

Healthy Futures (Pae Ora) Amendment Bill

Government Bill

As reported from the Health Committee

Commentary

Recommendation

The Health Committee has examined the Healthy Futures (Pae Ora) Amendment Bill and recommends by majority that it be passed. We recommend all amendments by majority.

Introduction

The bill seeks to improve the effectiveness of how health services are provided. It would amend the Pae Ora (Healthy Futures) Act 2022, which established new public health entities including Health New Zealand, a Crown entity that manages and provides public health services.

The bill would revise the purpose, functions, and governance and monitoring arrangements of Health New Zealand. It would introduce new objectives for Health New Zealand to deliver effective and timely services and to plan for and provide for quality, cost-effective, and financially sustainable infrastructure for health services. The Health New Zealand board would also be required to have a permanent infrastructure committee to help fulfil its new infrastructure-related functions.

The bill would introduce new strategic planning arrangements and clarify roles and responsibilities in the health sector. It would require that health targets be included in the Government Policy Statement on Health, and that health entities monitor and report on progress towards meeting these targets. It would also clarify the role of iwi-Māori partnership boards and strengthen the role of the Hauora Māori Advisory Committee.

The bill would change the name of the Act to “Healthy Futures (Pae Ora) Act 2022”.

Legislative scrutiny

As part of our consideration of the bill, we have examined its consistency with principles of legislative quality. We have no issues regarding the legislation's design to bring to the attention of the House.

Proposed amendments

The following sections of this commentary discuss the main amendments we recommend to the bill as introduced. At the end we also recommend some minor and consequential amendments.

Definition of “infrastructure”

The bill would introduce a new objective and new function for Health New Zealand related to providing and planning for infrastructure to deliver health services. However, the term “infrastructure” is not defined in the bill. We consider that it would be helpful to include a definition so that the scope of Health New Zealand's new function is clear.

We recommend defining infrastructure as including “any physical assets, including buildings, facilities, and land, that are, or may be in the future, owned or controlled by Health New Zealand for the purpose of providing services”. This definition would include infrastructure such as hospitals, and other buildings or facilities. We recommend adding new clause 6(2) to the bill to insert this definition into section 4, the interpretation section of the Act.

Political neutrality obligations

Clause 11 of the bill would insert new section 11A into the Act. New section 11A would clarify that the political neutrality obligations for the public sector, as set out in the Public Service Act 2020, apply to Health New Zealand. Subparts 2 and 4 of Part 1 of the Public Service Act require Crown agents to uphold public service principles, including the principle of political neutrality. These provisions also require Crown agents and individuals working within them to comply with minimum standards of integrity and conduct.

The aim of this provision is to clarify that existing obligations under the Public Service Act already apply to Health New Zealand employees, board members, contractors, secondees, and its chief executive. The bill would not introduce any new political neutrality obligations.

We acknowledge that, in practice, there are differences in how the political neutrality obligations apply to different types of roles within Health New Zealand. For example, how the obligations apply to the chief executive differ from how they apply to a front-line health worker. We understand that the Public Service Commission produces guidance for public sector workers on this matter.

One submitter noted that the specific wording of proposed new section 11A differs from the wording used in the Public Service Act. For example, proposed new section

11A refers to “contractors” whereas section 17 of the Public Service Act refers to “individuals working as contractors”.

As the intent of new section 11A is to draw attention to the existing political neutrality obligations in the Public Service Act, we consider that the bill’s wording should align with that Act. We recommend amending new section 11A accordingly. We note that, in doing so, the bill would also more clearly describe the relevant provisions of the Public Service Act.

Purpose of the infrastructure committee and delegation of functions

The bill would require the Health New Zealand board to have an infrastructure committee. Proposed new section 21, inserted by clause 18, would require the board to delegate to the committee some or all of its function to provide and plan for infrastructure for health services. We recommend amending new section 20(2) to describe the committee’s intended purpose more accurately.

The delegation of functions to the committee, or any amendment or replacement of it, would have to be approved by the Minister of Health before it came into force.

For clarity, we consider that the process for developing and confirming the delegation and determining the responsibilities of the infrastructure committee should be specified in the bill. In addition to the existing provision in the bill that would require the delegation to be approved by the Minister, we recommend that the Minister be empowered to direct content that must be included in the delegation, via notice in the *Gazette*. Before making this notice, the Minister should be required to consult the Health New Zealand board and the infrastructure committee to confirm the workability of the delegation. We recommend amending proposed new section 21 to provide for this.

Attendance at infrastructure committee and board meetings

The purpose of requiring the Health New Zealand board to have an infrastructure committee is to help it fulfil its function to provide and plan for infrastructure to provide health services. This is a new function that would be introduced by the bill. The intent is that the infrastructure committee and the Health New Zealand board would work collaboratively, based on the established framework for delegation of board responsibilities to a committee under the Crown Entities Act 2004.

To help the infrastructure committee and the board to work cooperatively and support more integrated infrastructure planning, we consider that the chair of the Health New Zealand board should be able to attend infrastructure committee meetings. Similarly, the chair of the infrastructure committee should be able to attend board meetings which relate to infrastructure. When attending infrastructure committee meetings, the board chair should be able to receive all relevant information and meeting documents, and should be able to speak but not vote at the meeting. The same conditions should apply when the chair of the infrastructure committee attends board meetings. We recommend amending clause 18 to insert new sections 21A and 21B into the Act, setting out these arrangements for each chair to attend the relevant meetings.¹

Similarly, proposed new section 22 would allow the Director-General of Health—who is also the chief executive of the Ministry of Health—to attend any meeting of Health New Zealand. As introduced, new section 22 states that the Director-General may observe decision-making processes, assist meeting attendees to understand Government policies, and advise the Minister on any matters related to Health New Zealand. We consider that it should be made clear that the Director-General cannot direct Health New Zealand or make decisions when attending meetings. This is consistent with the role of the Director-General as already set out in the bill. We recommend amending new section 22 to specify that the Director-General may speak at any Health New Zealand meeting, but not vote.

Section 61 of the Act enables the Minister to appoint a Crown observer to attend Health New Zealand meetings. We recommend inserting clause 28A to amend section 61 to clarify that a Crown observer also may not vote in this setting. This is consistent with the role of a Crown observer as already set out in the Act.

Government Policy Statement on Health

The Act requires the Minister of Health to issue a Government Policy Statement (GPS) on Health at least once every three years. The GPS sets the Government's priorities and objectives for the public health system. The Act also requires other strategies and planning documents to be developed for the public health sector. For example, it requires the Minister of Health to establish seven health strategies.²

Clause 22 would amend section 36 of the Act to require the Minister to set targets for the public health sector in the GPS. The policy intent is that the GPS should be the primary mechanism that sets the strategic direction for the public health sector, and the targets set in it provide a clear way to monitor performance. The intention is that health strategies give effect to the GPS, not the other way around. To this end, clause 24 would amend section 47 of the Act to require the Minister to give effect to targets in the GPS when preparing any health strategy.

Section 35(b) of the Act requires that the Minister have regard to, but not be bound by, the health strategies when preparing a GPS. We note that there would be a circular relationship between this provision and the new requirement that would be introduced by clause 24. We consider that the hierarchy of strategy and planning documents in the health sector should be clear and coherent, and that the GPS should be the primary strategic document. We therefore recommend removing the requirement that the Min-

¹ If the board chair is also a member of the infrastructure committee, new section 21A should not apply. Similarly, if the chair of the infrastructure committee is a member of the Health New Zealand board, new section 21B should not apply.

² The strategies relate to mental health and wellbeing, health outcomes for Māori, Pacific peoples, disabled people, rural people, and women, and an overarching New Zealand Health Strategy.

ister must have regard to any health strategy when preparing a GPS. We recommend inserting clause 21A to repeal section 35(b) accordingly.

Finally, we recommend removing clause 21(2) of the bill, which would insert a reference to “targets” after “priorities” in section 34(3) of the Act. This section relates to specifying measurable outcomes for GPS priorities for the public health sector; in our view, a reference to targets is not applicable here.

Minor and consequential amendments

We recommend some minor amendments to improve the legislative drafting. These amendments seek to ensure that:

- requirements that would be set by the bill are consistent with those set by the principal Act
- terminology is consistent within the bill and between the bill and the principal Act
- drafting conventions are consistent with the statute book
- provisions are correctly cross-referenced.

Since the bill would amend the name of the Act, consequential amendments would be needed to other legislation to give effect to this name change. Clause 34 of the bill would make consequential amendments to other legislation, as set out in Schedule 2. We recommend inserting new clauses 33A to 33E to make further consequential amendments.

Labour Party, Green Party, and Te Pāti Māori joint differing view

He tīmatanga kōrero (opening comments)

Pae Ora Healthy Futures is not just a name. It sets the foundation for envisioning a new health system as shared by Tā Mason Durie—healthy people (Mauri Ora), healthy whānau (Whānau Ora) and healthy environments (Wai Ora). Pae Ora embodied the principle that health is a taonga that binds us to our whakapapa, our whenua, and our mokopuna. It recognised that Māori must not only be participants in health policy but leaders in shaping systems that sustain wellbeing for generations. This is the essence of mana motuhake and mana mokopuna, the responsibility to ensure that decisions made today uphold the dignity, potential, and wellbeing of future generations.

The gifting of Māori names to the health system such as Pae Ora, Te Whatu Ora and Te Aka Whai Ora recognises the holistic world view of Te Iwi Māori and the opportunity Pae Ora provided for working together through the Te Tiriti o Waitangi relationship for a transformative approach to promote equity and healthy futures for all New Zealanders.

The Pae Ora Healthy Future Amendment legislation ignores this vision, the whakapapa of the legislation, and turns its back fundamentally on Te Tiriti o Waitangi.

Modified Treaty clause: erosion of commitment

The modified Treaty of Waitangi clause in the bill is widely criticised, including in submissions from Te Kāhui Hauora o Ngāti Whātua, Te Whare Tohu Rata o Aotearoa (the Royal College of GPs) and Treaty specialists. The language shifts from explicit partnership and active protection principles, as required by case law, to “give effect to the principles of Te Tiriti o Waitangi” and from active protection principles, toward minimal recognition: “consider Māori interests”, undermining earlier commitments to equity and partnership. This linguistic downgrade represents a profound constitutional and moral regression. It replaces the active obligations of partnership, protection, and participation with passive recognition. Legal scholars, including Professor Claire Charters, have warned that this ‘weakening’ departs from best practice and risks breaching Crown obligations.

The bill also directly contradicts the Waitangi Tribunal’s *WAI 2575 Health Services and Outcomes Inquiry*, which affirmed that Māori health inequities are the result of persistent Crown breaches of Te Tiriti, and that the path to equity requires Māori-led authority and decision-making. By dismantling Māori governance mechanisms, the Crown undermines mana motuhake and breaches the constitutional balance between kāwanatanga and tino rangatiratanga.

From a mana motuhake perspective, this failure is intergenerational. To weaken Treaty commitments now is to deny protection of our mokopuna, perpetuating systems that have already failed Māori for generations.

Erosion of Māori voice and partnership

The bill proposes the loss of substantive functions for Iwi Māori Partnership Boards (IMPBs), removing direct lines of accountability and diminishing their influence on local health priorities.

Previously, IMPBs acted as tangible vehicles for iwi and Māori to shape services in their communities and report on outcomes relevant to local needs. The removal of IMPB functions including localities, alongside weakened reporting requirements nor clarity on monitoring functions, abandons what submitters such as the Federation of Māori Authorities and Te Rōpū Whakahaere Hauora Māori described as “meaningful partnership”. Instead, the bill substitutes a distant, national Māori advisory committee—one stripped of statutory independence and with unclear lines of accountability, erasing the principle that iwi must hold health entities answerable at the locality level.

Petty undermining of te reo Māori

One of the clearest signals of disregard is the decision to subordinate the Māori name of the bill (“Pae Ora”) beneath its English title. Extensive submissions framed this as a symbolic but revealing slight—petty and undermining, suggesting Māori concepts remain secondary within a health system purporting to advance equity and partnership. Labour, the Greens, and Te Pāti Māori consider this decision disrespectful and regressive.

Mana mokopuna and intergenerational equity

At its heart, this bill fails mana mokopuna, our sacred duty to protect and uplift the generations who follow. Health is a taonga, guaranteed under Te Tiriti o Waitangi. To honour it is to design systems that safeguard their right to live well, in balance, dignity, and connection with their whakapapa, whenua, and wairua. The dismantling of Māori-led structures does not only weaken governance but recentralises control that breaches that taonga. When mana motuhake is eroded, the cycle of inequity and harm deepens across generations.

Our vision of Pae Ora was one of enduring justice, where Māori authority, cultural integrity, and community voice secure wellbeing for our mokopuna.

Reduced requirements for collaboration and accountability

Previously, Te Whatu Ora Health New Zealand had a statutory requirement to collaborate with IMPBs, guaranteeing regular engagement between the central health system and Māori structures in every region. Localities were a key feature of Pae Ora Healthy Futures to resource and empower local community voice, inter-sectoral collaboration, and planning across community and rohe-wide.

The bill's removal of this obligation—highlighted as unacceptable by Te Arawhiti and multiple Hauora Māori groups—will create “multiple points of detachment,” reducing accountability and weakening the system's responsiveness to local voices.

Where there was once local monitoring and direct reporting, now the bill prescribes advisory input at the national level only, distant from communities and diluted by bureaucratic process.

Criticism of targets and binding of future governments

The bill includes new statutory health targets, a move heavily criticised by public health scholars and submitters. Many submitters argued that legislating specific health targets could incentivise gaming of statistics and narrow efforts to only areas measured, undermining holistic care. They warned this short-term focus might neglect equity and prevention, diverting attention from underlying determinants of health.

Concerns also included reduced flexibility for responding to local needs and a lack of consultation on what targets best serve communities. Submissions noted that replacing equity-focused outcome goals with generic targets risks perpetuating existing disparities, particularly for Māori. Overall, critics said the approach fails to address core system challenges and may worsen inequities. Professor Tim Tenbensen argued that targets attempt to bind future governments to outdated priorities, risking rigidity and undermining democratic adaptation of policy as needs change. Others warn that targets can distort service delivery, encourage gaming of statistics, and fail to reflect real health system complexity.

Of significant concern, the bill weakens Health New Zealand's mandate to act on social and environmental determinants of health, undermining the cross-sector approach central to the original Pae Ora reforms. This effectively reduces commitment to equity, and prevention.

Repeal of Te Mauri o Rongo

Another key concern is the repeal of “Te Mauri o Rongo”, the New Zealand Health Charter. The charter sets out core values, principles, and expected behaviours for everyone working in the health sector, aiming to foster safe, supportive workplaces and strong collaboration. Te Mauri o Rongo represents the diverse voices of the workforce and health sector developed together maintaining ongoing commitment to Te Tiriti o Waitangi.

Its purpose is to guide how health workers relate to each other, care for their communities, and continuously improve health outcomes: a statutory concept enshrined in the original Pae Ora Act to embody mana and well-being as guiding principles.

Submissions from Māori health leaders and Treaty experts argued that its removal strips the legislation of spiritual and cultural substance, narrowing the framework back to a technocratic model and breaking from commitments to Māori worldviews.

Reducing statutory health strategies

Reducing the suite of seven statutory health strategies to two (a New Zealand Health Strategy and a Hauora Māori Strategy) can have the effect of de-prioritising equity for marginalised groups that have fought hard to have their unique challenges recognised. Reducing the number of statutory strategies could also limit long-term visibility of outcomes and remove specific statutory obligations for equity and inclusion.

We note that officials’ own advice on the bill points to a loss of accountability, and risk of being seen to deprioritise explicit focus on determinants of health, going against the intent of previous reforms and pre-emptively removing localities. The bill also risks fragmenting the legislative framework and undermining the coherence of the 2027 statutory review. The changes are ad hoc and potentially destabilising for the sector.

The resultant narrower Health Plans under the bill could limit system-wide coordination, evidence-based planning, and collaboration with other agencies. These risk reducing the plan to an operational tool rather than a strategic population health document.

Misalignment between the six-year Government Policy Statement cycle and the three-year Health Plan cycle could create inconsistencies in planning and resourcing. The longer cycle also reduces opportunities for public and parliamentary scrutiny.

The longer cycles relating to the alcohol levy could reduce flexibility to respond to alcohol harm evidence and trends.

Chilling effect of political neutrality clause

The bill introduces references to “public service principles of political neutrality”, a change that was poorly defined in committee and ambiguous in scope. Submissions argued this could have a chilling effect, deterring health entities and even contractors from strongly advocating for Māori needs, health equity, or critiquing government

performance. Furthermore, uncertainty remains over whether this principle applies to external providers, risking confusion and constrained voice in health policy.

Undermining the Crown Agency structure: wage setting

By transferring collective bargaining authority for the entire health sector to the Public Service Commission, the bill substantially undermines the autonomy of Te Whatu Ora Health New Zealand and the agency model. With wages accounting for approximately 70 percent of Te Whatu Ora's operating costs, this means the Te Whatu Ora HNZ Board loses control over the single largest cost driver, and accountability is diffused to another layer of government administration.

Submissions from the New Zealand Nurses Organisation and the Association of Salaried Medical Specialists described this as undercutting the principle of devolved governance and weakening health system performance.

Attempts to provide amendments to improve the legislation through the select committee process

Despite Te Pāti Māori's attempt to propose a series of amendments to restore equity, uphold Te Tiriti, and protect Māori health during the select committee process with support from Labour and the Green Party, all of the amendments were voted against by Government members. These included:

- **Clause 4—Title of Principal Act Amendment:** Rename to “Pae Ora (Healthy Futures) Amendment Bill”. *Rationale:* Restore the mana of te reo Māori and the original intent of the Act.
- **Clause 5—Purpose of the Act Amendment:** Add equity and Te Tiriti as core purposes. *Rationale:* Ensure these are not optional considerations.
- **Clause 8—Te Tiriti o Waitangi Amendment:** Insert “the articles and principles of Te Tiriti o Waitangi”. *Rationale:* Strengthen accountability and Treaty obligations.
- **Clause 9—Health sector principles Amendment:** Retain section 7. *Rationale:* Preserve equity, cultural safety, and responsiveness to Māori.
- **Equity principles after section 13 Amendment:** Add duty to achieve equity, especially for Māori. *Rationale:* Restore fairness and balance.
- **Clause 14—Consultation with Māori advisory boards Amendment:** Require consultation with Hauora Māori Advisory Committee and Iwi Māori Partnership Boards (IMPBs). *Rationale:* Ensure Māori input in planning and delivery.
- **Clause 15—Kaupapa Māori investment engagement Amendment:** Safeguard engagement with IMPBs. *Rationale:* Support Māori-led service design.
- **Clause 16—Systems for Te Tiriti understanding Amendment:** Retain requirement to understand Te Tiriti and mātauranga Māori. *Rationale:* Prevent institutional ignorance.
- **Clause 17—Engagement with Māori Amendment:** Retain Section 16A. *Rationale:* Maintain accountability to Māori communities.

- **Clause 19—Iwi Māori Partnership Boards** *Amendment*: Restore powers to evaluate, commission, and monitor hauora Māori. *Rationale*: Reinstate mana motuhake.
- **Clause 26—Reporting on equity** *Amendment*: Require annual reporting on Māori health equity, audited by the Auditor-General. *Rationale*: Embed accountability.
- **New Section 52A—Workforce and cultural safety** *Amendment*: Require ministerial reporting on workforce wellbeing and cultural safety. *Rationale*: Maintain oversight if Charter is removed.
- **Clauses 26–27—Audit requirements** *Amendment*: Retain audit requirements for NZ Health Plan and performance reports. *Rationale*: Ensure transparency.
- **Clause 28—New Zealand Health Charter** *Amendment*: Retain sections 56–58. *Rationale*: Uphold values of equity, Te Tiriti, and cultural safety.
- **Clause 31—Hauora Māori Advisory Committee** *Amendment*: Make advice binding and require annual reporting to Parliament. *Rationale*: Elevate influence and accountability.
- **Clause 32—Te Tiriti expertise** *Amendment*: Retain original appointment criteria. *Rationale*: Ensure expertise in Te Tiriti, equity, and population health.

Every amendment was grounded in kaupapa Māori, Treaty justice, and practical equity. Their rejection confirms that this bill is not about partnership, it is about control.

Our mokopuna will inherit the consequences of this bill. Without Māori leadership, culturally grounded care will be sidelined. Without statutory equity duties, disparities will persist. Without accountability, the Crown will continue to fail Māori.

Māori deserve better. Our mokopuna deserve better. We deserve a health system that puts Te Tiriti front and centre, listens to Māori voices, and targets to close the gap in health inequities. We deserve to lead our own solutions, to exercise mana motuhake, and to act as kaitiaki for our own people.

This is about our babies and future mokopuna. Health is a taonga and to protect it is our collective duty under Te Tiriti o Waitangi and our whakapapa.

Hei whakakapinga kōrero

In summary, Labour, Greens, and Te Pāti Māori object that the Healthy Futures (Pae Ora) Amendment Bill undermines the voice of Māori in the system, weakens Treaty principles, and distances decision-making from communities. It erodes partnership in favour of advisory bureaucracy, binds future governments with inflexible targets, strips the bill of Māori identity and substantive wellbeing principles, and reduces health system autonomy in workforce matters—all despite the clear evidence presented by submitters that these changes will exacerbate inequity and undermine trust in the reforms.

Appendix

Committee process

The Healthy Futures (Pae Ora) Amendment Bill was referred to this committee on 22 July 2025. The House instructed us to report on the bill no later than 24 November 2025. We invited the Minister of Health, Hon Simeon Brown, to provide oral evidence on the bill. The Minister declined the invitation.

We called for submissions on the bill with a closing date of 18 August 2025. We received and considered submissions from 1,787 interested groups and individuals. We heard oral evidence from 97 submitters. We wish to acknowledge the contributions of all submitters and thank them for their engagement.

Advice on the bill was provided by the Ministry of Health. The Office of the Clerk provided advice on the bill's legislative quality. The Parliamentary Counsel Office assisted with legal drafting.

Committee membership

Sam Uffindell (Chairperson)

Dr Hamish Campbell

Dr Carlos Cheung

Ingrid Leary

Cameron Luxton

Hūhana Lyndon

Jenny Marcroft

Debbie Ngarewa-Packer

Hon Dr Ayesha Verrall

Related resources

The documents we received as advice and evidence are available on the Parliament website.

Key to symbols used in reprinted bill

As reported from the Health Committee

text inserted by a majority

~~text deleted by a majority~~

Hon Simeon Brown

Healthy Futures (Pae Ora) Amendment Bill

Government Bill

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The Parliament of New Zealand enacts as follows:

- 1 Title**
This Act is the Healthy Futures (Pae Ora) Amendment Act **2025**.
- 2 Commencement**
This Act comes into force on the day after Royal assent. 5
- 3 Principal Act**
This Act amends the Act that was previously called the Pae Ora (Healthy Futures) Act 2022.

- Part 1**
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- 4 Title of principal Act changed**
In section 1, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

5 Section 3 amended (Purpose of this Act)

- (1) In section 3(c), replace “pae ora (healthy futures)” with “healthy futures (pae ora)”.
- (2) After section 3(c), insert:
 - (d) ensure that patients get timely access to quality ~~health~~ services.

5

6 Section 4 amended (Interpretation)

- (1) In section 4, repeal the definitions of **health sector principles** and **New Zealand health charter** or **charter**.
- (2) In section 4, insert in its appropriate alphabetical order:

infrastructure includes any physical assets, including buildings, facilities, and land, that are, or may be in the future, owned or controlled by Health New Zealand for the purpose of providing services

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7 Section 5 amended (Guide to this Act)

In section 5(1), replace “, the health sector principles,” with “and for”.

8 Section 6 amended (Te Tiriti o Waitangi (the Treaty of Waitangi))

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- (1) Repeal section 6(a), (k), (l), and (n).
- (2) In section 6(c), after “advise the Minister”, insert “and the board of Health New Zealand”.
- (3) After section 6(d), insert:

(e) requires the board of Health New Zealand to take into account any advice it receives from the Hauora Māori Advisory Committee; and

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- (4) Replace section 6(f) with:

(f) provides for iwi-Māori partnership boards to engage with local Māori communities about their health needs, aspirations, and health outcomes; and

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- (5) Replace section 6(m) with:

(m) requires Health New Zealand—

- (i) to support iwi-Māori partnership boards; and
- (ii) to provide relevant information to ~~Māori~~ iwi-Māori partnership boards for that purpose.

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9 Section 7 repealed (Health sector principles)

Repeal section 7.

10 Section 10 amended (Overview of Minister’s role)

Repeal section 10(1)(d).

11 New section 11A inserted (Obligations as Crown agent, including in relation to political neutrality)

After section 11, insert:

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

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

- (a) apply to Health New Zealand as a Crown agent and to groups and individuals in Health New Zealand, including its employees, board members, the chief executive, and individuals working as contractors, and or secondees; and
- ~~(b) include requirements for—~~
 - ~~(i) Health New Zealand to uphold the public service principles, including the principle of political neutrality, when carrying out its functions; and~~
 - ~~(ii) Health New Zealand, and the groups and individuals in it, to comply with minimum standards of integrity and conduct relating to those public service principles.~~
- (b) make the board of Health New Zealand responsible for ensuring that Health New Zealand upholds the public service principles, including the principle of political neutrality, when carrying out its functions; and
- (c) empower the Public Service Commissioner to set minimum standards of integrity and conduct, including standards relating to the public service values or the public service principles (or both); and
- (d) require Health New Zealand, and the groups and individuals in it, to comply with the minimum standards set by the Public Service Commissioner that apply to it or them.

12 Section 12 amended (Board of Health New Zealand)

Replace section 12(3) with:

- (3) The Minister must appoint only people who, in the Minister's opinion, have the appropriate knowledge, skills, and experience to assist the board to perform its role.

13 Section 13 amended (Objectives of Health New Zealand)

- (1) Replace section 13(a) with:

- (a) to design, arrange, and deliver appropriate, effective, and timely services to achieve the purpose of this Act; and

- (2) In section 13(c), after “individuals”, insert “(including, to avoid doubt, private healthcare providers)”.

- (3) After section 13(e), insert:

(f)	to provide and plan for quality, cost-effective, and financially sustainable infrastructure to deliver services to New Zealanders.	
14	Section 14 amended (Functions of Health New Zealand)	
(1)	After section 14(1)(c), insert:	
(ca)	provide and plan for infrastructure to deliver services; and	5
(2)	In section 14(1)(k), after “individuals”, insert “(including, to avoid doubt, private healthcare providers)”.	
(3)	In section 14(1)(n) replace “iwi-Māori partnership boards” with “the Hauora Māori Advisory Committee”.	
(4)	After section 14(3), insert:	10
(4)	Section 14(1)(n) Subsection (1)(n) does not limit Health New Zealand’s ability to engage with Māori to provide opportunities for Māori to contribute to decisions made by Health New Zealand.	
15	Section 15 amended (Health New Zealand must support and engage with iwi-Māori partnership boards)	15
(1)	In the heading to section 15, delete “and engage with”.	
(2)	Repeal section 15(b).	
16	Section 16 amended (Additional collective duties of board of Health New Zealand)	
	Repeal section 16(1)(d)(ii).	20
17	Section 16A repealed (Engaging with and reporting to Māori)	
	Repeal section 16A.	
18	New sections 17 to 22 and cross-headings inserted	
	After section 16, insert:	
17	Board of Health New Zealand must take into account advice from Hauora Māori Advisory Committee	25
	The board of Health New Zealand must take into account any advice it receives from the Hauora Māori Advisory Committee.	
	<i>Delegations policy</i>	
18	Board of Health New Zealand must have delegations policy	30
(1)	The board of Health New Zealand must adopt a delegations policy that sets out how it will make and revoke delegations under sections 73 to 76 of the Crown Entities Act 2004.	
(2)	The policy, or any amendment to or replacement of it, must be approved by the Minister before the policy, amendment, or replacement comes into force.	35

- (3) The Minister may approve the policy, or any amendment to or replacement of it, subject to any conditions specified by the Minister.
- (4) When the policy is in force, the board must comply with the policy when exercising its powers of delegation.
- (5) The board must keep the policy under review and amend or replace the policy as it considers appropriate. 5
- (6) This section applies despite anything to the contrary in the Crown Entities Act 2004.
- 19 Delegations policy must be made publicly available**
- The delegations policy must be made publicly available as soon as practicable after it comes into force. 10
- Infrastructure committee*
- 20 Board of Health New Zealand must have infrastructure committee**
- (1) The board of Health New Zealand must establish an infrastructure committee.
- (2) The purpose of the committee is to perform some or all of Health New Zealand's function of providing and planning for infrastructure to deliver ~~health~~ services, in accordance with the delegation under section 21. 15
- (3) The committee must consist of not fewer than 5, and not more than 8, members, including at least 1 member of the board.
- (4) The Minister must appoint the members of the committee. 20
- (5) The Minister must appoint only people who, in the Minister's opinion, have the appropriate knowledge, skills, and experience to assist the committee to perform its role.
- (6) This section applies despite anything to the contrary in the Crown Entities Act 2004. 25
- 21 Delegation to infrastructure committee**
- (1) The board of Health New Zealand must delegate to the infrastructure committee some or all of its function in respect of providing and planning for infrastructure to deliver ~~health~~ services.
- (2) The delegation, or any amendment to or replacement of it, ~~must be approved by the Minister before the delegation, amendment, or replacement comes into force.~~ must— 30
- (a) include content specified by a notice (if any) made under subsection (2A); and
- (b) be approved by the Minister before the delegation, amendment, or replacement comes into force. 35

(2A)	<u>The Minister may, by notice in the <i>Gazette</i>, direct content to be included in an instrument of delegation under this section.</u>	
(2B)	<u>Before making a notice under subsection (2A), the Minister must consult—</u>	
	<u>(a) the board of Health New Zealand; and</u>	
	<u>(b) the infrastructure committee.</u>	5
(3)	This section applies despite anything to the contrary in the Crown Entities Act 2004.	
21A	<u>Chair of board of Health New Zealand may attend infrastructure committee meetings</u>	
(1)	<u>This section applies if the chair of the board of Health New Zealand is not a member of the infrastructure committee.</u>	10
(2)	<u>The chair may attend any meeting of the infrastructure committee.</u>	
(3)	<u>The chair may speak, but not vote, at the meeting.</u>	
(4)	<u>Before the meeting, the person in charge of the meeting must provide the chair with copies of all notices, documents, and other information provided to those attending the meeting.</u>	15
21B	<u>Chair of infrastructure committee may attend meetings of board of Health New Zealand</u>	
(1)	<u>This section applies if the chair of the infrastructure committee is not a member of the board of Health New Zealand.</u>	20
(2)	<u>The chair may attend any meeting of the board of Health New Zealand relating to infrastructure.</u>	
(3)	<u>The chair may speak, but not vote, at the meeting.</u>	
(4)	<u>Before the meeting, the person in charge of the meeting must provide the chair with copies of all notices, documents, and other information provided to those attending the meeting.</u>	25
	<i>Director-General may attend board or executive meetings</i>	
22	Director-General may attend Health New Zealand board or executive meetings	
(1)	The Director-General may attend any meeting of Health New Zealand.	30
(2)	The functions of the Director-General in attending a meeting are to—	
	(a) observe the meeting's decisions and decision-making processes; and	
	(b) assist those at the meeting in understanding the policies and wishes of the Government so that they can be appropriately reflected in decisions of the meeting; and	35
	(c) advise the Minister on any matter relating to Health New Zealand, its board, or its performance.	

- (2A) In performing the functions, the Director-General may speak, but not vote, at the meeting.
- (3) ~~The~~ Before the meeting, the person in charge of a the meeting-attended by the ~~Director-General~~ must provide the Director-General with copies of all notices, documents, and other information provided to those attending the meeting. 5
- (4) In this section, **meeting** means—
- (a) any board meeting or board committee meeting (including an infrastructure committee meeting); or
 - (b) any executive-level meeting at a national or regional level.
- (5) *See* clause 2 of Schedule 6 of the Public Service Act 2020, which relates to the delegation of the functions and powers of public service chief executives (including the functions and powers of the Director-General under this section). 10
- 19 Sections 29 and 30 replaced**
- Replace sections 29 and 30 with:
- 29 Purpose of iwi-Māori partnership boards** 15
- The purpose of iwi-Māori partnership boards is to represent local perspectives of Māori communities on health outcomes based on their needs and aspirations.
- 30 Functions of iwi-Māori partnership boards**
- The functions of iwi-Māori partnership boards are to—
- (a) engage with local Māori communities about their health needs, aspirations, and health outcomes; and 20
 - (b) communicate the results and ~~insight~~ insights from that engagement to the Hauora Māori Advisory Committee.
- 20 Section 33 amended (Overview of important health documents)**
- (1) In section 33(1)(a), replace “and objectives” with “, objectives, and targets”. 25
 - (2) Repeal section 33(1)(e).
- 21 Section 34 amended (GPS)**
- (1) In section 34(2)(a), after “priorities”, insert “, objectives and targets”.
 - ~~(2) In section 34(3), after “priorities”, insert “and targets”.~~
- 21A Section 35 amended (Preparation of GPS)** 30
- Repeal section 35(b).
- 22 Section 36 amended (Content of GPS)**
- (1) After section 36(1)(a), insert:

	(aa) targets (including the targets required by section 36A) that the Government expects the publicly funded health sector to meet:	
(2)	Replace section 36(1)(e) with:	
	(e) requirements for health entities to monitor and report on progress towards meeting the targets referred to in subsection (1)(aa) :	5
	(f) a framework for regular monitoring of progress and reporting requirements on other matters.	
23	New section 36A inserted (Targets that must be included in GPS)	
	After section 36, insert:	
36A	Targets that must be included in GPS	10
	Without limiting section 36(1)(aa) , the targets that must be included in the GPS under that section must relate to—	
	(a) cancer management care:	
	(b) the immunisation of children:	
	(c) the admission to, and discharge and transfer of patients from, emergency departments:	15
	(d) specialist assessments:	
	(e) elective treatment:	
	(f) access to primary care.	
24	Section 47 amended (Process for making health strategy)	20
(1)	After section 47(1)(a), insert:	
	(aa) give effect to the relevant targets in the GPS; and	
(2)	After section 47(1) section 47(3) , insert:	
(1A)	The Minister must ensure that health strategies are consistent with each other.	
25	Section 51 amended (Content of New Zealand Health Plan)	25
(1)	After section 51(g)(ii), insert:	
	(iii) how the key services and activities will be funded and their proposed level of funding; and	
(2)	After section 51(g), insert:	
	(ga) set out a statement of Health New Zealand's anticipated revenue and expenditure for the period covered by the plan; and	30
(3)	Repeal section 51(h)(iii).	
26	Section 52 amended (Report of performance against New Zealand Health Plan)	
	Repeal section 52(2)(c).	35

27	Section 53 amended (Process for preparing New Zealand Health Plan)	
	Repeal section 53(2).	
28	Sections 56 to 58 and cross-heading repealed	
	Repeal sections 56 to 58 and the cross-heading above section 56.	
28A	<u>Section 61 amended (Minister may appoint Crown observers)</u>	5
(1)	<u>In section 61(3)(b), before “provide”, insert “before the meeting,”.</u>	
(2)	<u>After section 61(4), insert:</u>	
(4A)	<u>In performing the functions, the Crown observer may speak, but not vote, at the meeting.</u>	
29	New section 65A inserted (Minister may direct Health New Zealand regarding Public Service Commissioner)	10
	After section 65, insert:	
65A	Minister may direct Health New Zealand regarding Public Service Commissioner	
(1)	The Minister may direct Health New Zealand to—	15
(a)	consult the Public Service Commissioner before it appoints specified officers or employees, or specified classes of officers or employees:	
(b)	delegate some or all of Health New Zealand’s collective bargaining to the Public Service Commissioner.	
(2)	A direction under subsection (1) is a direction for the purposes of section 114 of the Crown Entities Act 2004, and—	20
(a)	Health New Zealand must give effect to the direction in accordance with section 114 of that Act; and	
(b)	sections 114 to 115A of that Act apply to the direction.	
(3)	In subsection (1) , collective bargaining means collective bargaining in accordance with Part 5 of the Employment Relations Act 2000.	25
30	Section 68 amended (Objectives of Pharmac)	
	In section 68(2), after “section 102”, insert “or any direction continued under clause 30 of Schedule 1”.	
31	Section 89 amended (Hauora Māori Advisory Committee)	30
(1)	In section 89(1), delete “to advise the Minister on any matter relating to hauora Māori that the Minister requests”.	
(2)	Replace section 89(2) and (3) with:	
(2)	The purpose of the committee is to provide advice to the Minister and the board of Health New Zealand on—	35

- (a) ~~healthcare~~ health outcomes for Māori based on their needs and aspirations; and
- (b) how the health sector is performing in relation to those needs and aspirations.
- (3) The committee— 5
- (a) comprises 8 members appointed by the Minister after consulting the Minister for Māori Development; and
- (b) may, subject to any written directions that the Minister gives to the committee, regulate its procedure in any manner that the committee thinks fit. 10
- (4) Each member of the committee is appointed on any terms and conditions (including terms and conditions as to remuneration and travelling allowances and expenses) that the Minister determines by written notice to the member.
- 32 Section 93 amended (Expert advisory committee on public health)**
- Repeal section 93(4). 15
- 33 Schedule 1 amended**
- (1) In Schedule 1, clause 8(1), replace “section 59” with “section 59E”.
- (2) In Schedule 1,—
- (a) insert the Part set out in **Schedule 1** of this Act as the last Part; and
- (b) make all necessary consequential amendments. 20

Part 2

Consequential amendments

Amendments to Pae Ora (Healthy Futures) Alcohol Levy Order 2025

- 33A Principal order**
- Sections 33B to 33E** amend the order that was previously called the Pae Ora (Healthy Futures) Alcohol Levy Order 2025. 25
- 33B Title of principal order changed**
- In clause 1, replace “Pae Ora (Healthy Futures) Alcohol Levy Order 2025” with “Healthy Futures (Pae Ora) Alcohol Levy Order 2025”.
- 33C New clause 3A inserted (Transitional, savings, and related provisions)** 30
- After clause 3, insert:
- 3A Transitional, savings, and related provisions**
- The transitional, savings, and related provisions set out in **Schedule 1** have effect according to their terms.

33D New Schedule 1 inserted

Insert the **Schedule 1** set out in **Schedule 1A** of this Act as the first schedule to appear after the last clause of the principal order.

33E Schedule amended

In the Schedule heading, replace “Schedule” with “Schedule 2”.

5

Consequential amendments to other legislation

34 Consequential amendments to other legislation

- (1) Amend the Acts specified in **Part 1 of Schedule 2** as set out in that schedule.
- (2) Amend the secondary legislation specified in **Part 2 of Schedule 2** as set out in that schedule.

10

Schedule 1

New Part 4 inserted into Schedule 1

s 33

	Part 4	
	Provisions relating to Healthy Futures (Pae Ora) Amendment Act 2025	5
45	Interpretation	
	In this Part,—	
	amendment Act means the Healthy Futures (Pae Ora) Amendment Act 2025	
	commencement date means the date on which the amendment Act comes into force.	10
46	References to previous Title	
	Every reference in any legislation and in any document to the Pae Ora (Healthy Futures) Act 2022 must, unless the context otherwise provides, be read as a reference to the Healthy Futures (Pae Ora) Act 2022.	15
47	Board of Health New Zealand must adopt delegations policy as soon as practicable	
	The board of Health New Zealand must adopt a delegations policy in accordance with section 18 as soon as is reasonably practicable after the commencement date.	20
48	Board of Health New Zealand must establish infrastructure committee as soon as practicable	
	As soon as is reasonably practicable after the commencement date, the board of Health New Zealand must—	
	(a) establish an infrastructure committee in accordance with section 20 ; and	25
	(b) delegate to the infrastructure committee some or all of its function in respect of providing and planning for infrastructure to deliver health services in accordance with section 21 .	
49	GPS, health strategies, and New Zealand Health Plan continue to apply	30
	A GPS, health strategy, or New Zealand Health Plan made before the commencement date continues to apply until replaced in accordance with clauses 49 to 54 clauses 50 to 52 .	

50	Minister must issue new GPS within 18 months	
	The Minister must issue a new GPS under section 34 within 18 months after the commencement date.	
51	Minister must prepare and determine new health strategies within 24 months	5
	The Minister must prepare and determine the following within 24 months after the commencement date:	
	(a) a New Zealand Health Strategy under section 41:	
	(b) a Hauora Māori Strategy under section 42:	
	(c) a Pacific Health Strategy under section 43:	10
	(d) a Health of Disabled People Strategy under section 44:	
	(e) a Women's Health Strategy under section 45:	
	(f) a Rural Health Strategy under section 46:	
	(g) a Mental Health and Wellbeing Strategy under section 46A.	
52	Health New Zealand must develop new New Zealand Health Plan within 24 months	15
	Health New Zealand must develop a new New Zealand Health Plan within 24 months after the commencement date.	

Schedule 1A

**New Schedule 1 inserted into Pae Ora (Healthy Futures) Alcohol
Levy Order 2025**

s 33D

Schedule 1

Transitional, savings, and related provisions

5

cl 3A

Part 1

**Provision relating to Healthy Futures (Pae Ora) Amendment Act
2025**

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1 References to previous Title

Every reference in any enactment and in any document to the Pae Ora (Healthy Futures) Alcohol Levy Order 2025 must, unless the context otherwise provides, be read as a reference to the Healthy Futures (Pae Ora) Alcohol Levy Order 2025.

15

Schedule 2

Consequential amendments to other legislation

s 34

Part 1

Amendments to Acts

5

Accident Compensation Act 2001 (2001 No 49)

In section 6(1), definition of **Health New Zealand or other provider**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In Schedule 1, clause 13(7), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 10

Biosecurity Act 1993 (1993 No 95)

In section 87(1)(g), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 98(1)(g), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 15

Children’s Act 2014 (2014 No 40)

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

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

In section 15(1), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 20

Civil Defence Emergency Management Act 2002 (2002 No 33)

In section 4, definition of **health and disability services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 4, definition of **provider of health and disability services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 25

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

In section 9(1)(c), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In section 16(1), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 30

Disabled Persons Community Welfare Act 1975 (1975 No 122)

In section 2, definition of **disability support services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In section 2, definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 2, replace the definition of **New Zealand Health Plan** with:

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

5

In section 2, definition of **service agreement**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 25A(1)(b) and (2)(a) and (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 25C(3)(d)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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In section 25D(4)(c), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Employment Relations Act 2000 (2000 No 24)

In Schedule 1, Part A, clause 13, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

15

In Schedule 1B, clause 3, definition of **services**, paragraph (a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In Schedule 1B, repeal clause 7.

Family Violence Act 2018 (2018 No 46)

20

In section 19, definition of **specified government agency**, paragraph (e), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In section 2(1), definition of **public health**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

25

Health Act 1956 (1956 No 65)

In section 2(1), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 2(1), definition of **personal health**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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In section 2(1), definition of **personal health services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 2(1), definition of **public health**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 2(1), definition of **public health services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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Health Act 1956 (1956 No 65)—continued

In section 22B, definition of **services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 22C(2)(j) and (l), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 22G(1)(a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 5

Health and Disability Commissioner Act 1994 (1994 No 88)

In section 7(a) and (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Health and Disability Services (Safety) Act 2001 (2001 No 93) 10

In section 5(1)(c), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Health Practitioners Competence Assurance Act 2003 (2003 No 48)

In section 53(1), definition of **investigation**, paragraph (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 15

In section 60(6), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 61(1)(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Health Sector (Transfers) Act 1993 (1993 No 23) 20

In section 2(2), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 11A(1), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 11B(2)(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 25

In section 11E(8)(a) and (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 11H(2)(a)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 30

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

In section 4, definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Human Assisted Reproductive Technology Act 2004 (2004 No 92)

In section 27(3)(a) and (4), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Immigration Act 2009 (2009 No 51)

In section 300(9), definition of **responsible department**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 5

In section 300(9), definition of **services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Income Tax Act 2007 (2007 No 97)

In section CW 52B(2), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 10

Replace section MX 2(c)(ii) with:

(ii) the Healthy Futures (Pae Ora) Act 2022:

Maniapoto Claims Settlement Act 2022 (2022 No 50)

In section 188, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 15

Medicines Act 1981 (1981 No 118)

In section 49A(3)(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 55F(5), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 20

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

In section 2(1), definition of **service**, paragraph (a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Misuse of Drugs Act 1975 (1975 No 116) 25

In section 8(1)(b)(i) and (f), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 20(3)(a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Ngā Hapū o Ngāti Ranginui Claims Settlement Act 2025 (2025 No 24) 30

In section 108, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Ngāi Tahu Claims Settlement Act 1998 (1998 No 97)

In section 50(j), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 35

Ngāti Hauā Claims Settlement Act 2014 (2014 No 75)

In section 126, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In section 202, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 5

New Zealand Sign Language Act 2006 (2006 No 18)

In section 10(2), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

New Zealand Superannuation and Retirement Income Act 2001 (2001 No 84) 10

In section 19(1), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Oranga Tamariki Act 1989 (1989 No 24)

In section 2(1), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 15

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

In section 109, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Psychoactive Substances Act 2013 (2013 No 53) 20

In section 8, definition of **public health**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Raukawa Claims Settlement Act 2014 (2014 No 7)

In section 124, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 25

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

In section 5, definition of **funder**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 5, definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 30

In section 5, definition of **section 94 notice**, paragraph (a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 13, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In section 59(1)(c)(ii) and (2)(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In section 91(1)(a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 5

Social Security Act 2018 (2018 No 32)

In section 67(d)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 72(2)(d)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 10

In section 86(1)(b)(ii), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 96(2)(a) and (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In section 402(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 15

In Schedule 2, definition of **hospital**, paragraph (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In Schedule 2, definition of **residential care services**, paragraph (g), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 20

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

In section 5, definition of **New Zealand health strategy**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Support Workers (Pay Equity) Settlements Act 2017 (2017 No 24)

In section 5, definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 25

Te Korowai o Wainuiārua Claims Settlement Act 2025 (2025 No 5)

In section 202, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Veterans’ Support Act 2014 (2014 No 56) 30

In section 107(2)(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Victims' Rights Act 2002 (2002 No 39)

In section 11(2)(b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Part 2**Consequential amendments to secondary legislation**

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

In regulation 6(1)(b)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

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In regulation 3, definition of **community services card**, paragraph (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 13(5)(a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Cremation Regulations 1973 (SR 1973/154)

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In regulation 7(3), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In regulation 13(4), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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In regulation 13(4), definition of **New Zealand Health Plan**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Health Entitlement Cards Regulations 1993 (SR 1993/169)

In regulation 2(1), definition of **Act**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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In regulation 2(1), definition of **medical practitioner**, paragraph (d)(iii), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 2(1), definition of **provider**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 5(2)(d), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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In regulation 8(1)(g) and (3), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 12(b)(ii)(A), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In regulation 13(5)(a) and (b), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 17, definition of **general medical services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 17, definition of **qualifying medical services**, paragraph (a), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 5

In regulation 22(1), definition of **pharmaceutical**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 22(1), definition of **prescription item**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 10

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

In regulation 2(1), definition of **Pharmac**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

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

In regulation 2, definition of **services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 15

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

In regulation 3(1), definition of **personal health services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 20

Medicines Regulations 1984 (SR 1984/143)

In regulation 2(1), definition of **Pharmac**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 11(3)(a)(ii), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 25

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

In the Schedule, clause 2(1), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Pae Ora (Healthy Futures) Alcohol Levy Order 2025 (SL 2025/139)

In the enacting statement, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 30

In clause 3, definition of **Act**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In the heading to clause 4, replace “Schedule” with “Schedule 2”.

In clause 4, replace “the Schedule” with “Schedule 2”. 35

Pae Ora (Healthy Futures) Alcohol Levy Order 2025 (SL 2025/139)—*continued*

In clause 5, replace “the Schedule” with “**Schedule 2**”.

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

In clause 3(1), definition of **subsidies**, paragraph (b)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 5

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

In clause 3, definition of **subsidies**, paragraph (b)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Privacy (Information Sharing Agreement Facilitating Access to Information about Deaths) Order 2023 (SL 2023/43) 10

In clause 3(1), definition of **mortality review committee**, paragraph (b)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Privacy (Information Sharing Agreement Facilitating Services for Veterans and Other Claimants) Order 2024 (SL 2024/59) 15

In clause 3, definition of **Health NZ**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In clause 3, definition of **subsidy**, paragraph (b)(i), replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Public and Community Housing Management (Prescribed Elements of Calculation Mechanism) Regulations 2018 (LI 2018/173) 20

In regulation 3(1), definition of **disability support services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In regulation 3(1), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 25

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

In Schedule 3, clause 2, definition of **disability support services**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

In Schedule 3, clause 2, definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”. 30

Social Security Regulations 2018 (LI 2018/202)

In Schedule 8, clause 5, definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Student Allowances Regulations 1998 (SR 1998/277)

In regulation 2(1), definition of **Health New Zealand**, replace “Pae Ora (Healthy Futures) Act 2022” with “Healthy Futures (Pae Ora) Act 2022”.

Legislative history

2 July 2025
22 July 2025

Introduction (Bill 179–1)
First reading and referral to Health Committee