Te Kāwanatanga o Aotearoa
New Zealand Government

MINISTRY OF HEALTH
MANATŪ HAUORA

Service Coverage Expectations 2025-2026

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The purpose of service coverage is to identify the national minimum range of health services delivered and funded for eligible people by Health New Zealand | Te Whatu Ora (Health New Zealand), and other specified health entities and agencies (hereafter referred to as publicly funded health services).

These Service Coverage Expectations are updated annually and as required and agreed by the Minister of Health. This document forms part of the Government Policy Statement on Health (GPS) 2024-27 bundle of operational documents. The Service Coverage Expectations should be used in conjunction with the Operational Policy Expectations (OPE), specifically regarding service change processes.

The Health and Disability Services Eligibility Direction 2011 (Eligibility Direction), issued by the Minister of Health, sets out the eligibility criteria applying to publicly funded health and disability services. Unless specified otherwise, all services listed below apply to eligible people only.

1. Availability of publicly funded health and disability support services

These service coverage requirements are population-level expectations and generally do not confer individual entitlement to services. Health New Zealand makes decisions on individuals access to services.

The availability of publicly funded health services and the level of services to be funded (service mix) will be subject to generally accepted clinical protocols, and priority for access to funded services will be assessed on the basis of need and the person's ability to benefit.

2. Funding principles for services

Unless specified in the individual service schedules below, publicly funded health services are to be provided free of charge to eligible people.

Funding for services should not duplicate the services that are already funded by other health entities, the Accident Compensation Corporation (ACC), other accident insurers or other government agencies. This will prevent service duplication and unnecessary variation to ensure the health system provides the best value for money.

Providers of services that are permitted to charge copayments or part charges must inform the service user of the fee prior to commencing the service and options on how the service can be accessed free of charge (if any) refer to section 4 of the OPE.

A copayment is a maximum fee for a given service. Health providers may charge this amount or less (including $0) when providing the service. A part charge is an unconstrained fee charged over and above the public funding for the service at the discretion of the provider. It

is possible for an individual service to attract both copayments and part charges (eg, the dispensing of a partially subsidised medication). All charges should be made clear to the person receiving the service.

All maximum copayment amounts are GST inclusive unless otherwise specified.

Publicly funded inpatient services, as well as day patient services and any community referred services provided in the hospital setting, are provided to eligible people free of charge. This includes all the services and supplies associated with hospital treatment.

Services for which specific copayments have been agreed nationally are dental, orthotic and pharmacy services (refer to the individual service fee schedules for details). Providers of services that are permitted to charge copayments must inform the service user of the copayment prior to commencing the service.

No copayment will be sought from service users for supplies and equipment unless permitted under current arrangements for the provision of equipment and modifications, and other services and supplies and the relevant Community Health, Transitional and Support Services nationwide service specifications[1].

If a service user chooses to supplement the volumes of prescribed funded consumables it is up to the person to fund the additional consumables that they wish to have. There is no provision for part funding by the person for their preferred consumable product.

3. Range of funded services

Abortion services

Abortion services are funded for eligible people free of charge. This includes pre-abortion assessment (including laboratory tests and imaging as clinically indicated), counselling services and follow up. Early medical abortion services are also available via telehealth/ telemedicine[2]. Also see Specialist Medical Surgical Services, Termination of pregnancy /abortion services below[3].

Where an in-person abortion service is provided outside of the region where the person usually lives, the transport and accommodation costs for the person to access abortion services is funded, however a part charge may apply. The transport and accommodation costs for the person to access abortion services will be funded however, patients may be

[1] www.tewhatuora.govt.nz/our-health-system/nationwide-service-framework-library/about-nationwide-service-specifications
[2] www.health.govt.nz/our-work/regulation-health-and-disability-system/abortion-services-information-health-practitioners
[3] www.tewhatuora.govt.nz/our-health-system/nationwide-service-framework-library/about-nationwide-service-specifications

charged in some limited situations as set out in the accommodation assistance policy and guide. Refer to the travel and accommodation assistance section below.[4]

Assisted dying services

Assisted dying services are funded for eligible people free of charge as prescribed in The End of Life Choice Act 2019 and Assisted Dying Services Notice 2021[5] Public hospitals are required to be a facility of last resort for assisted dying services. Refer to Ministry of Health website for more detail[6].

ACC publicly funded acute services

Public health acute services are provided free of charge for the treatment of an eligible person for a personal injury for which that person has cover under the Accident Compensation Act 2001. The 'Public health acute services' are specified in the Injury Prevention, Rehabilitation, and Compensation (Public Health Acute Services) Regulations 2002.

Blood Services

Include the provision of blood, blood products and blood services. Irrespective of a person's eligibility status, blood components or plasma derived products are provided at no charge to people requiring these products.

Diagnostic, therapeutic and support services

Diagnostic, therapeutic and support services are provided to eligible people free of charge as a support service or an input into other health services and include the following:

Diagnostic services including:

- allergy testing
- audiology service
- diagnostic imaging services (eg, X-rays, ultrasound scans)
- diagnostic mammography for people with symptoms
- diagnostic mammography for asymptomatic people regardless of age who have any of the following:
    - a previous breast cancer
    - a mother or sister with premenopausal breast cancer or bilateral breast cancer
    - a breast histology demonstrating an at-risk lesion (eg, atypical hyperplasia)
- positron emission tomography scans in line with national clinical indications
- electrodiagnostic imaging eg, electrocardiograms and electroencephalograms

[4] www.tewhatuora.govt.nz/our-health-system/hospitals-and-specialist-services/national-travel-assistance/#national-travel-assistance-policy-and-guide

[5] End of Life Choice Act 2019 www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285905.html and Assisted Dying Notice 2021 gazette.govt.nz/notice/id/2021-go4217/#Schedule%20Two

[6] www.health.govt.nz/our-work/regulation-health-and-disability-system/assisted-dying-service

- laboratory tests and services, including collecting, transporting and analysing specimens, and reporting results
- preimplantation genetic diagnosis as part of Assisted Reproductive Technology Services.

Therapeutic services including:

- community nursing - both general and specialist services
- community oxygen therapy
- dietary and nutritional counselling
- interventional radiology
- occupational therapy
- physiotherapy
- podiatry services
- speech language therapy.

Support services:

- assistance with daily living, including home help, personal care, and meals on wheels
- continence education and consumable services
- mortuary services (for coronial and medical post-mortems)
- social work
- stomal therapy services
- smoking cessation services.

Disability Support Services

Note: The majority of disability support services are funded by the Ministry of Social Development (MSD). A number of disability support services that are provided by health practitioners or as part of a health service are funded by Health New Zealand are included here, as well as under the Diagnostic, therapeutic and support services section above.

Disability support services are designed for disabled people assessed by a Needs Assessment and Service Coordination service or a Forensic Coordination Service to assist disabled people to carry out their daily lives. These include services provided under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

The disability support services that have now transferred to MSD are for disabled people who have physical, sensory or intellectual disabilities, or a combination of these, and are generally aged under 65 years. A person's disability must be likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is needed.

There are three exceptions to this general rule.

a. Funding for environmental support services[7] for people of all ages has been split between MSD and Health New Zealand, refer to the section Provision of equipment, modification and other supplies and services.

b. MSD will continue to fund its clients, even if they are over 64 years, until they are assessed as requiring aged residential care, at which time Health New Zealand will take over funding responsibility.[8]

c. Health New Zealand funds services for people aged between 50 and 65 years who have been clinically assessed as having health and support needs because of long-term conditions more commonly experienced by older people. Refer to the section Health and support services for older people.

Health entities continue to be funded to provide the following services free of charge to eligible people:

- Rehabilitation and habilitation services, including:
  - post-acute assessment, treatment and rehabilitation services for adults
  - community-based rehabilitation services
- Paid whānau and family care for eligible disabled people[9].

Emergency ambulance services

Emergency ambulance services are provided to eligible people in accordance with the joint Emergency Ambulance Service Specifications of Health New Zealand and ACC. In a medical emergency (eg, a heart attack) there may be a patient part charge for ambulance transport to a hospital or place of definitive care, irrespective of the distance travelled.

Health and support services for older people

Health and support services for older people include home and community based care, residential care, stroke service, palliative care and end of life care for eligible people.

The following services are provided free of charge to eligible people:

- Needs Assessment and Service Coordination services
- personal care services delivered primarily in a person's home (eg, assistance with dressing, bathing, eating and toileting)
- household management services (eg, assistance with meal preparation, laundry and cleaning) for Community Services Card holders.

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[7]Environmental support services include the provision of equipment and modifications (housing and vehicles), services and support for people with vision and/or hearing impairments, specified specialist assessment and training services, and specified subsidies and supports.

[8]This was agreed as applying when responsibility for disability support services for people aged over 65 years was devolved to district health boards on 1 October 2003.

[9] www.tewhatuora.govt.nz/keeping-well/for-families-and-children/support-services-for-older-people-and-others/#paid-whanau-and-family-care

Paid Whānau and Family policy, introduced in 2022, allows family and whānau members to be paid for the allocated Home Care and Support Services they provide to an eligible whānau member[10].

Charges and income and asset testing may apply to some services

Household management services (eg, assistance with meal preparation, laundry and cleaning) is provided free of charge for eligible people with a Community Services Card. If an eligible person does not have a Community Services Card, the person may be fully or partly charged for household management services.

Eligible people receiving carer support services – Short term relief care to provide the informal carer a break may be charged a part charge where the costs of the short term relief is higher than the carer support subsidy[11].

Aged residential care services and income and asset testing

Eligible people who have been needs assessed as requiring aged residential care indefinitely, may apply to MSD for a financial means assessment (income and asset test) to be completed under Part 6 of the Residential Care and Disability Support Services Act 2018.

If the eligible person's assets are under the asset threshold, then MSD, using the financial means assessment, will determine how much the older person must contribute towards the cost of services up to the gazetted maximum contribution per week in their local region. If the cost of contracted care services exceeds the gazetted maximum contribution, Health New Zealand will pay the difference between the maximum contribution and the cost of the contracted care services paid to the provider.

If a person has not had a needs assessment or has not been income and asset tested under Part 6 of the Residential Care and Disability Support Services Act 2018, the person will pay the full cost of the services.

People aged 50 to 64 years who are assessed as requiring aged residential care indefinitely and who are single with no dependent children are income tested only (ie, not asset tested).

Exempt persons (as defined in Part 4 of the Residential Care and Disability Support Services Act 2018) will not be income and asset tested. The funder will pay the cost of the contracted care services provided, but the exempt person will contribute the amount of any benefit they receive, less the amount of the personal allowance.

Elderly victims of crime (as defined in Part 7 of the Residential Care and Disability Support Services Regulations 2018) will not be income and asset tested. Health New Zealand must

[10] www.tewhatuora.govt.nz/keeping-well/for-families-and-children/support-services-for-older-people-and-others/#paid-whanau-and-family-care

[11] www.tewhatuora.govt.nz/our-health-system/claims-provider-payments-and-entitlements/carer-support-subsidy

pay the full cost of contracted care services above the ACC level of payment of the services. The Ministry or the Crown may seek cost recovery from ACC for the whole or part of those payments.

Immunisation services

Immunisation services are provided free of charge to eligible people in accordance with The Pharmaceutical Schedule. The Pharmaceutical Schedule lists funded immunisations for eligible populations. There is a mix of universal programmes and targeted programmes (eg, immunisations where only people with certain conditions are eligible).

Maternity services

Maternity services are provided to eligible pregnant women and their families throughout pregnancy, childbirth and for the first six weeks of a baby's life.

There are no charges for eligible people for the following services:

- All maternity services provided in the community by midwives and general practitioners.
- All maternity inpatient, day-patient and outpatient services provided by public hospitals or funded by Health New Zealand at other maternity facilities. These include specialist obstetric care, lactation services, anaesthetic services, paediatric services and radiology services (including primary referred ultrasound services).
- Emergency ambulance transport from home/community setting or a community primary maternity facility to a secondary or tertiary maternity service where the ambulance transfer is requested by a health professional.

In addition to the above, preventive treatment and all care during pregnancy, birth and postnatally that is designed to limit the risk of mother-to-child HIV transmission must be made available to all HIV-infected women. This includes those women and babies who are not eligible to receive publicly funded health care.

The following services are funded but with a part charge for eligible people:

- All maternity care services provided in the community by private obstetricians.
- Primary referred ultrasound services provided by community radiology providers.

Mental health and addiction services

Mental health and addiction services are provided free of charge to eligible people, with the exception of residential services (see below) and prescription charges for pharmaceuticals. Mental health and addiction services include:

- mental health promotion
- suicide prevention and postvention activities
- primary and mental health or addiction services, including Access and Choice services, support people of any age with mild to moderate mental illness, as part of first-level service response includes:
    - Integrated primary mental health and addiction services accessed via general practice.

    - Kaupapa Māori primary mental health and addiction services
    - Pacific primary mental health and addiction services
    - Youth primary mental health and addiction services.
- services for people in crisis, or at risk of or having an acute episode; including services provided within an inpatient setting, home and community-based care and residential care
- services to support people to recover and develop resilience
- services for people with alcohol and other drug issues
- services for people with gambling issues
- long term support services for people with mental health and/or addiction problems and/or damage from alcohol and other drug abuse and other causes
- services for offenders in the criminal justice system and alleged offenders with mental illness and addictions
- services for children and young people are provided according to the clinical and developmental needs. Services are available up to and including the age of 19 years, and adult services are available from 18 years to manage the transition between child and youth services and adult services through to 25 years to best meet the needs of the young person
- specialist services funded specifically for children and young people include:
    - inpatient care
    - community secondary care
    - provision of specialist advice to crisis services
    - specialist consultation and liaison services to other professionals working with children and young people who require mental health services – including Ministry of Education, Oranga Tamariki – Ministry for Children, youth justice, other health services, and other agencies
    - participation in interagency processes such as Strengthening Families, Family Group Conferences, and high and complex needs case management
    - education, prevention and early intervention activities for children and young people, and for families, whānau, carers and others affected
    - liaison, support and respite care for families, whānau, carers and others affected
    - Youth Court liaison services and liaison with the Department of Corrections, the Ministry of Justice and Oranga Tamariki – Ministry for Children.
- respite services to provide a place of safety and alternative to acute inpatient settings
- perinatal and maternal mental health services that can be provided directly through trained staff in generic adult mental health services or by access to specialist services
- services for people with disordered eating
- specialist services for older adults with serious mental health disorders, including serious behavioural and psychological symptoms of dementia
- specialist consultation and liaison services from other professionals working with older people who require mental health services – including the older persons services, community-based support and advocacy services, Primary Health Organisations (PHOs), other primary health care services and other social agencies
- telehealth services - rapidly providing a mental health or addiction response to the needs of callers or linking them to services that can do so.

Note: Specialist mental health and addiction services are currently funded for those people who are most severely affected by mental illness or addictions. It is expected that Health New Zealand provides access to funded specialist services for a minimum of 3 percent of their population.

Children and young people should have access to the same range of services as the adult population provided in a manner and setting that are safe and developmentally appropriate. Ideally, services for children and young people should be separate from services for adults unless a different arrangement is in the best interests of any particular child or youth.[12] If for any reason a child cannot be accommodated in an appropriate ward, the child must be cared for by appropriately trained staff (medical and nursing), should be physically separated from adults in the ward and should be relocated to a suitable location as soon as possible.

Funding responsibility for long-term support services for people aged under 65 years with dementia and other disabling chronic health conditions, including damage from alcohol and other drug abuse and other causes, varies nationally.

Mental health and addiction services will not exclude eligible people on the basis of underlying disabilities or chronic health conditions where the presenting issue is related to a mental health issue. The mental health and addiction treatment and support needs of this group is to be funded through mental health and addiction services.

Copayments and part charges may apply to some services:

- Some residential services require copayment by the resident. If people are in short- or long-term residential care not associated with ageing, are beneficiaries under section 3(1) of the Social Security Act 1964 and are not subject to income and asset testing under Part 4 of that Act, they will be required to contribute to the cost of care. These people will pay an amount no greater than the equivalent single person's benefit less any personal allowance permitted by MSD. They do not have to pay any of the personal allowance portion of the benefit toward the costs of care.
- Primary health care providers may require people to pay for first-level mental health services on the same terms as other primary health care services, where the services are provided in accordance with the current PHO Services Agreement, unless they are part of a specifically funded programme for primary mental health, in which case there is no charge.

Oral health services

Oral health services assist people in maintaining healthy teeth and oral tissues. The following services are provided free of charge to eligible people:

[12] Incidents of age-mixing in mental health inpatient facilities should be reported to the Director of Mental Health at the Ministry of Health. For guidance on interpreting 'best interest' and adhering to United Nations Convention on the Rights of the Child contact the Director of Mental Health at MentalHealthAdmin@health.govt.nz

- a range of preventive, educative and treatment oral health services for preschool, primary and intermediate school children up to school year 8 (12-13 years of age) that includes annual examinations, but twice-yearly examination for children matching 'at risk' criteria
- basic dental care for all adolescents from school year 9 up to their 18th birthday
- basic dental care for adolescents from 18 to 20 years of age (inclusive) currently resident in youth justice residences, as per the Health New Zealand agreement with Ministry for Children | Oranga Tamariki
- orthodontic treatment for children and adolescents aged from 0 years up to their 18th birthday for the correction of severe congenital craniofacial abnormalities and malocclusions
- dental health services provided as part of inpatient and day patient treatment in hospitals
- hospital and community dental services for to all people requiring such services because of the person's special dental or health or disability problems, or the need for special management facilities for the person
- coordination and navigation services designed to facilitate access to dental care for children and adolescents up to their 18th birthday
- emergency dental services for some Community Services Card holders.

Oral health services attracting co-payments and charges:

Co-payments may be charged for outpatient dental services (other than those described above). Charges for comparable services should not be greater than 70 percent of the applicable fee set out in the Combined Dental Agreement. Further information on charging is set out in the tier one Oral health service and the tier two Hospital Dental Service Specifications[13].

In some districts Community Services Card holders partly pay for dental services to relieve pain. In these areas, adult Community Services Card holders will be charged a maximum of $35.78 ($31.11 excluding GST) per visit.

Palliative care services

Palliative care services are services for people of all ages with a life-limiting condition to support them and their family, whānau, and other caregivers where needed, through the illness and after death. The services aim to optimise an individual's quality of life by addressing the individual's physical, psychosocial, spiritual and cultural needs until their death.

Services include palliative care telephone services available 24 hours a day, seven days a week.

There are no charges for eligible people for palliative care services provided by public hospitals, hospices, domiciliary nursing, and allied health professionals.

[13] Nationwide service specifications – Health New Zealand | Te Whatu Ora

Additional supports and activities that are not publicly funded are provided by Hospices through their community fundraising. There may be local variations in palliative care models and funded services for family/caregivers for when there is assessed need for respite, grief and bereavement support.

Pharmacy services

Pharmacy services include:

- the dispensing of medicines and provision of relevant clinical advice
- the provision of therapeutic medical devices and supplies.

Pharmacy services must be provided in accordance with the requirements of the Pharmaceutical Schedule and the 1998 Health (Needles and Syringes) Regulations.

There are no charges for the following services:

- sharps disposal services for people using needles and syringes in the community
- prescriptions by an approved provider are free of charge for:
  - Children under 14 years
  - Community Services Card holders and their dependents
  - Seniors aged 65 years and over.

Pharmacy prescription copayments:

Prescriptions from approved providers incur a maximum $5 copayment.

Prescriptions from unapproved providers incur the following copayment for:

- Adults (ages 18 years and over) $15
- Juniors (ages 14 to 17 years) $10
- Community Services Card holders, High Use Health Card holder, or prescription for an oral contraceptive $5.

Prescription subsidy card

Once patients and their families have collected 20 prescription items in a year, that have a maximum copayment greater than $0 they can get a Prescription Subsidy Card, which means they won't have to pay any more prescription copayments until 1 February the following year.

For a Prescription Subsidy Card, a family (a family unit) is the patient and his or her partner and dependent children aged from 14 up to 18.

Refer to Pharmacy Procedure Manual for definitions of Approved providers and more detail on prescription copayments.[14]

[14] Procedures and payments – Health New Zealand | Te Whatu Ora

Product premiums

Pharmac is responsible for setting subsidies for pharmaceuticals. If the price of the pharmaceutical charged by the supplier is more than the subsidy set by Pharmac as per the Pharmaceutical Schedule, the service user will pay this difference, plus a mark-up charged by the pharmacy as a part charge, in addition to any applicable copayments[15].

Other charges

In addition to prescription copayments and product premiums, service users may be charged extra for other services provided to them in addition to the services funded under the Integrated Community Pharmacy Services Agreement, as expressly permitted under the Permitted Pharmacy Charges Rules.

For the avoidance of doubt, a service user may not be charged for:

- compliance packaging if the pharmacy is providing age-related residential care pharmacy services to the service user
- any additional amount by way of a pharmacy charge unless a relevant circumstance listed above has arisen
- any charge that has the effect of spreading the cost of circumstances listed above across service users more generally
- any other pharmacy charge not expressly permitted by the Permitted Pharmacy Charges Rules.[16]

Where a pharmacy charge is permitted, it must be fair and reasonable, and the provider must inform the service user of the amount of and reason for the pharmacy charge, which may include providing reasonable supporting evidence if requested. The provider must also explain how this charge may be avoided or reduced.

Primary health care services

Primary health care services include:

- essential primary health care services provided to the eligible and enrolled and casual (not-enrolled) population of the PHO in accordance with the current PHO Services Agreement
- diabetes services
- primary mental health promotion, education, diagnosis and treatment
- support and referral to community-based services to encourage healthy lifestyles eg smoking cessation Green Prescriptions, nutrition support, and alcohol
- School Based Health Services

[15] Integrated Community Pharmacy Services Agreement (ICPSA) www.tewhatuora.govt.nz/for-the-health-sector/community-pharmacy/community-pharmacy-agreement/ (December 2024 variation 6)
[16] Integrated Community Pharmacy Services Agreement (ICPSA) www.tewhatuora.govt.nz/for-the-health-sector/community-pharmacy/community-pharmacy-agreement/ (December 2024 variation 6) version)

- Well Child/Tamariki Ora services
- health assessment and treatment services (including, sexual health and primary mental health) to support at-risk children and adolescents and their families (eg, children and young people in the care of the State)
- sexual and reproductive health services eg, Family Planning Clinics.

The following services are provided free of charge to eligible people:

- services to support at-risk children and adolescents and their families (eg, the Family/ Whānau Support Service)
- support for local interagency coordination initiatives (eg, Strengthening Families)
- routine Well Child/Tamariki Ora care services, hearing and vision screening, B4 School check
- all immunisation services listed in the Immunisation Schedule
- access to at least one provider of funded sexually transmitted infection services
- services for children under 14 years of age as per the PHO Services Agreement: Zero-fee general practice visits and prescriptions during regular hours are available to children under 14 years of age. Access to funded after-hours services for this age group (for general practice and pharmacy) will also be purchased by Health New Zealand for care that could not be deferred until regular business hours. Access to funded after-hours services for children under 14 years is required for 95 percent of the population enrolled with a general practice within 60 minutes travel time
- primary mental health promotion, education, diagnosis and treatment.

Subsidies and costs apply as follows:

- for general primary care medical services provided outside PHO Services Agreements and for casual users under the Agreement, Health New Zealand subsidises the cost of access for certain people. General practices are required to reduce any fee they would otherwise charge the patient by at least the amount of the subsidy
- primary care providers or other providers may charge for taking a cervical smear. Priority women in the National Cervical Screening Programme are not charged for smear taking. Health New Zealand must make details and locations available of providers who offer smear taking at no charge
- other primary health care services: Enrolled Community Services Card (CSC) holders and their dependants (14-17 years) are eligible for reduced fees for standard general practice consultations at practices participating in the CSC programme (as per the PHO Services Agreement- Schedule F1.1 7. Community Services Card Payments).

Provision of equipment, modifications and other supplies and services

Provision of equipment, modifications and other supplies and services for eligible people accessing health and support services for older people, people with a personal health need and people with chronic health conditions.

Note: The majority of disability support services are funded by MSD. A number of disability support services that are provided by health practitioners or as part of a health service remain funded by health.

Services funded include:

- orthotics services
- prosthetics services
- incontinence supplies (except where the supply of products is included in the bed day funding for the residential care or aged care facility)
- equipment to help people manage medical conditions eg peak-flow meters, nebulisers and medicine dispensers for asthma, and monitoring equipment, oxygen equipment, and syringes and needles for diabetics
- equipment that allows some illnesses to be managed at home instead of in hospital, where appropriate
- equipment and services that are subsidised by Health New Zealand, refer to subsidies below:
    - wigs and breast prostheses
    - replacement artificial eyes
    - stump socks
    - contact lenses.

Funding and contributions to charges for the following services:

- equipment, modifications and other supplies and services for needs assessed disabled people (where service is funded by Health New Zealand for older people, people with a personal health need and people with chronic health conditions).
- dialysis for eligible people while on holiday in New Zealand in publicly funded dialysis units is provided free of charge.

Copayments

People may be required to pay a copayment for equipment and consumables provided through pharmacies.

Deposits for short-term use of some items and limits on charges

People may have to pay a deposit for the short-term use of some items, used in providing follow-up care for people under specialist medical and surgical services. The charge will be a maximum of $37.82 ($32.89 excluding GST) per item. Any deposit will be refunded in full when the item is returned in acceptable condition.

People may not be required to pay a deposit for short-term items or to pay for the long-term use of some of the items if any of the following conditions applies:

- paying will cause financial hardship
- the person receives residential care
- the items are disposable and will not generally be used again
- the person receives temporary additional support under section 61G of the Social Security Act 1964, or special benefit grandparented under section 23 of the Social Security (Working for Families) Amendment Act 2004
- when the full cost of the service is covered by ACC.

Subsidies

Wigs, hair pieces and head gear (eg, turbans) benefit

- for permanent alopecia, for adults (18 years and over) up to $2,330.66 ($2,026.66 excluding GST) over a nine-year period
- for permanent alopecia, for children and young people (under 17 years of age) up to $1,226.66 ($1,066.65 excluding GST) over a three-year period
- for temporary hair loss, up to $408.88 ($355.55 excluding GST) over a one-year period.

Breast prostheses benefit

- Unilateral – up to $613.33 ($533.33 excluding GST) over a four-year period.
- Bilateral – up to $1,226.66 ($1,066.66 excluding GST) over a four-year period.

Artificial eyes, no charges for the following services:

- a replacement eye for a child under six years, once every two years. This funding cannot be accrued from one year to the next
- a replacement eye for children and young people aged 6 to 17 years inclusive, up to once every three years. This funding cannot be accrued from one year to the next.

Note: Provision of the first artificial eye is the responsibility of the hospital at which the procedure was performed and cannot be claimed for under the subsidy for artificial eyes.

Subsidies

Cost of artificial eyes up to $750.00 per eye for those 18 years of age and over. This subsidy payment may be accumulated if not used every year. The person may have to pay the difference if the items cost more than the amount of the subsidy.

Exclusions

No services are specifically excluded from Health New Zealand funding. Rather, decisions about offering particular services or treatment on a publicly funded basis are made according to an assessment of each individual's specific clinical and social circumstances.

Funding from Vote Health is not available for people who are eligible for direct funding from Veteran's Affairs New Zealand.

Public health and prevention services

Health New Zealand are responsible for maintaining the Nationwide Service Framework Library and all of the Service Specifications referenced in the library except for the Public Health Service Specifications.

The Public Health Service Specifications outline the expectation for public health services delivered and commissioned by Health New Zealand under the public health core functions: health promotion, health protection, preventive interventions, health assessment and

surveillance, public health capacity development[17]. The current Tier one (2014) and Tier two (2016) service specifications are due for review but in the interim fulfil requirements under the Pae Ora Act for the Public Health Agency to specify public health programmes.[18]

When planning and delivering services under these core functions whānau and community voices and diverse perspectives should be considered and incorporated where appropriate.

Services delivered under Health Assessment and Surveillance and Public Health Capacity Development are enabling and support the delivery the other 3 core functions.

Health promotion

- approaches that address the broad social, cultural, environmental and economic determinants of health
- focus on empowering communities to address systems and structures that create poor health and inequity
- planning of services using established health promotion models including Te Pae Mahutonga, and the Ottawa charter
- supporting healthy public policy (eg, via Health in all policies)
- partnering with a range of agencies to improve infrastructure, planning and policies to create environments that support healthy choices
- enabling and promoting healthy environments eg, to support healthy eating and physical activity.

Health protection and regulatory services

including but not limited to:

- Environmental health including but not limited to:
  - hazardous substances, contaminated land
  - border health protection
  - drinking water
  - recreational water quality
  - sewage treatment and disposal
  - waste management (liquid and solid waste)
  - environmental noise management
  - ionising/non-ionising radiation
  - air quality (indoor and outdoor)
  - burials and cremation
  - early childhood centres
  - solaria
  - high power laser pointers.

[17] https://www.tewhatuora.govt.nz/health-services-and-programmes/nationwide-service-framework-library/about-nationwide-service-specifications/public-health

[18] Section 14 (1) (i) of the Pae Ora (Healthy Futures) Act 2022 states "the functions of Health New Zealand are to—… undertake and promote public health measures, including commissioning services to deliver public health programmes specified by the Public Health Agency."

- communicable disease investigation and control
- smokefree environments (tobacco control)
- alcohol regulatory roles
- psychoactive substances regulatory roles
- public health emergency planning and response (including pandemic preparedness)
- evidence-based public health input to resource management and environmental planning.

Preventive interventions

- population programmes delivered to individuals
- a range of specific prevention, detection and early intervention services including national screening programmes, immunisation, stop smoking and family violence prevention
- screening;
    - breast screening services provided through BreastScreen Aotearoa, the national breast screening programme, for eligible asymptomatic women aged from 45 to 69 years[19]
    - cervical screening services provided through the National Cervical Screening Programme for eligible women aged between 25 and 69 years (refer to primary care services section)
    - bowel screening services provided through the National Bowel Screening Programme for eligible people aged between 60 and 74 years (lowering to 58 years from October 2025)
    - newborn metabolic screening services are provided through the Newborn Metabolic Screening Programme, covering over 20 metabolic disorders
    - antenatal HIV screening services - HIV testing is offered to all pregnant women at their first antenatal visit. Testing is performed by community laboratories who also provide data to Health New Zealand for local monitoring.
- Violence Intervention Programme: provides the infrastructure for the health sector response as a component of the multi-agency approach to reduce family violence. It seeks to reduce and prevent the health impacts of violence and abuse through early identification, assessment and referral of victims presenting to the Emergency Department, Child Health, Maternity, Sexual Health, Alcohol and Drug and Mental Health.

Health assessment and surveillance

- population health assessment includes the measurement, monitoring and reporting of the population's health including health status, health determinants, and threats to health (may include for eg health needs assessment)
- surveillance.

[19] An age extension to free breast screening services was launched in Nelson-Marlborough in October 2024. A national roll out of the age extension to 74 phased over 4 is planned to begin in October 2025

Public Health Capacity development

- System enablers, including, human resource/workforce, information and knowledge (including research and evidence); organisational and infrastructure capacity (IT systems, governance); networks and partnerships (intersectoral collaboration).

Other services

- The National Poisons Centre – a poisons advisory service providing 24-hour emergency advice that is part of the national telehealth service
- scheduled vaccine distribution – buying, storing and distributing scheduled vaccines
- the Aotearoa Immunisation Register – supporting the prevention of key childhood illnesses through sharing information among health professionals.

There are no charges for the following services:

- universal screening services
- National Poisons Centre
- antenatal screening services:
    - down syndrome and other conditions
    - laboratory services first trimester combined screening and second trimester serum screening
    - HIV screening services.
- services that contribute to the surveillance and investigation of communicable disease, including suspected tuberculosis (TB) and treatment of active TB, regardless of the patient's usual eligibility for publicly funded services and ability to pay
- services to protect and promote healthy communities and healthy environments – for example, border health, sewerage, drinking-water, air-quality, hazardous substances, emergency planning/response and resource management planning services.

There are part charges for the following services:

- nuchal translucency scanning may have a part charge
- cervical smear taking may have a charge.

Preventative care

High quality secondary hospital preventative care will be delivered (through identification, investigation and intervention) for fragility fracture sufferers, to prevent future fractures.

Specialist medical and surgical services

Specialist medical and surgical services are available through public hospitals free of charge and include:

- anaesthesiology (including pain management services)
- assisted reproductive technology
- audiology
- cardiology
- cardiothoracic surgery
- clinical haematology, including services for haemophiliacs

- dermatology
- diabetes
- emergency services
- endocrinology
- fertility preservation
- gastroenterology
- general medicine
- general surgery
- gynaecology, including secondary hospital level: infertility services, termination of pregnancy (abortion) services, sterilisation services
- genetics services
- hyperbaric service for decompression illness
- immunology
- maxillofacial surgery
- medical and radiation oncology
- metabolic services (linked to genetics)
- neurology
- neurosurgery
- neonatology
- ophthalmology
- oral health services
- organ transplant services
- otorhinolaryngology
- orthopaedics
- paediatric
- plastic and reconstructive surgery, including burns, extreme complex and high complex burns
- pulsed laser dye
- pulmonary medicine
- renal medicine
- respiratory medicine
- rheumatology
- sexual health services
- spinal cord/injury rehabilitation services
- tolerisation
- urology
- vascular surgery.

Exceptions

Where an individual may have a notifiable infectious disease and is not eligible for publicly funded services, these services should be provided, and cost recovery should not be attempted. If it is suspected that a patient has a notifiable infectious disease and may be infectious and so pose a risk to others, they have access to publicly funded diagnostic, treatment and follow-up services.

No public funding is made available for the following cardiac interventions that are excluded from the national minimum service coverage requirements:

- renal artery denervation for patients with refractory hypertension
- percutaneous interventions for mitral regurgitation
- percutaneous left atrial appendage occlusion to prevent stroke in patients with atrial fibrillation.

There are no charges for the following services:

Inpatient services, as well as day patient, outpatient and any community-referred services provided in the hospital setting. This includes all the services and supplies associated with a person's hospital treatment, and organs for transplant provided to eligible people.

The range of hospital specialist, diagnostic, and support services related to the provision of abortion/termination of pregnancy services for service users who meet the criteria. (Also see Abortion services above).

Transplant coordination services

Transplant coordination services funded by Health New Zealand, are provided by the NZ Blood and Organ Donor Service to deliver deceased organ donation coordination, information and education services to support the process of organ donation, educate staff about deceased donation and provide support for Intensive Care Units with activities relating to organ donation.

Planned care

Where demand for planned care (elective and arranged) treatment cannot be met within existing capacity, the explicit requirement is that resources are allocated based on need and potential to benefit.

Standard access levels for planned care-cataracts

Eligible people can access cataract surgery when their clinical prioritisation score is equal or greater than 46 points.

High-cost treatment pool

The high-cost treatment pool[20] (HCTP) is for one-off treatments not otherwise funded by the publicly funded health system. HCTP funding is only available for New Zealand citizens or permanent residents that meet the eligibility criteria. These include treatments that are only available outside New Zealand, or treatments that are only currently available outside the publicly funded health system, for example, in private hospitals. Hospital specialists apply to Health New Zealand for funding on a patient's behalf, the hospital specialist provider is

[20] www.tewhatuora.govt.nz/our-health-system/hospitals-and-specialist-services/high-cost-treatment-pool

required to ensure funding is made available for follow-up treatment as clinically required for services funded via the HCTP arrangements.

Specialist services provided at tertiary hospital centres

More highly specialised, lower-volume services are provided only at the larger 'tertiary' hospital centres. The hospitals providing regional or national services[21] are required to have systems in place to ensure that access is available according to the agreed criteria with Health New Zealand.

Auckland hospital's Cardiovascular Intensive Care Unit is the principal provider of extracorporeal membrane oxygenation (ECMO) for adult patients who have potentially reversible conditions but are unable to be supported with conventional mechanical ventilation. Veno-venous (VV) ECMO is provided to support people with acute respiratory failure. Veno-arterial (VA) ECMO is provided to support people whose cardiac function is severely impaired. VA ECMO for cardiac support can be provided outside this pathway in existing cardiac surgical centres. Formalised referral pathways are available for hospital referrers to refer patients to Auckland hospital for ECMO.

Regional Burn Units and National Burn Centre

Patients suffering from burn injuries are treated within their region at one of four regional burn units (RBUs) located in Counties Manukau, Canterbury, Waikato and Hutt Valley hospitals. These RBUs are also the regional plastic surgery centres. The National Burn Centre is based at Counties Manukau and provides inpatient care for the highest level of burn injury complexity. (See The National Burn Service Framework 2007[22]).

Cancer treatment services

Radiation oncology services are provided by specialist hospitals in the following districts: Auckland, Waikato, Bay of Plenty, MidCentral, Capital & Coast, Canterbury and Southern.

Southern district is responsible for the national stereotactic radiosurgery/therapy service.

Paediatric oncology services are provided by Auckland and Canterbury districts.

Regional cancer centres provide the coordination of adolescent and young people oncology and haematology services in the following districts Auckland, Waikato, MidCentral, Capital & Coast, Canterbury and Southern. This service applies to adolescents and young adults from the ages of 12 to 24 years inclusive.

[21] www.tewhatuora.govt.nz/our-health-system/nationwide-service-framework-library/about-nationwide-service-specifications/specialist-medical-services-specifications

[22] www.tewhatuora.govt.nz/assets/Our-health-system/National-Service-Framework/Service-specifications/Specialist-surgical-/national_burn_service_framework_v30.docx

Cancer treatment services include, multidisciplinary meetings, cancer nurse coordination services, and cancer psychological and social support services to meet the psychological and social support needs of people with cancer and their whānau.

Cancer medicines funded through transitional access[23]

Starting from 1 July 2025, when a cancer medicine starts to be funded by Pharmac, patients in private facilities will be able to continue their treatment with publicly funded medicines in the same facility (SOU-25-MIN-003 and CAB-25-MIN-0101 refers).

Transitional access is intended for patients who are currently receiving treatment in private facilities, or are about to start treatment, when the specific cancer medicine becomes available.

Transitional access supports continuity of care for cancer patients. It enables patients in private facilities to benefit from the publicly funded cancer medicine, without changing facility or planned treatment timings.

Cancer medicines that can be funded through transitional access will be identified by Pharmac as they are funded. Transitional access is not available to any cancer medicines funded prior to 1 July 2025.

Publicly funded cancer medicines can be used in private facilities, as long as both the patient and provider meet the eligibility criteria. However, other associated costs within private facilities – such as the administration of the medicine – will remain the responsibility of the patient when accessed in private facilities.

Assisted reproductive technology

Access to assisted reproductive technology is guided by the relevant infertility treatment prioritisation tool[24].

Access to in vitro fertilisation (IVF) is for one full IVF/intracytoplasmic sperm injection (ICSI) treatment, including subsequent transfer of any thawed embryo or four AIH/DI (hyperstimulation, donor insemination) cycles. If the first IVF cycle does not result in a live birth, the couple may access a second cycle provided they still meet the treatment access threshold. See the tier two Assisted Reproductive Technology Service Specification[25].

Fertility preservation

Access to fertility preservation services for the retrieval, freezing and long-term storage of gametes (excluding gametes that may be contained in testicular or ovarian tissue – see

[23] Cabinet and briefing material: Enabling Transitional Access to Newly Funded Cancer Medicines for Patients in Private Facilities - www.health.govt.nz/information-releases/cabinet-and-briefing-material-enabling-transitional-access-to-newly-funded-cancer-medicines-for

[24]The web-based prioritisation tool for assisted reproductive technology is published on the National prioritisation website (password required for clinicians and administrators): npi.1000minds.com

[25] Nationwide service specifications – Health New Zealand | Te Whatu Ora

below) or embryos if that is appropriate, is for post-pubertal people who are undergoing gender transition, or for post-pubertal people whose fertility may be permanently impaired by treatment for medical conditions such as cancer, where the treatment is accepted as a standard treatment in New Zealand. The referral for fertility preservation services needs to be made by an appropriate specialist. The retrieval, freezing, long term storage, or re-implantation of testicular or ovarian tissue do not form part of the national minimum service coverage requirements for publicly fund services.

Support services for people with long term or chronic conditions

Support services for people with long term or chronic conditions are for people who are under the age of 65 years, who have one or more chronic health conditions that is/are expected to continue for six months or more and have an assessed need for long-term support services.

The service includes 'medically fragile children' (children with high health needs and/or multiple impairments whose health status has not yet stabilised and for whom a physical, sensory and/or intellectual disability with associated ongoing support needs has not been identified).

Services include:

- assessment of individual needs through need assessment and service coordination organisations or care/service coordination centres
- service coordination to develop a customised package of services to meet individual assessed need, includes strong linkages with education and employment services
- assistance with daily personal care activities (eg, dressing, bathing, eating and toileting)
- assistance with household activities (eg, meal preparation, laundry, cleaning)
- carer support services (eg, carer support subsidy, respite care)
- intermediate care (eg, slow-stream rehabilitation) provided as medium-term residential care or in the community
- short and long-term residential care (community, rest home, hospital, dementia, specialised hospital)
- flexible support packages for families caring for medically fragile children that take account of the whole family's needs, including siblings
- advanced personal care for people who require invasive personal cares that cannot be provided through home-based support services.

There are no charges for the following services:

- needs assessment
- personal care services that are delivered mostly in a person's home (eg, assistance with dressing, bathing, eating)
- for Community Services Card holders only: household management services (eg, meal preparation (note that children with long-term conditions may have their own personal Community Services Card, which gives them access to subsidised health services, but this will not give the family access to funded household management services)

- long-term support services for children under 16 years old, or until they qualify for a supported living payment.

Cost contributions

People receiving carer support services will not be income and asset tested for these services but may have to contribute towards the cost of these services if the cost exceeds the carer support subsidy.

People in short or long-term residential care for long-term conditions not associated with ageing, are beneficiaries under section 3(1) of the Social Security Act 1964 and are not subject to income testing under Part 4 of that Act, may be required to contribute some of the cost of care. These people will pay an amount no greater than the equivalent single person's benefit less any personal allowance permitted by MSD. They do not have to pay any of the personal allowance portion of the benefit toward the costs of care.

Funding by multiple funders for services may be put into place for service users, for example with mental health and addiction services, disability support services, and ACC.

Travel and accommodation services

Travel and accommodation services provides targeted financial assistance towards the travel and accommodation costs for those for whom transportation is a significant barrier to accessing specialist services as specified in The Guide to the National Travel Assistance (NTA) Policy 2005[26]. There may be additional funding arrangements in recognition of local needs.

Travel and accommodation costs are reimbursed at the rates specified in the National Travel Assistance Policy 2005. These may include:

- a contribution per kilometre for private mileage, which is always calculated from the patient's address
- actual costs for air transport if clinically required (travel insurance excluded)
- actual costs of public transport
- assistance with accommodation costs if required and approved by a specialist, up to the maximum amount specified in the policy
- some assistance with travel and accommodation costs for a support person.

The Gateway Assessment Programme

The Gateway Assessment Programme is a comprehensive health and education assessment programme for children and young people engaged with Oranga Tamariki Ministry for Children to enhance the child or young person's physical, mental, educational and social wellbeing by identifying and addressing any unmet needs.

[26] www.tewhatuora.govt.nz/our-health-system/hospitals-and-specialist-services/national-travel-assistance

Transition to adult care

Young people aged from 14 to 24 years who require assessment or ongoing treatment for a medical or surgical condition or are in transition to adult services (especially those with long-term conditions or disability or who require palliative care) must be able to access developmentally appropriate services. Pathways for transition to adult care will be developed and implemented for those children who require them.

Appendix one: Summary of Changes to Service Coverage Schedule from 2024/25 to 2025/26

Updates to service coverage expectations for 2025/26 recognise:

- an age extension for bowel screening services provided through the National Bowel Screening Programme for eligible people is occurring in 2 stages between October 2025 and March 2026
- an age extension from 69 to 74 years for breast screening services began as a pilot in October 2024 in Nelson Marlborough. A national roll out is planned to begin in October 2025 and will be phased in over 4 years, extending the upper age limit by one year each year, up to the age of 74.