



*Nurse Practitioners
New Zealand*

Submission in response to the Medicines Amendment Bill

19 May 2025

Te Whare Tohu Tapuhi o Aotearoa the [College of Nurses Aotearoa \(NZ\) Inc.](#) (The College) is a leading national professional nursing organisation. Founded on a bicultural partnership model, the College is committed to upholding the principles of Te Tiriti o Waitangi. The College is a leading voice for support, advancement, and valuing of the nursing profession, representing our membership of Registered Nurses and Nurse Practitioners.

Nurse Practitioners New Zealand (NPNZ) is a division of the College of Nurses Aotearoa, representing Nurse Practitioners professional and practice issues. Nurse practitioners | Mātanga Tapuhi work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

Consultation

The College welcomes the opportunity to provide feedback on the Medicines Amendment Bill. This submission is informed by discussion and consultation with College and NPNZ Fellows and members.

The Bill proposes changes to three aspects of medicines regulation to improve access to medicines:

- Expanded prescriber settings
- Introduction of a 'streamlined' verifications pathway to register new medicines
- Changes to the Medicines Classification committee

The College strongly supports the purpose of the bill. In recent times, particularly post the global COVID pandemic and due to ongoing disruption to supply of some medicines, Section 29 has become a default mechanism to manage this. However, this has meant that Nurse Practitioners and their patients have experienced

frustrating challenges that have affected patient care and outcome. It is pleasing to see that the anomaly of excluding Nurse Practitioners, due to the 1981 legislation predating the emergence of NPs in Aotearoa, will be rectified with these amendments. We applaud this change, which will address issues of equity and access for health consumers, in particular Māori and those living remotely and rurally and the growing number of consumers who are choosing to have a NP as their leading health professional.

PART 1 – Consent to distribute medicines by verification

The College/NPNZ supports expediting access to medicines by reducing the timeframe for approvals, utilising other countries' decisions on pharmaceuticals, and aligning processes and reporting standards with international best practice. However, we also suggest there may be some risk where decisions on medicines are affected by political rather than clinical decision making. There must be sufficient safeguards to ensure that Aotearoa maintains its autonomy in decision making about what will be available to consumers in Aotearoa.

PART 2 – Other amendments

Clause 11 Section 29 amended (Exemption for medicine required by medical practitioner)

Subclauses 1- 3 adds nurse practitioners to the exemption medical practitioners have enabling them to prescribe unapproved medicines for reasons other than a supply shortage.

The proposed changes to section 29 would remove this very significant barrier to timely, efficient access to medicines, particularly in primary care and aged care. However, it is unclear what additional safeguards will be put in place for prescribers and the public when prescribing medications that are experimental and not simply a substitution or an alternative medication.

We support repealing the reporting requirements for the exemption, section 29 (2) and (3), noting the revised reporting requirements in new subsections 29A and 29B.

Clause 12 New Sections 29A and 29B inserted

The College/NPNZ strongly supports the proposed new section 29A, which provides for the supply of funded alternative medicines and for authorised prescribers to prescribe and administer them when there is a shortage of an approved medicine.

Currently, Responsible Authorities (RAs) under the HPCA determine standards of education, training and activities, including prescribing, that are covered under scopes of practice. The HPCA is currently under review. We support the Council of Medical Colleges submission in affirming the importance of maintaining an

independent regulatory system, with strong clinical governance, to assure safe, competent practice in all clinical settings.

Clause 13 Consequential and other amendments as set out in Schedule

Section 9 Medicines Classifications Committee (MCC).

Section 9 (3) and (4) proposes:

- increasing the number of members to 7 members
- removing the requirements for two representatives from the New Zealand Medical Association, the Pharmaceutical Society of New Zealand and the Ministry of Health, and
- limiting the term to six years.

The College/NPNZ has significant concerns in regard to the subsection 3A: *The Minister must not appoint a person to the Committee unless they are satisfied that the person is suitably qualified to be a member.*

The single criterion for appointment - that the Minister is satisfied that the person is “suitably qualified” does not provide sufficient protection to the public who may be at risk of harm in misclassifying medicines.

We propose that in addition to continuing to have Medical and Pharmacology experts on the panel, that consideration is given to having a Nurse Practitioner on the committee.

Recommendations

The College:

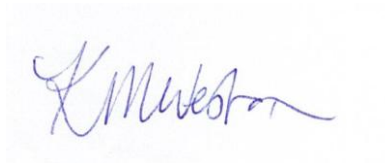
1. **Supports** the changes to insert Nurse Practitioner alongside Medical Practitioner in the updated legislation.
2. **Supports** the changes to the legislation that provides for the supply of funded alternative medicines and for authorised prescribers to prescribe and administer them when there is a shortage of an approved medicine.
3. **Supports** the proposed verification of medicines pathway using international comparators, noting that Aotearoa must also have a mechanism to preserve autonomy in decision making that supports clinical and not political agenda.
4. **Does not support** that the Minister should be the only person selecting members of the Medicines Control Committee (MCC).
5. **Notes** that having a Nurse Practitioner on the MCC may add another useful perspective to decision making.

Representatives of Te Whare Tohu Tapuhi o Aotearoa | The College of Nurses Aotearoa (NZ) Inc and Nurse Practitioners NZ request that we appear at Select Committee in support of this submission.

Thank you for the opportunity to comment.

Ngā mihi nui

Kate Weston



Executive Director

Te Whare Tohu Tapuhi o Aotearoa – The College of Nurses (NZ) Inc

executivedirector@nurse.org.nz

+64 272258287

Chelsea Willmott



Chair

Nurse Practitioners New Zealand (NPNZ)

chair@npnz.org.nz