Briefing for decision

Medicines (Administration and Supply of Medicines in Approved Immunisation Programmes) Amendment Regulations 2025

Date due to MO:	21 November 2025	**Action required by:**	4 December 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025074869
To:	Hon Simeon Brown, Minister of Health		
Consulted:	Health New Zealand: ☒		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Overtaken by events
☐ Needs change	☐ Seen	
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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Security level:	IN CONFIDENCE	**Date:**	21 November 2025
To:	Hon Simeon Brown, Minister of Health		

Purpose of report

1. This paper seeks your agreement to lodging the attached Medicines (Administration and Supply of Medicines in Approved Immunisation Programmes) Amendment Regulations 2025 and Cabinet Legislation Committee paper with Cabinet Office.

Summary

2. On 4 October, you agreed to amend the Medicines Regulations 1984 to allow adrenaline and other clinically recommended medicines for immunisation programmes to be supplied and administered without standing orders [H2025072528]. This will solve the current problem that authorised vaccinators, who are trained and authorised to administer vaccines and to recognise and respond to complications, need extra approval to administer related medicines, such as adrenaline for anaphylaxis.
3. Consultation with health sector organisations and frontline practitioners revealed strong support for this amendment for authorised vaccinators, saying it will increase safety, efficiency, and reduce the administrative burden, especially for rural and underserved areas. There was a lack of support for extending these changes to unregulated vaccinator workers. In response, we propose the amendment will apply only to regulated authorised vaccinators.
4. Attached are the draft paper for the Legislation Committee and amendment regulations.
5. A waiver of the 28-day rule is being sought to expedite the implementation, particularly in light of the current measles outbreak.
6. The National Public Health Service will inform the sector of the change, which will prevent the need for reissuing standing orders for adrenaline administration during December and January.
7. The indicative timeline aims for the amendment to be in place before Christmas.

Recommendations

We recommend you:

a)	**Note** the attached proposed draft Medicines (Administration and Supply of Medicines in Approved Immunisation Programmes) Amendment Regulations 2025 and draft paper for the Cabinet Legislation Committee.	**Noted**
b)	**Agree** to reduce the scope of the original proposal in response to feedback from the sector, such that the amendment will be made in relation to regulated authorised vaccinators only (ie section 44A but not section 44AA).	**Yes/No**
c)	**Agree** to recommend waiving the 28 day rule.	**Yes/No**
d)	**Agree** to lodge the paper and amendment regulations with Cabinet Office by 10 am 4 December, with any changes following ministerial and departmental consultation.	**Yes/No**

Allison Bennett
Group Manager, Health System Settings
Strategy & Policy
Date: 20/11/2025

Hon Simeon Brown
Minister of Health
Date:

Medicines Amendment (Immunisation Programmes) Regulations

Background

8. On 30 September 2025 we briefed you on a proposal to make a minor amendment to the Medicines Regulations 1984 to enable adrenaline and other medicines clinically recommended for immunisation programmes to be supplied and administered without the need for standing orders [H2025072528].

9. You agreed to amend the regulations and issue drafting instructions, as the proposed change is minor, with consultation still required.

Results of consultation – change of proposal

10. Representative health sector organisations and frontline health practitioners were consulted via email during a two-week period in October. 58 submissions were received.

11. The results showed strong support for the amendment in relation to authorised vaccinators (57 submitters). Overall, the amendments are viewed as a practical and necessary evolution in immunisation service delivery, enhancing both safety and efficiency.

12. Submitters agreed that the proposed change would remove an unnecessary administrative burden, improve responsiveness, and reduce barriers to care, especially in rural and underserved areas. There is strong confidence in the training and competence of authorised vaccinators, who are also regulated health practitioners, including their ability to calculate appropriate dosages for medicines.

13. While there was strong support for the change in relation to authorised vaccinators, several submitters raised concerns about expanding the medicines that could be administered by the unregulated workforce without a standing order. The unregulated vaccinator workers (or 'Vaccinating Health Workers') are trained in their area of work, but are not registered health practitioners, whereas 'authorised vaccinators' are registered health practitioners such as nurses and pharmacists.

14. Twenty-two submitters either opposed this part of the proposal or expressed reservations, noting there could be unintended consequences to expanding the framework for unregulated vaccinators into areas that require clinical judgment. There was a view that it would be out of step with the requirement that they must work under supervision.

15. Many of these respondents questioned the appropriateness of allowing unregulated health workers to administer medicines like paracetamol and ibuprofen. The risk of dosing errors, particularly in children, was highlighted.

16. In response to this feedback, the Ministry recommends going ahead with the amendment only in relation to regulated authorised vaccinators (amending section 44A but not section 44AA). The regulations have been drafted accordingly.

Waiver of 28-day rule requested

17. The draft LEG paper seeks a waiver from the Cabinet requirement that the regulations come into force 28 days after being made. This is because the change is a minor procedural change that will not directly affect the public, although it will benefit the public by assisting immunisation programmes. Making this change as soon as possible is a high priority for the immunisation sector, especially at this time when they are dealing with the measles outbreak.

18. The National Public Health Service will communicate the change to the sector and the immediate impact will be that they will not need to seek reissue of standing orders for authorised vaccinators to administer adrenaline that lapse during December and January.

Next steps

19. We will undertake departmental consultation on the paper simultaneously with any ministerial consultation needed. The regulations are subject to technical refinements prior to lodging. We will liaise with your office to finalise the paper and regulations.

20. The timeline below shows the due dates for lodgement if the amendment is to be in place and gazetted this side of Christmas.

21. The change will be communicated to the health sector via the National Public Health Service's channels. There is no need for a public-facing press release.

Indicative timeline

Process step	*Date*
Ministerial and departmental consultation	24 November -3 December
Minister's office lodges LEG paper with Cabinet office PCO lodges the regulations	4 December
Cabinet Legislation Committee consideration	11 December
Cabinet consideration Executive Council	15 December
Gazette notice and Ministry-Health NZ announcement Health NZ updates Immunisation Handbook Regulations take effect immediately (if waiver agreed to)	19 December

ENDS.