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7 July 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023027190

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 16 June 2023 for information regarding prescription co-payments. You requested:

“...information about what were the co-payments for prescription charges for the patient from 1991 to 2010.”

The information you have requested is appended to this letter and released to you in full.

Please note that from 2008, the \$3 standard prescription co-payment remained until Budget 2012, after which it increased to \$5.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Steve Barnes
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Prescription co-payments on subsidised medicines 1991 – 2008

Year	Prescription co-payment	Explanation where available	
February 1991	Children - \$5		
	Adults - \$15		
	People on benefits - \$5		
	People who are 65+ - \$5		
	People with a chronic illness - \$5		
February 1992	Group 1	Children - \$5	The July 1991 Budget outlined the Interim Targeting Regime with reduced charges for some people, depending on their income and family size.
		People on benefits - \$5	
		People who are 65 + - \$5	
		People with a chronic illness - \$5	
		Adult - \$5	
	Group 2	Children - \$5	The Community Services Card was introduced, and three population groups were created, to which different levels of co-payments applied.
		People with a chronic illness - \$5	
		Adult - \$7.50	
		Children - \$20	
	Group 3	Adults - \$20	Group 1: People on social welfare benefits, recipients on student allowances, unabated family support and single people earning less than \$17,280, couples earning less than \$23,740. Group 2: Recipients of partly abated family support. Group 3: All others People in group 1 and 2 were eligible for the Community Services Card. The High Use Health Card was also introduced and replaced the chronically ill certificate.
		People on benefits - \$20	
		People who are 65+ - \$20	
		People with a chronic illness - \$5	
		Adult with a High Use Health Card - \$5	
		Child with a High Use Health Card - \$5	
February 1993	Group 1	Adults and children - \$3	The Interim Targeting Regime set the rates from 1 February 1993.

	<p>Group 2</p> <p>Adults and children - \$4 and \$3 respectively</p> <p>Children - \$15</p> <p>Adults - \$15</p> <p>Children and adults with High Use health card - \$3</p>	<p>From 1 July 1993 the Health Targeting Regime which followed the Interim Targeting Regime reduced the co-payment for children in Group 3 to \$10.</p>
1997	Children under 6 - \$0	Introduced as part of the free healthcare for children under 6 years of age.
April 2004	<p>People enrolled in Access Primary Health Organisations - \$3</p> <p>People enrolled in non-Access Primary Health Organisations - \$15</p>	Following the reform of 2000 and the Primary Health Care Strategy 2001, the prescription co-payment is reduced to \$3 for people enrolled in Access Primary Health Organisations ie, those serving populations living in the most socioeconomically deprived decile areas when the prescription is written by a prescriber working on a publicly funded contract.
July 2007	People enrolled in any Primary Health Organisations - \$3	The \$3 co-payment is extended to people enrolled in any Primary Health Organisation.
2008	People eligible for publicly funded health and disability services - \$3	As part of Budget 2008 the \$3 co-payment on subsidised medicines was extended to all people eligible for publicly funded health and disability services, with patients no longer having to be enrolled with a Primary Health Organisation to be eligible.

Please note:

1. The High Use Health Card introduced in 1992 replaced the letter previously used by people who were registered as chronically ill.
2. The Prescription Subsidy Card was introduced in 1992 and replaced the previous 'exemption' or 'safety net' provision, which limited how many prescriptions a family had to pay for in a year. The Prescription Subsidy Card ensured that when a family had paid for 15 prescriptions they would not need to pay for further prescriptions in the year to 1 February. The number of prescriptions was later increased to 20.
3. Following the Primary Health Care Strategy 2001, the Community Services Card and the High Use Health Card continued to reduce the \$15 co-payment (for adults) and \$10 co-payment (for those aged 14-17 years) to \$3 during the above period when prescriptions are written by prescribers such as private specialist.