (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 (c)**; and
- (b) may varied by the board in the same way.

- (3) If an organisation wishes to be recognised as an iwi-Māori partnership board,— 35

- (a) it must notify the Māori Health Authority; and

- (b) the Māori Health Authority 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 (5)(a)**.
- (4) If 2 or more iwi-Māori partnership boards agree to vary or merge their boundaries,— 5
- (a) they must notify the Māori Health Authority; and
 - (b) the Māori Health Authority must, if satisfied that the criteria in **subsection (1)** have been met, advise the Minister accordingly.
- (5) The Governor-General may, by Order in Council, on the recommendation of the Minister made in accordance with **subsection (6)**, amend **Schedule 3** for the purpose of— 10
- (a) recognising an organisation as an iwi-Māori partnership board; and
 - (b) giving effect to an agreement to a variation or merger referred to in **subsection (4)**; and 15
 - (c) making any minor or consequential changes.
- (6) The Minister may recommend the making of an Order in Council under **subsection (5)** only on the advice of the Māori Health Authority.
- (7) An iwi-Māori partnership board may determine its own procedures.
- (8) An organisation listed in column 1 of **Schedule 3** is recognised as the iwi-Māori partnership board for the corresponding area described in column 2 of **Schedule 3**. 20
- (9) An Order in Council made under this section is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).

Part 4 25

General

Subpart 1—Powers in relation to service commissioning

89 Crown funding agreements

- (1) The Minister may, on behalf of the Crown,—
- (a) negotiate and enter into a Crown funding agreement containing any terms and conditions that may be agreed; and 30
 - (b) negotiate and enter into an agreement that amends a Crown funding agreement; and
 - (c) monitor performance under a Crown funding agreement.
- (2) Nothing in this section limits any enactment or any powers that the Minister or the Crown has under any enactment or rule of law. 35

- (3) The Ministry may exercise the Minister’s powers under **subsection (1)** on the Minister’s behalf except to the extent that the Minister determines by written notice.
- (4) As soon as practicable after giving a notice under **subsection (3)**, the Minister must publish a copy of the notice in the *Gazette*. 5
- (5) In this section, **monitor** in relation to a Crown funding agreement,—
- (a) means to analyse on the basis of information provided under any relevant agreement and any other relevant substantiated information; and
- (b) includes assessing the timeliness of the provision of information required to be provided under any agreement. 10
- 90 Arrangements relating to payments**
- (1) The Crown, Health New Zealand, or the Māori Health Authority may, subject to **section 91**, 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. 15
- (3) Compliance by the person with the terms and conditions may be enforced by the Crown or health entity (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. 20
- (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, soon as practicable after it is made,— 25
- (a) be presented by the Minister to the House of Representatives; and
- (b) be made publicly available.
- (7) No notice may be issued under this section that would bind Pharmac or NZBOS. 30
- 91 Restrictions on notices given under section 90**
- (1) A notice under **section 90** 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 35

- (c) differentiates between persons or classes of person accepting payment under **section 90**.
- (2) The Minister may approve the notice subject to any conditions the Minister specifies.
- (3) Any notice under **section 90** 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. 5
- (4) In this section, **existing notice** means a notice issued under **section 90** that is for the time being in force. 10
- (5) The Minister must present to the House of Representatives a copy of any approval given under this section.

Compare: 89

Subpart 2—Provisions that apply to health entities

- 92 Accountability documents** 15
- (1) A health entity must ensure that its accountability documents comply with any regulations made under **section 97(1)(e)**.
- (2) For the purpose of this section, **accountability document** means statements of intent, annual financial statements, and annual reports of a health entity under the Crown Entities Act 2004. 20
- 93 Director-General may require information from health entities**
- (1) For the purpose of monitoring the performance of any health entity or the health system 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. 25
- (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. 30
- 94 Health entities must provide information**
- A health entity must comply with any requirement specified in regulations made under **section 97** to provide information.
- 95 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. 35

- (2) A health entity must not grant a lease or licence for a term of more than 5 years over land 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. 5
- (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. 10
- (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. 15

Subpart 3—Secondary legislation

96 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 20
- (b) in its other alcohol-related activities.
- (2) **Schedules 5 and 6** apply for the purpose of this section.

97 Regulations

- (1) The Governor-General may, by Order in Council, on the recommendation of the Minister, make regulations— 25
- Regional arrangements*
- (a) specifying regional arrangements—
- (i) through which Health New Zealand and the Māori Health Authority must provide and arrange services; and
- (ii) which must be maintained by the Health New Zealand and the Māori Health Authority: 30
- 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; and
- (c) specifying the frequency of or time-frames for the provision of the information; and 35
- (d) specifying the manner in which the information must be provided; and

- (e) for the purpose of **section 92**,—
- (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: 5
- New Zealand Health Plan*
- (f) 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: 10
- Provision of services*
- (g) requiring Health New Zealand or the Māori Health Authority to provide or arrange for the provision of any specified services: 15
- Entitlement cards*
- (h) 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: 20
- (i) prescribing the classes of persons eligible to be issued with the cards:
 - (j) prescribing and regulating the use of the cards, including (but not limited to)— 25
 - (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: 30
 - (iv) any other conditions relating to their use:
- (k) providing for reviews or appeals, or both, of any decisions made under any regulations authorised by **paragraphs (h) to (j)**:
- (l) prescribing offences relating to the improper use of the cards and the fines (not exceeding \$10,000) that may be imposed in respect of any such offences: 35

Levies

- (m) 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: 5
- (n) 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:
- (o) amending or replacing the table in **Schedule 6**, and amending, omitting, or reinserting the description of the method for determining variable rates: 10

Dispute resolution

- (p) for the purpose of **section 28**, prescribing procedural matters and requirements: 15

Eligible people

- (q) specifying a class of eligible people who are eligible to receive publicly-funded services under this Act:

Procedural and other requirements

- (2) The Minister must consult Health New Zealand and the Māori Health Authority before recommending the making of regulations under **subsection (1)(a)**. 20
- (3) Regulations under **subsection (1)(o)** 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 25
 - (b) after consultation with the Minister of Customs.
- (4) The Minister must, before recommending the making of regulations under **subsection (1)(g)**,—
 - (a) have regard to— 30
 - (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. 35
- (5) Regulations under **subsection (1)(g)** may not—

-
- (a) require the supply of services to or by any named individuals or organisations (other than Health New Zealand or the Māori Health Authority);
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). 5

Subpart 4—Amendments to enactments

98 Enactments repealed and revoked

- (1) The New Zealand Public Health and Disability Act 2000 is repealed.
- (2) The enactments specified in Part 3 of Schedule 2 are revoked. 10

99 Consequential amendments

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

Schedule 1

Transitional, savings, and related provisions

s 8

Part 1

Provisions relating to this Act as enacted

5

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 10

commencement date means the date specified in **section 2**

DHB means an organisation established by or under section 19 of the former Act 15

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.

Subpart 1—Application of certain provisions of Act

2 New Zealand health strategy applies until health strategies take effect 20

(1) **Sections 37 to 43** (which require the making of the New Zealand Health Strategy, Hauora Māori Strategy, Pacific Health Strategy, and the Disability Health Strategy) do not take effect until 12 months after the commencement date.

(2) Until the date that **sections 37 to 43** 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. 25

3 Interim Health Plan applies until first New Zealand Health Plan takes effect 30

(1) The first New Zealand Health Plan made under **subpart 5 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 35

- (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—
- (a) developed by the following departmental agencies listed in Part 2 of Schedule 2 of the Public Service Act 2020: 5
- (i) Health New Zealand; and
- (ii) Maori Health Authority; and
- (b) approved by the Minister for the purpose of this clause.
- 4 Determination of localities and locality plans**
- (1) **Section 48**, which requires localities to be determined, takes effect 2 years after the commencement date. 10
- (2) **Section 49**, which requires a locality plan to be developed for each locality, takes effect 3 years after the commencement date.
- 5 Iwi-Māori partnership boards**
- An iwi-Māori partnership board that is listed in **Schedule 3** on the commencement date— 15
- (a) is deemed to meet the criteria in **section 88(1)**; and
- (b) comprises the members it had immediately before the commencement date; and
- (c) to avoid doubt, may vary its membership in accordance with **section 88(2)**. 20
- Subpart 2—New Zealand disability strategy continued
- 6 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 25
- (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 30
- (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. 35

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

Subpart 3—Committees continued

7 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 75** of this Act. 5
- (2) A committee established by the Minister under section 11 of the former Act continues as if it were established **section 82** 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 86** of this Act. 10
- (4) The public health advisory committee established under section 14 of the former Act continues as if it were established **section 82** of this Act.
- (5) 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 64(1)(a)** of this Act. 15
- (6) 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 64(1)(b)** of this Act 20
- (7) A person who, immediately before the commencement date, was a member of a committee referred to in **subclauses (1) to (6)**, 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. 25

Subpart 4—District Health Boards

8 District Health Boards disestablished

On the commencement date, all DHBs are disestablished.

9 Transfers

- (1) On the commencement date,— 30
- (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 35

- (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 (5)**, 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 5
- (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 10
- (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 15
- (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 an interference with the privacy of an individual under section 69 of the Privacy Act 2020. 20
- (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: 25
- (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. 30
- (4) Despite **subclause (1)(e)**, a chief executive of a DHB does not become an employee of Health New Zealand under this schedule.
- 10 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. 35
- 11 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— 40

- (a) a District Health Board or DHB must be read as reference to Health New Zealand; and
- (b) a DHB’s geographical area or resident population 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 5
- (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.
- 12 Terms and conditions of contracts and engagements of DHBs**
- To avoid doubt, if a contract or engagement of a DHB contains terms and conditions that are specific to that DHB, those terms and conditions apply only to parties within the DHB’s region. 10
- 13 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— 15
- (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— 20
- (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.
- 14 Application of section 62(4) of Employment Relations Act 2000** 25
- (1) **Subclause (2)** applies if—
- (a) section 62 of the Employment Relations Act 2000 Act applies to an employee of Health New Zealand; and
- (b) a collective agreement that applies to that employee’s work is in force on the commencement date. 30
- (2) If this subclause applies, the number of the employer’s employees referred to section 62(4) of that 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— 35
- (a) unless the parties to the collective agreement otherwise; or
- (b) until the collective agreement expires or otherwise ceases to have effect.

15 Employment policies of DHB

- (1) The employment policies of a DHB—
- (a) continue to apply, after the commencement date, with all necessary modifications, as if they were employment policies of Health New Zealand; and 5
 - (b) may be replaced by Health New Zealand by written notice.
- (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 employees.

Subpart 5—Health Promotion Agency 10

16 Health Promotion Agency disestablished

On the commencement date, the HPA is disestablished.

17 Transfers

- (1) On the commencement date,—
- (a) all assets belonging to the HPA vest in Health New Zealand; and 15
 - (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 20
 - (e) subject to **subclause (5)**, 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 25
 - (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 30
 - (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. 35

- (2) The transfer of information from the HPA to Health New Zealand under **subclause (1)** does not constitute an action that is an interference with the privacy of an individual under section 69 of the Privacy Act 2020.
- (3) The disestablishment of the HPA does not, by itself, affect any of the following matters: 5
- (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. 10
- (4) Despite **subclause (1)(e)**, a chief executive of HPA does not become an employee of Health New Zealand under this schedule.
- 18 Consequences of transfer for purposes of Inland Revenue Acts** 15
- 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—Transfer of employees
- 19 Defined term** 20
- In this subpart, unless the context otherwise requires, **redundancy payment** includes any payment or other benefit provided on the ground of a person's position being disestablished or changed.
- 20 No redundancy payment for transferred employee**
- (1) This section applies if rights and obligations of— 25
- (a) a DHB under a contract of service between the DHB and an employee of the DHB are transferred to Health New Zealand under **subpart 4**; or
- (b) the HPA under a contract of service between the HPA and an employee of the HPA are transferred to Health New Zealand under **subpart 5**.
- (2) An employee who is to be transferred under **subpart 4 or 5** is not entitled to a redundancy payment. 30
- (3) If any rights and obligations of a DHB or the HPA under a contract of service arise by virtue of a collective employment contract and such rights and obligations are transferred to Health New Zealand under **subpart 4 or 5**, that collective employment contract is deemed, on and from the commencement date to continue to apply on the same terms (including any terms relating to new employees) as if it were a contract made between Health New Zealand, any bargaining agent that is a party to it, and the employee. 35

21 Other restrictions on redundancy payments

- (1) An employee of a DHB or the HPA who has received a notice of termination by reason of redundancy is not entitled to a redundancy payment if, before the employee's employment has ended, the employee—
- (a) is offered and accepts another position as an employee of the Ministry or Health New Zealand that—
 - (i) begins before, on, or immediately after the date on which the employee's current position ends; and
 - (ii) is on terms and conditions of employment (including redundancy and superannuation conditions) that are no less favourable; and
 - (iii) is on terms that treat service within the Ministry or Health New Zealand as if it were continuous service; or
 - (b) is offered an alternative position as an employee in the Ministry that—
 - (i) begins before, on, or immediately after the date on which the employee's current position ends; and
 - (ii) is a position with comparable duties and responsibilities to those of the employee's current position; and
 - (iii) is in substantially the same general locality or a locality within reasonable commuting distance; and
 - (iv) is on terms and conditions of employment (including redundancy and superannuation conditions) that are no less favourable; and
 - (v) is on terms that treat service within the Ministry as if it were continuous service.
- (2) This section overrides Part 6A of the Employment Relations Act 2000.

22 Employment continuous for purpose of certain enactments

- (1) If an employee of a DHB or the HPA is moving by virtue of **subpart 4 or 5** 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.
- (2) For the purpose of **subclause (1)(a)**,—

- (a) the period of employment of the employee in the DHB or the HPA 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 5
- (b) the chief executive of the DHB or the HPA 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— 10
- (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 15
- (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 DHB or the HPA (as the case may be) under section 44A or 44B of that Act. 20
- (3) For the purpose of **subclause (1)(b)**,—
- (a) the period of employment of the employee in the DHB or the HPA 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 25
- (b) the chief executive of Health New Zealand must treat any notice given to or by the chief executive of the DHB or the HPA 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. 30
- (4) If the employee's position with Health New Zealand (position A) begins before the date on which the employee's position with DHB or the HPA (position B) ends, **subclauses (2) and (3)** must be applied as if position B ends on the date that position A begins. 35
- (5) 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.

- 23 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 9 or 17**; and
- (b) must read as if the contract of service were transferred under **clause 9 or 17** of this Schedule. 5
- (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 9 or 17**.
- Subpart 7—Existing directions and notices under former Act
- 24 Ministerial directions** 10
- (1) 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 by Order in Council. 15
- (2) An Order in Council made under this clause is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).
- 25 Notices relating to payment arrangements**
- Despite the repeal of the former Act, a notice given under section 88 of that Act— 20
- (a) continues in force on and after the commencement date; and
- (b) is deemed to have been made under **section 90** of this Act.

Schedule 2

Consequential amendments to enactments

s 99

Part 1

Amendment to Acts

5

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 **2021**”.

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: 10

Health New Zealand, Māori Health Authority or other provider means Health New Zealand, Māori Health Authority or other provider, as defined in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

In section 6(1), replace the definition of **Crown funding agreement** with: 15

Crown funding agreement has the same meaning as in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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

Māori Health Authority means the Māori Health Authority established by **section 21 of the Pae Ora (Healthy Futures) Act 2021**

20

In section 74(4), replace “a district health board or the Minister or 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 Maori Health Authority”. 25

In section 282(8), replace “a district health board authorised by the” with “Health New Zealand or the Maori Health Authority authorised by it’s”.

In section 301(2)(a)(i), replace “district health boards” with “Health New Zealand, the Maori Health Authority”. 30

In section 302(1), replace “district health boards” with “Health New Zealand, the Maori Health Authority”.

In section 303(1), replace “district health board” with “Health New Zealand, the Maori Health Authority”.

In section 305(1), replace “district health board” with “Health New Zealand”. 35

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 2021**”. 5

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 2021**”.

Births, Deaths, Marriages, and Relationships Registration Act 1995 (1995 No 16) 10

In section 85A(1), replace “the New Zealand Public Health and Disability Act 2000” with “the Pae Ora (Healthy Futures) Act **2021**”.

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) 15

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

(c) Pae Ora (Healthy Futures) Act **2021**:

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: 20

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: 25

Health New Zealand has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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: 30

Māori Health Authority means the Māori Health Authority established by **section 17 of the Pae Ora (Healthy Futures) Act 2021**

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 Maori Health Authority**”. 35

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

In section 17, replace “Every board of a DHB must” with “The board of Health New Zealand and the board of the Maori 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: 5

health and disability services means services as defined in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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 2021** 10

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 **2021**”.

Contraception, Sterilisation, and Abortion Act 1977 (1977 No 112) 15

In section 16(1), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

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. 20

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

Health New Zealand

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 5 of the Pae Ora (Healthy Futures) Act 2021**”. 25

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: 30

Crown funding agreement has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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

disability support services has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

Health New Zealand has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

Māori Health Authority has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021** 5

service agreement means an agreement in which 1 or more health entities as defined in **section 4 of the Pae Ora (Healthy Futures) Act 2021** 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 10

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

In section 25A(1)(b), replace “section 88 of the New Zealand Public Health and Disability Act 2000” with “**section 87 of the Pae Ora (Healthy Futures) Act 2021**”. 15

In section 25A(2)(a) and (b), replace “section 88 of the New Zealand Public Health and Disability Act 2000” with “**section 87 of the Pae Ora (Healthy Futures) Act 2021**”.

In section 25C(3)(d), replace “district health board” with “Health New Zealand or the Māori Health Authority”. 20

In section 25C(3)(d)(i), replace “section 88 of the New Zealand Public Health and Disability Act 2000” with “**section 87 of the Pae Ora (Healthy Futures) Act 2021**”.

In section 25D(4)(c), replace “section 88 of the New Zealand Public Health and Disability Act 2000” with “**section 87 of the Pae Ora (Healthy Futures) Act 2021**”. 25

Education and Training Act 2020 (2020 No 38)

In section 10, definition of **early childhood education and care centre**, replace paragraph (c)(iv) with: 30

(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”. 35

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 **2021**”.

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

In the heading to Schedule 1B, replace “**sector**” with “**system**”.

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 system: | |
| (a) | Health New Zealand and the Māori Health Authority: | 5 |
| (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: | 10 |
| (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: | 15 |
| (g) | employees of the New Zealand Blood and Organ Service: | |
| (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. | 20 |
| (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. | 25 |

In Schedule 1B, clause 2, replace “sector” with “system” in each place.

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 2021 ; and | 30 |
|-----|---|----|

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

In Schedule 1B, clause 4(2)(d)(i), replace “sector” with “system”. 35

In Schedule 1B, replace clause 7 with:

Employment Relations Act 2000 (2000 No 24)—*continued***7 Health system principles**

The parties must recognise and support the health system principles in **section 7(1) of the Pae Ora (Healthy Futures) Act 2021**.

In Schedule 1B, clause 18, replace “sector” with “system”.

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, 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, 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 2021**):

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 2021**)

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 Act 1985 (1985 No 141)

Replace section 25(7) with:

- (7) In this section,—

Pharmac means the Pharmaceutical Management Agency continued by **section 58 of the Pae Ora (Healthy Futures) Act 2021**

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 2021**

pharmaceutical means a pharmaceutical as defined in **section 4 of the Pae Ora (Healthy Futures) Act 2021**.

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 2021**”.

Health Act 1956 (1956 No 65)

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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 2021**

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Māori Health Authority has the meaning in **section 4 the Pae Ora (Healthy Futures) Act 2021**

personal health has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

personal health services has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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public health has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

public health services has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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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:

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

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(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.

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3E Public Health Agency

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:

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

- (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 2021**”.

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

- (j) an employee of Health New Zealand, for the purposes of exercising or performing any of Health New Zealand’s powers, duties, or functions of under the Pae Ora (Healthy Futures) Act **2021**:
- (k) an employee of the Māori Health Authority, for the purposes of exercising or performing any of the Māori Health Authority’s powers, duties, or functions under the Pae Ora (Healthy Futures) Act **2021**.

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”.

In section 22G(1), after paragraph (i), insert:., replace “a district health board” with “Health New Zealand”.

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”.

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

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 **2021**, so far as those strategies are applicable to the circumstances of the particular case; and 5
- (b) take into account the objectives for Health New Zealand set out in **section 13 of the Pae Ora (Healthy Futures) Act 2021** and the objectives of the Māori Health Authority set out in **section 18 of the Pae Ora (Healthy Futures) Act 2021**. 10

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 **2021**”. 15

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 **2021**”.

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 4 of the Pae Ora (Healthy Futures) Act 2021**”. 20

In section 61(1)(b), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

Health Sector (Transfers) Act 1993 (1993 No 23) 25

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 definition of **Crown endowment land** with:

- Crown endowment land** means, in relation to Health New Zealand, land that— 30
- (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 35

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

- (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 5
- (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 10

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

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

Māori Health Authority has the meaning in **section 4 the Pae Ora (Healthy Futures) Act 2021** 15

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: 20

publicly-owned health and disability organisation means—

- (a) Health New Zealand, Māori Health Authority, NZBOS, HQSC, and Pharmac; and
- (b) includes any companies wholly or partially owned by those organisations 25

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 2021**”.

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**”. 30

Replace section 11A(1) with:

- (1) Subject to this section and **section 95 of the Pae Ora (Healthy Futures) Act 2021**, 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. 35

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

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.”.

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Replace section 11B(2) with:

- (b) subject to **section 95 of the Pae Ora (Healthy Futures) Act 2021**, 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.

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

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

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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 95 of the Pae Ora (Healthy Futures) Act 2021**”.

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In section 11E(8)(b), replace “clause 43 of Schedule 3 of the New Zealand Public Health and Disability Act 2000” with “**section 95 of the Pae Ora (Healthy Futures) Act 2021**”.

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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 **2021** had been given to

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

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”. 5

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

Health New Zealand has the meaning in **section 4 the Pae Ora (Healthy Futures) Act 2021**

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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”. 15

In section 4, insert in its appropriate alphabetical order:

Māori Health Authority has the meaning in **section 4 the Pae Ora (Healthy Futures) Act 2021**

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In section 8(1)(b), replace “a former HCS employer, 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, 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**”. 25

Replace section 28(2)(b) with:

(b) Health New Zealand:

Replace section 29(2)(c) with:

(c) Health New Zealand; and

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In Schedule 3, repeal the items relating to Auckland DHB, Canterbury DHB, Hawke’s Bay DHB, Nelson Marlborough DHB, Tairāwhiti DHB (also known as Tairāwhiti 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

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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 82 of the Pae Ora (Healthy Futures) Act 2021**; and

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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 82 of the Pae Ora (Healthy Futures) Act 2021**.

Immigration Act 2009 (2009 No 51)

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In 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”.

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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 **2021**”.

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

services has the meaning in section 4 of the Pae Ora (Healthy Futures) Act **2021**

Income Tax Act 2007 (2007 No 97)

In section CW 53B(1), replace “the Ministry of Health or a District Health Board” with “Health New Zealand or the Māori Health Authority”.

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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 2021**”.

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

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In section MX 2(c)(ii), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

Inquiries Act 2013 (2013 No 60)

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

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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 (Rating) Act 2002 (2002 No 6)

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

Local Government Act 1974 (1974 No 66)

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

Maritime Transport Act 1994 (1994 No 104)

10

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 2021**:

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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 or through a Crown funding agreement within the meaning of **section 4 of the Pae Ora (Healthy Futures) Act 2021**; or

Misuse of Drugs Act 1975 (1975 No 116)

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In section 8(1)(b)(i), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

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 2021**”.

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Replace section 20(3)(a) with:

- (a) employees of Health New Zealand established by **section 11 of the Pae Ora (Healthy Futures) Act 2021**:

New Zealand Sign Language Act 2006 (2006 No 18)

Replace section 10(2) with:

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- (2) A report under subsection (1) may be included in any report referred to in **clause 6 of Schedule 1 of the Pae Ora (Healthy Futures) Act 2021** 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 2021**”.

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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),—

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- (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).

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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 **2021**”.

Ngāti Hauā Claims Settlement Act 2014 (2014 No 75)

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

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Replace section 126 with:

126 Disposal by Health New Zealand

Health New Zealand (established by **section 11 of the Pae Ora (Healthy Futures) Act 2021**), 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.

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

Replace section 202 with:

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202 Disposals by Health New Zealand

Health New Zealand (established by **section 11 of the Pae Ora (Healthy Futures) Act 2021**), 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.

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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: 5

- (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 Cancer Control Agency, Health New Zealand, and Māori Health Authority. 10

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

District health boards
 District Health Boards New Zealand Incorporated
 Health Promotion Agency 15
 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 20
 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) 25

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: 30

- (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 2021** 35

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

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)—continued

Māori Health Authority has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

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) 5

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 2021**), 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. 10

Privacy Act 2002 (2002 No 31)

In section 138, definition of **specified organisation**, replace paragraph (c) with: 15

(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”. 20

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 2021** 25

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

(i) Health New Zealand; and

Public Service Act 2020 (2020 No 40)

In Schedule 2, Part 2, repeal the items relating to Cancer Control Agency, Health New Zealand, and Māori Health Authority. 30

Psychoactive Substances Act 2013 (2013 No 53)

In section 8, definition of **public health**, replace “section 8(1) of the New Zealand Public Health and Disability Act 2000” with “**section 4 of the Pae Ora (Healthy Futures) Act 2021**”.

Raukawa Claims Settlement Act 2014 (2014 No 7)

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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 2021**), 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.

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

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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”.

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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 2021**

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In section 5, definition of **funder**, replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

In section 5, replace definition of **section 86 notice** with:

section 90 notice means a notice—

(a) given under **section 90 of the Pae Ora (Healthy Futures) Act 2021**; and

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(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:

35

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

13 Funding eligible

A person is funding eligible if the person belongs to a class of eligible people specified in regulations made under **section 97 of the Pae Ora (Healthy Futures) Act 2021** or is eligible under a ministerial direction continued under **clause 24 of Schedule 1** of that Act.

5

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

In section 29(1), replace “A DHB that” with “If Health New Zealand”.

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”.

10

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 97(1) of the Pae Ora (Healthy Futures) Act 2021**”.

In section 59(2)(b), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

15

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 **2021**”.

20

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 **2021**”.

In section 72(2)(d)(i), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

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In section 86(b)(ii), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

In section 96(2)(a), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

30

In section 96(2)(b), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

In section 402(b), replace “section 92(3)(d) of the New Zealand Public Health and Disability Act 2000” with “**section 97(1)(k) of the Pae Ora (Healthy Futures) Act 2021**”.

35

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

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

- (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 2021**

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 **2021**”. 5

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

In section 5, definition of **New Zealand health strategy**, replace “section 8(1) of the New Zealand Public Health and Disability Act 2000” with “**section 4 of the Pae Ora (Healthy Futures) Act 2021**”. 10

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”. 15

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 2021** 20

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. 25

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”. 30

Veterans’ Support Act 2014 (2014 No 56)

In section 107(b), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

Victims’ Rights Act 2002 (2002 No 39)

Replace section 11(2)(b) with: 35

Victims' Rights Act 2002 (2002 No 39)—*continued*

- (b) Health New Zealand (as defined in **section 4 of the Pae Ora (Healthy Futures) Act 2021**):

Part 2**Amendments to legislative instruments**

- Accident Compensation (Ancillary Services) Regulations 2002 (SR 2002/13)** 5
 In regulation 6(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 **2021**”.
- Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (SR 2003/388)** 10
 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 97(1) of the Pae Ora (Healthy Futures) Act 2021**”.
- In section 13(5)(a), replace “New Zealand Public Health and Disability Act 2000” 15
 with “Pae Ora (Healthy Futures) Act **2021**”.
- 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”. 20
- 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 **2021**”. 25
- Crown Entities (Financial Powers) Regulations 2005 (SR 2005/68)**
 In regulation 13(1), replace “A district health board” with “Health New Zealand”.
 In regulation 13(1)(b), replace “as defined in the Crown funding agreement” with “as defined in Health New Zealand’s Crown funding agreement”.
 In regulation 13(4), replace definition of **Crown funding agreement** with: 30
Crown funding agreement has the same meaning as in **section 4 of the Pae Ora (Healthy Futures) Act 2021**
 In regulation 13(4), revoke the definition of **district health board** and insert in its appropriate alphabetical order:

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

Health New Zealand has the meaning in **section 4 of the Pae Ora (Healthy Futures) Act 2021**

In regulation 13(4), revoke 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 58 of the Pae Ora (Healthy Futures) Act 2021**”. 5

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

In regulation 2, definition of **service**, replace “section 6(1) of the New Zealand Public Health and Disability Act 2000” with “**section 4 of the Pae Ora (Healthy Futures) Act 2021**”. 10

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 **2021**”.

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 90 of the Pae Ora (Healthy Futures) Act 2021**”. 15

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 **2021**”. 20

In regulation 5(2)(d), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

In regulation 8(1)(g), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”. 25

In regulation 8(3), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

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 **2021**”. 30

In regulation 13(5)(a) and (b), replace “New Zealand Public Health and Disability Act 2000” with “Pae Ora (Healthy Futures) Act **2021**”.

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 90 of the Pae Ora (Healthy Futures) Act 2021**”. 35

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 **2021**”.

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 **2021**”.

In regulation 22(1), definition of **prescription item**, replace “section 88 of the New Zealand Public Health and Disability Act 2000” with “**section 90 of the Pae Ora (Healthy Futures) Act 2021**”.

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”.

Medicines Regulations 1984 (SR 1984/143)

In regulation 2(1), definition of **Pharmac**, replace “section 46 of the New Zealand Public Health and Disability Act 2000” with “**section 60 of the Pae Ora (Healthy Futures) Act 2021**”.

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 2021**”.

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 2021**

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:

(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”.

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

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 “considering 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 “and DHBs” with “Health New Zealand”.

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

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

In the Schedule, clause section 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

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

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”. 5

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(a)(i) and (ii), replace “a DHB” with “Health New Zealand or the Māori Health Authority”. 10

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 97 of the Pae Ora (Healthy Futures) Act 2021**”. 15

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 97 of the Pae Ora (Healthy Futures) Act 2021**”. 20

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”. 25

In regulation 3(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 2021** 30

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 2021**”.

In regulation 3(1), definition of **predecessor in title**, replace “a DHB” with “Health New Zealand”. 35

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”. 5

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 2021**

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 2021**”. 10

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)

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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”. 20

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 2021**

In Schedule 8, Part 5, clause 5, definition of **predecessor in title**, replace “a DHB” with “Health New Zealand”. 25

Student Allowances Regulations 1998 (SR 1998/277)

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

In regulation 2(1), definition of **Crown**, paragraph (d), replace “a DHB” with “Health New Zealand”. 30

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 2021**

In regulation 2(1), definition of **predecessor in title**, replace “a DHB” with “Health New Zealand”. 35

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)	5
Health Sector Transfers (Enable New Zealand Limited) Order 2002 (SR 2002/334)	
Health Sector (Transfer of Assets and Liabilities of Crown Public Health Limited and CLS Properties Limited) Order 2002 (SR 2002/333)	10
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)	15
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)	20
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 210/79)	25
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
(LI 2011/147)**

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

Schedule 3

Iwi-Māori partnership boards

s 88

Iwi-Māori partnership board	Area covered by the board (based on territorial authority and ward boundaries as constituted as at 1 January 2001)
Te Kahu o Taonui	Far North District, Whangarei District, Kaipara District North Shore City, Rodney District, Waitakere City Auckland City
Mana Whenua I Taamaki Makaurau / Tainui	Manukau City, Papakura District, Franklin District
Waikato Iwi Māori Council	Hauraki District, Thames-Coromandel District, Waikato District, Waipa District, Hamilton City, South Waikato District, Matamata-Piako District, Otorohanga District, Waitomo District, Ruapehu District (Ohura, Taumarunui and National Park Wards only)
Te Kāhui Oranga	Taupo District, Rotorua District
Te Runanga Hauora o Te Moana a Toi	Tauranga District, Western Bay of Plenty District, Whakatane District, Kawerau District, Opotiki District, Mayor Island (Tuhua), Motiti Island
Te Waiora o Nukutaimemeha	Gisborne District
Te Whare Punanga Korero	New Plymouth District, Stratford District, South Taranaki District
Māori Relationship Board	Wairoa District, Hastings District, Napier City, Central Hawkes Bay District
Hauora a Iwi Relationship Board	Wanganui District, Rangitikei District, Ruapehu District (Waiouru and Waimarino Wards only)
Manawhenua Hauora	Manawatu District, Palmerston North City, Tararua District, Horowhenua District, Kapiti Coast District (Otaki Ward only)
Te Atiawānuitōnu Māori Relationship Board	Upper Hutt City, Lower Hutt City
Matanga Toiora Māori Partnership Board	Kapiti Coast District (Paraparaumu, Waikanae and Paekakariki-Raumati Wards only), Porirua City, Wellington City
Te Iwi Kainga Māori Partnership Board	Masterton District, Carterton District, South Wairarapa District
Iwi Relationship Board	Tasman District, Nelson City, Marlborough District
Tatau Pounamu Manawhenua Advisory Group	Buller District, Grey District, Westland District
Iwi Relationship Board: Manawhenua ki Waitaha	Kaikoura District, Hurunui District, Waimakariri District, Banks Peninsula District, Selwyn District, Christchurch City, Ashburton District, Chatham Islands Territory
Māori advisory committee	Timaru District, Mackenzie District, Waimate District
Te Hauora o Murihiku me Araiteuru	Waitaki District, Central Otago District, Dunedin City, Clutha District, Southland District, Gore District, Invercargill City, Queenstown-Lakes District

Schedule 4

Provisions applying to mortality review committees

s 75

1 Interpretation

In this schedule, unless the context otherwise requires,— 5

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— 10

(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 15

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. 20

(2) A mortality review committee may authorise it

(3) Examples of the information the chairperson or agent may require are—

(a) patient records, clinical advice, and related information: 25

(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. 30

(4) The person must take all reasonable steps to comply with the notice.

Production, disclosure, and recording of information

3 Meaning of information 35

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. 5
- 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— 10
- (a) for the purposes of performing the committee's functions; or
- (b) in accordance with an exception stated in **clause 5**; or 15
- (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)**. 20
- 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: 25
- (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: 30
- (iii) for the purposes of the prosecution of an offence against **section 18(7)** (disclosure of information contrary to this schedule).
- Compare: 1995 No 95 s 71
- 6 Minister may authorise disclosure of information** 35
- (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: 5
 - (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. 10
- (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. 15
- (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. 20

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. 25

Schedule 5

Provisions relating to imposition and payment of Ministry levies

ss 96, 97

1 Interpretation

- (1) In this schedule, unless the context otherwise requires,— 5
- 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)** 10
- 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 6** 15
- 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 20
- (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 25
- wine** means the product of the complete or partial fermentation of any fruit (including grapes), vegetable, or honey, and—
- (a) includes— 30
- (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 35
- 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. 5
- (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 6**, 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. 10
- 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 expend during that year— 15
- (a) in addressing alcohol-related harm; and
- (b) in meeting its operating costs that are attributable to alcohol-related activities. 20
- (2) Having assessed the aggregate expenditure figure for any financial year under **subclause (1)**, the Minister must determine the aggregate levy figure for that year, being an amount equal to the aggregate expenditure figure less the amount that, in his or her opinion, is likely to be received by the Ministry during the financial year by way of interest on money invested by the Ministry or from third party or other revenue. 25
- (3) Nothing in this clause obliges the Ministry to expend in any financial year the whole of its income received in that year, and the Ministry may accumulate any part of its income in any financial year and expend it as it sees fit for any of its purposes in any subsequent financial year. 30
- (4) Despite **subclause (2)**, if the Ministry carries forward any such amount to a subsequent financial year, the Minister may, in determining the aggregate levy figure for that year, take into account the whole or any part of that amount.
- 3 Minister to determine amounts of levy for each class of alcohol** 35
- (1) After assessing 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: 40

- (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 6**. This gives the (nominal) total number of litres of alcohol for each class of alcohol: 5
- (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: 10
- (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. 15
- (3) If a rate for a class of alcohol is described in the table in **Schedule 6** 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 6**. 20
- 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**. 25
- (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 6** 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)**. 30
- (4) An Order in Council made under this clause is secondary legislation (*see* Part 3 of the Legislation Act 2019 for publication requirements).
- 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— 35
- (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. 5
- (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. 10
- (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. 15
- 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. 20
- 8 All levies collected to be paid to the 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** 25
- (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. 30
- (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. 35

Schedule 6

Classes of alcohol and rates for each class

ss 96, 97			
Class	Legal definition of class	Indicative description	Rate
	<i>Alcohol which, if imported, would be classified within the following tariff items</i>	<i>Percentage of alcohol by volume in most items in class</i>	
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. 5