



Healthy Futures (Pae Ora) Amendment Bill

On 2 July 2025, the Healthy Futures (Pae Ora) Amendment Bill was introduced to Parliament. The bill amends the Pae Ora (Healthy Futures) Act 2022.

The Bill seeks to improve the effectiveness of health service delivery to patients by:

- Amending the purpose, objectives, and functions of Health New Zealand.
- Increasing Health New Zealand's focus on infrastructure.
- Changing the roles and responsibilities of iwi Māori in relation to the delivery of health services.
- Strengthening governance, strategic direction setting, planning, and monitoring arrangements.

The Bill passed its first reading and has been referred to the Health Committee, which is considering submissions. The Committee is due to report back to the House on 24 November 2025.

Read more on the [Health Committee page](https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA_SCF_4F909A7B-8E87-4FEF-8401-08DDB9140FC1/healthy-futures-pae-ora-amendment-bill) [↗] (https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA_SCF_4F909A7B-8E87-4FEF-8401-08DDB9140FC1/healthy-futures-pae-ora-amendment-bill) of the Parliament website.

Find out about the [progress of the Bill](https://bills.parliament.nz/v/6/4f909a7b-8e87-4fef-8401-08ddb9140fc1?Tab=history) [↗] (<https://bills.parliament.nz/v/6/4f909a7b-8e87-4fef-8401-08ddb9140fc1?Tab=history>) on Parliament's website.

More information

Read the [Regulatory Impact Statement](https://www.health.govt.nz/information-releases/amendments-to-the-pae-ora-healthy-futures-act-2022) ([health.govt.nz/information-releases/amendments-to-the-pae-ora-healthy-futures-act-2022](https://www.health.govt.nz/information-releases/amendments-to-the-pae-ora-healthy-futures-act-2022)).

Read the [press release from Minister of Health Hon Simeon Brown](https://www.beehive.govt.nz/release/putting-patients-first-government-refocus-health-system) [↗] (<https://www.beehive.govt.nz/release/putting-patients-first-government-refocus-health-system>)

[outcomes](#)).

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New Zealand Legislation

Healthy Futures (Pae Ora) Amendment Bill

- not the latest version

Healthy Futures (Pae Ora) Amendment Bill

Government Bill
179—1

Explanatory note

General policy statement

The Healthy Futures (Pae Ora) Amendment Bill (the **Bill**) amends the Pae Ora (Healthy Futures) Act 2022 (the **Act**).

The objective of the Bill is to improve the effectiveness of health services delivery to patients.

The amendments will achieve this objective by—

- refocusing the purpose, objectives, and functions of Health New Zealand:
- strengthening Health New Zealand's focus on infrastructure:
- strengthening governance, strategic direction setting, planning, and monitoring arrangements for health services delivery:
- clarifying roles and responsibilities.

The Bill complements the ongoing activities of the Government as part of its Health Delivery Plan.

Refocusing purpose, objectives, and functions of Health New Zealand

To refocus the purpose, objectives, and functions of Health New Zealand, the Bill makes the following changes:

- adding a new purpose of the Act, which is to ensure that patients get quality and timely access to health services:
- repealing the health sector principles and the New Zealand Health Charter:
- adding a new objective for Health New Zealand to deliver effective and timely services:
- clarifying that a function of Health New Zealand is to work with private healthcare providers.

Strengthening Health New Zealand's focus on infrastructure

The Bill adds a new objective and function for Health New Zealand: to provide and plan for quality, cost-effective, and financially sustainable infrastructure. The Bill also requires the board of Health New Zealand to have a permanent infrastructure committee whose members are appointed by the Minister. These changes strengthen Health New Zealand's focus on infrastructure.

Strengthening governance, strategic direction setting, planning, and monitoring arrangements

To strengthen governance, strategic direction setting, planning, and monitoring arrangements, the Bill makes the following changes:

- simplifying the requirements for collective knowledge, experience, and expertise for the board of Health New Zealand:
- requiring the board of Health New Zealand to have a delegations policy:

- empowering the Director-General of Health, or a delegate, to attend board and senior executive meetings of Health New Zealand:
- requiring the Government Policy Statement on Health to include specific targets, and health strategies to give effect to those targets:
- requiring the New Zealand Health Plan to include information about how services and activities will be funded, with a statement of Health New Zealand's anticipated revenue and expenditure:
- clarifying that requirements relating to political neutrality in the Public Service Act 2020 apply to Health New Zealand.

Clarifying roles and responsibilities of iwi-Māori in relation to delivery of health services

To clarify the roles and responsibilities of iwi-Māori in relation to delivery of health services, the Bill—

- strengthens the role of the Hauora Māori Advisory Committee (the **HMAC**) by giving it a statutory purpose: to provide advice to the Minister and Health New Zealand on health services for Māori; and
- clarifies the role of iwi-Māori partnership boards so that their function is to engage with Māori communities about health needs in their area and provide advice to the HMAC.

Departmental disclosure statement

The Public Service Commission 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=2025&no=179>

Regulatory impact statement

The Public Service Commission produced a regulatory impact statement on 29 May 2025 to help inform the main policy decisions taken by the Government relating to the contents of this Bill.

A copy of this regulatory impact statement can be found at—

- <https://www.health.govt.nz/information-releases>
- <https://www.regulation.govt.nz/our-work/regulatory-impact-statements/>

Clause by clause analysis

Clause 1 is the Title clause.

Clause 2 states that the Bill comes into force on the day after Royal assent.

Clause 3 states that the Bill amends the Act that was previously called the Pae Ora (Healthy Futures) Act 2022 (the **principal Act**), which is renamed by *clause 4*.

Part 1

Amendments to principal Act

Clause 4 changes the Title of the principal Act to the Healthy Futures (Pae Ora) Act 2022.

Clause 5 amends section 3 to—

- change the reference to pae ora (healthy futures) in section 3(c) so that the English term appears first:
- insert a new purpose of ensuring that patients get timely access to quality health services.

Clauses 6 and 7 remove references to the health sector principles and the New Zealand Health Charter from section 4 (which provides for interpretation of terms) and section 5 (which is a guide to the principal Act).

Clause 8 amends section 6, which describes how the principal Act provides for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi), to reflect changes made by the Bill.

Clause 9 repeals section 7, which sets out the health sector principles.

Clause 10 removes a reference to the New Zealand Health Charter from section 10, which provides an overview of the Minister's role under the principal Act.

Clause 11 inserts *new section 11A*, which clarifies that the provisions of subparts 2 and 4 of Part 1 of the Public Service Act 2020 apply to Health New Zealand, its employees, board members, the chief executive, contractors, and secondees. These provisions include requirements for—

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

Clause 12 replaces section 12(3), which sets out requirements for the Minister when appointing members to the board of Health New Zealand. The section currently requires the Minister to be satisfied that the board collectively has knowledge of, and experience and expertise in relation to, te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori, the public funding and provision of services, public sector governance and government processes, and financial management. *New section 12(3)* instead requires the Minister to appoint only board members who, in the Minister's opinion, have the appropriate knowledge, skills, and experience to assist the board in performing its role.

Clause 13 amends section 13, which sets out Health New Zealand's objectives, to—

- clarify that the objectives include providing appropriate, effective, and timely services; and
- remove the reference to the health sector principles as a consequential amendment (*see clause 9*); and
- clarify that the objective to promote health and prevent, reduce, and delay ill-health involves Health New Zealand collaborating with private healthcare providers; and
- insert a new objective: to provide and plan for quality, cost-effective, and financially sustainable infrastructure to deliver services to New Zealanders.

Clause 14 amends section 14, which sets out Health New Zealand's functions, by—

- inserting a new function for Health New Zealand: to provide and plan for infrastructure to deliver services;
- clarifying that Health New Zealand's objective of collaborating with other agencies, organisations, and individuals to improve health outcomes and to address the wider determinants of health outcomes involves collaborating with private healthcare providers;
- changing Health New Zealand's function of engaging with iwi-Māori partnership boards to engaging with the Hauora Māori Advisory Committee;
- clarifying that the changed function 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.

Clause 15 amends section 15, which sets out requirements for Health New Zealand to support and engage with iwi-Māori partnership boards, by removing the requirement for Health New Zealand to engage with iwi-Māori partnership boards when determining priorities for kaupapa Māori investment.

Clause 16 amends section 16, which sets out additional collective duties of the board of Health New Zealand. The amendment removes the requirement to ensure Health New Zealand maintains systems and processes to ensure that it has the capacity to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services.

Clause 17 repeals section 16A, which sets out how Health New Zealand is to engage with and report to Māori.

Clause 18 inserts *new sections 17 to 22* as follows:

- *new section 17* requires the board of Health New Zealand to take into account any advice it receives from the Hauora Māori Advisory Committee;
- *new section 18* requires the board of Health New Zealand to 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. The board must comply with the policy when exercising its powers of delegation;
- *new section 19* requires the delegations policy adopted under *new section 18* to be made publicly available;
- *new section 20* requires the board of Health New Zealand to have an infrastructure committee, with the purpose of performing Health New Zealand's function of providing and planning for infrastructure to deliver health services. Members of the committee are appointed by the Minister, and must include at least 1 member of the board;
- *new section 21* requires the board of Health New Zealand to delegate, to the infrastructure committee, some or all of its function of providing and planning for infrastructure to deliver health services;
- *new section 22* provides that the Director-General of Health (or a delegate) may attend any Health New Zealand board meeting, board committee meeting, or executive-level meeting, at a regional or national level, to observe the meeting's decisions and decision-making processes, assist the members to understand the policies and wishes of the Government, and advise the Minister on any matter relating to Health New Zealand, its board, or its performance.

Clause 19 replaces sections 29 and 30, which set out the purpose and functions of iwi-Māori partnership boards.

Section 29 states that 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 sector is performing in relation to those needs and aspirations; and
- the design and delivery of services and public health interventions within localities.

Section 29 is replaced by *new section 29*, which states that the purpose of iwi-Māori partnership boards is to represent local perspectives of Māori communities on health outcomes based on their needs and aspirations.

Section 30 sets out the functions of iwi-Māori partnership boards, which are—

- engaging with whānau and hapū about local health needs, and communicating the results of that engagement to Health New Zealand;
- evaluating the current state of hauora Māori in the relevant locality for the purpose of determining priorities for improving hauora Māori;
- working with Health New Zealand in developing priorities for improving hauora Māori;
- monitoring the performance of the health sector in the relevant locality;
- engaging with Health New Zealand and supporting its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation;
- reporting on the hauora Māori activities of Health New Zealand to Māori.

Section 30 is replaced by *new section 30*, which provides that the functions of iwi-Māori partnership boards are to—

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

Clause 20 amends section 33, which provides an overview of the important health documents in the Act, to reflect changes made by the Bill.

Clause 21 amends section 34, which provides for the Government Policy Statement on Health (the **GPS**). The amendments expand the purpose of the GPS to include setting targets for the public health sector, and add a reference to objectives to ensure consistency with section 36.

Clause 22 amends section 36, which sets out required content for the GPS. The amendments require the GPS to contain—

- targets that the Government expects the publicly funded health sector to meet; and
- monitoring and reporting requirements for health entities against these targets.

Clause 23 inserts *new section 36A* into the principal Act. *New section 36A* sets out the subject matter of the targets that must be included in the GPS. The targets must relate to the following:

- cancer management care;
- the immunisation of children;
- the admission to, and discharge and transfer of patients from, emergency departments;
- specialist assessments;
- elective treatment;
- access to primary care.

Clause 24 amends section 47, which sets out the process that the Minister must follow when making a health strategy. The amendments insert new requirements for health strategies to give effect to any targets in the GPS, and for the Minister to ensure that the various health strategies are consistent with each other.

Clause 25 amends section 51, which sets out the required content of the New Zealand Health Plan, by—

- requiring the plan to include information about how key services and activities will be funded, and their proposed level of funding; and
- requiring the plan to include a statement of Health New Zealand's anticipated revenue and expenditure for the period covered by the plan; and
- removing a requirement for the plan to set out how Health New Zealand has been guided by the health sector principles, as a consequential amendment.

Clause 26 amends section 52, which sets out the process that Health New Zealand must follow in preparing an annual performance report against the New Zealand Health Plan, by removing the requirement for the report to be audited by the Auditor-General.

Clause 27 amends section 53, which sets out the process that Health New Zealand must follow in preparing the New Zealand Health Plan, by removing the requirement for the plan to be audited by the Auditor-General.

Clause 28 repeals sections 56 to 58, which provide for the New Zealand Health Charter.

Clause 29 inserts *new section 65A*, which provides that the Minister may direct Health New Zealand to—

- consult the Public Service Commissioner before it appoints specified officers or employees:
- delegate some or all of its collective bargaining under the Employment Relations Act 2000 to the Public Service Commissioner.

Clause 30 amends section 68, which sets out the objects of Pharmac, to make a technical change so that the definition of eligible people includes people covered by directions continued under the principal Act's transitional provisions.

Clause 31 amends section 89, which establishes the Hauora Māori Advisory Committee, by—

- providing for the committee to provide advice to Health New Zealand in addition to the Minister:
- specifying that the purpose of the committee is to provide advice about healthcare outcomes for Māori based on their needs and aspirations, and how the health sector is performing in relation to those needs and aspirations.

Clause 33 amends section 93, which provides for an expert advisory committee on public health. The amendment removes the requirement for the Minister to be satisfied, when appointing members to the committee, that the committee collectively has knowledge of, and experience and expertise in relation to, population health, health equity, te Tiriti o Waitangi (the Treaty of Waitangi), epidemiology, health surveillance, health promotion, health protection, and preventative health.

Clause 33 amends Schedule 1 of the principal Act by correcting a typographical error, and by inserting *new Part 4 of Schedule 1*, which provides for transitional arrangements as set out in *Schedule 1* of the Bill. Those arrangements provide that—

- the board of Health New Zealand must make a delegations policy as soon as practicable after the Bill comes into force:
- the board of Health New Zealand must establish an infrastructure committee as soon as practicable after the Bill comes into force:
- the existing GPS, health strategies, and New Zealand Health Plan continue to apply until replaced:
- the Minister must issue a new GPS within 18 months of the date that the Bill comes into force:
- the Minister must prepare and determine new health strategies within 24 months of the date that the Bill comes into force:
- Health New Zealand must develop a new New Zealand Health Plan within 24 months of the date that the Bill comes into force.

Part 2

Consequential amendments

Clause 34 makes consequential amendments to other legislation. The amendments are set out in *Schedule 2* of the Bill.