Briefing for information

Improving access to medicines via the Medical Products Bill

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To:	Hon Casey Costello, Associate Minister of Health		
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Contact for telephone discussion

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Minister's office to complete:

☐ Noted ☐ Seen

☐ Needs change ☐ Withdrawn

☐ See Minister's Notes ☐ Overtaken by events

Comment:

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Briefing for information

Improving access to medicines via the Medical Products Bill

Security level:	IN CONFIDENCE	**Date:**	23 April 2026
To:	Hon Casey Costello, Associate Minister of Health		

Purpose of report

1. This briefing responds to your request for advice on how the Medical Products Bill (the Bill) will improve access to medicines in primary and aged care, particularly in small and rural communities.

Summary

2. The purpose of the Bill is to "support improved health outcomes for all New Zealanders by enabling timely access to safe, high quality, and effective medical products" [SOU-24-MIN-0115]. Consistent with this purpose, the Bill will include elements to improve access to medicines, including for small and rural communities and in aged care.

3. The Bill will enable practitioners and other groups of people to supply and administer more types of medicines closer to a patient's home. For example, all registered practitioners will be able to supply pharmacy medicines within their scope of practice when providing a health service, such as nurses in aged residential care or during home visits. Currently this requires a standing order, which creates a regulatory burden for primary and aged care workers.

4. Regulations will also enable more flexible supply (for example off-label use) and other activities with medicines. This will help improve access in many contexts, including in aged care and as part of disaster relief by the Defence Force.

5. The Bill will also enable modern and innovative models of pharmacy, including e-lockers and mobile pharmacies. This will help improve access for people who currently have difficulty accessing pharmacies, including older and disabled people, people in rural areas and small communities.

6. As we continue to develop the Bill and engage with stakeholders, we may identify further opportunities to improve medicines access, including those suitable for fast-track commencement [SOU-26-MIN-0028]. We will also continue to explore potential opportunities, such as enabling bulk medicine supply to aged residential care. Opportunities may also be identified by other Health Ministers. We will keep you informed as this work continues.

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Recommendations

We recommend you:

a) **Note** that the purpose of the Medical Products Bill is to support improved health outcomes by enabling timely access to safe, high-quality and effective medicines and medical devices — **Noted**

b) **Note** that the Medical Products Bill will include many elements to improve access to medicines, in particular: — **Noted**

   i. flexibly enabling practitioners and other groups of people to carry out more activities with medicines

   ii. enabling innovative models of community pharmacy, such as e-lockers and mobile pharmacies

   iii. helping to bring more medicines on to the New Zealand market, particularly innovative medicines.

c) **Note** that some of these elements will have particular benefit in aged care and for small and rural communities, and for groups such as older people who may have difficulty accessing medicines in a timely way — **Noted**

d) **Note** that we will continue to identify ways that the Medical Products Bill can improve access to medicines, including elements that could be fast-tracked for commencement [SOU-26-MIN-0028]. — **Noted**

Tim Vines
Manager, Therapeutics Policy
Strategy and Policy Group
Date: 23/04/2026

Hon Casey Costello
Associate Minister of Health
Date:

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Improving access to medicines via the Medical Products Bill

Background

7. In September 2024, Cabinet agreed that the purpose of the Medical Products Bill (the Bill) will be to "support improved health outcomes for all New Zealanders by enabling timely access to safe, high quality, and effective medical products". The principles of the Bill will include that "regulation should… support timely access to medical products" [SOU-24-MIN-0115].

8. In March 2026, you requested advice on how the Bill will support increased access to medicines in primary care and aged care, particularly in small and/or rural communities.

9. Rural people are more likely to have difficulty accessing medicines, due to distance from pharmacies and health services, practitioner shortages in their communities, transport difficulties, and limited pharmacy opening hours. Some rural communities are also particularly vulnerable to extreme weather events, which can disrupt supply.

10. Medicine supply in aged care – particularly home care – can sometimes be difficult due to the failure of the Medicine Act 1981 to fully recognise the capabilities of nurses and some other health practitioners. Older people who are not in care can also have greater need for medicines but more difficulty accessing them, for reasons including cost and transport problems. This particularly affects older people in rural areas.

The Medical Products Bill will improve access to medicines

11. In keeping with its agreed purpose and principles, many elements of the Bill will improve access to medicines. Improvements which should be particularly useful in primary and aged care, and in rural areas, can be grouped as follows:

    a. Better enabling practitioners and other groups of people to do more with medicines.

    b. Enabling pharmacists to supply medicines in innovative ways.

    c. Helping to bring more medicines on to the New Zealand market.

The Bill will enable more people to supply and administer some medicines

12. Various elements in the Bill will better enable practitioners and other groups to supply and administer medicines, when safe and appropriate. These changes, which Cabinet approved in April 2026 [SOU-26-MIN-0028], will improve access to medicines, improve efficiency, and ease workforce pressures in primary care.

Regulations will be able to enable activities with medicines in more situations

13. The Bill will include broad regulation-making powers which can be used to enable activities with medicines. The Bill will also specifically enable regulations to allow more groups to supply and administer off-label and unapproved medicines. This has potential

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to improve access to medicines, particularly in times and places (such as rural areas) without ready access to medical practitioners. There is also scope for regulations specifically relating to aged residential care facilities, and activities involving medicines undertaken there.

14. Regulations will be finalised as part of secondary legislation development and will detail who can undertake what activities. However, it is likely that regulations will enable:

    a. Community vaccinators to administer vaccinations at variance with the vaccine's medicine approval (for example in fewer doses or at a slightly younger age), if this has been approved by an authorised body.

    b. Defence Force medics to supply, administer and potentially dispense medicines as needed on deployment and within New Zealand in the aftermath of natural disasters. This will particularly benefit people living in rural and remote areas, who are more vulnerable to the effects of natural disasters.

    c. Supply and administration of an unapproved medicine as a replacement for an approved medicine which has become unavailable, where a formal supply shortage mechanism is in effect (see below).

The Minister of Health will be able to expand prescribing powers without amending legislation

15. Under the Medicines Act, expanding a profession's prescribing powers requires amending primary legislation or creating secondary legislation. Several expansions have been made this term of Parliament, with the aim of improving access to medicines.[1] However these changes were only made after many years of campaigning by those professions.

16. In September 2024, Cabinet agreed that responsible authorities for a health profession would be able to alter prescribing authority by modifying scopes of practice [SOU-24-MIN-0115]. Expanded prescribing powers could help further improve access to medicines, for example by enabling some paramedics and nurses to prescribe medicines in aged residential care.

The Bill will enable a better response to supply shortages

17. In September 2025, you agreed to a suite of policies relating to unapproved medicines [H2025066825]. These policies recognise that it is sometimes necessary to use unapproved medicines, when there is no available approved medicine suitable to treat a particular condition. Sometimes a widely used approved medicine becomes unavailable due to international supply shortages. Supply shortages are likely to continue for the foreseeable future and may be exacerbated by the current fuel crisis.

18. The Medicines Act enables supply of unapproved medicines. However, supply mechanisms are based on requests relating to a specific patient. This prevents bulk import and supply by wholesalers. It also means there is no mechanism for non-prescribing practitioners (such as paramedics and most nurses) to supply unapproved

[1] Granting prescribing powers to podiatrists and giving nurse practitioners and pharmacist prescribers the ability to prescribe unapproved (section 29) medicines.

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medicines, even when there is no suitable approved medicine available. This has the potential to create serious problems in settings including aged care, if all approved brands of a medicine become unavailable.

19. The Bill will facilitate bulk supply of unapproved medicines, with suitable oversight and clear lines of responsibility for any substandard medicines. The Bill will also enable a formal supply shortage mechanism when it is necessary to substitute a specific unapproved medicine for an approved medicine which has become unavailable. This will enable paramedics, nurses and others to supply and administer needed medicines while mitigating risks to patients from substandard medicines. The supply shortage mechanism will help ensure access to medicines is maintained during shortages.

All practitioners will be able to supply pharmacy-only medicines as part of a health service

20. In April 2026, Cabinet agreed that the Bill will enable all practitioners registered under the Health Practitioners Competence Assurance Act 2003 to supply pharmacy-only medicines when providing a health service [SOU-26-MIN-0028].

21. Pharmacy-only medicines have a low enough risk that they can be sold to the public by sales assistants who are not pharmacists. This change will enable those medicines to be supplied as part of a health service by a registered practitioner, for example as part of aged residential care nursing, or a home visit by a district nurse. Retail sale outside of a pharmacy would not be enabled.

22. This policy has the potential to significantly improve access to these medicines for rural communities and other people without easy access to a pharmacy. It will also enable registered nurses in aged residential care to supply and administer lower risk medicines to residents, without needing a prescription or standing order.

The Bill will enable modern and flexible models for pharmacy

23. The Bill will better enable community pharmacies to provide modern, patient-focused services through a range of innovative service models.

Pharmacies will be able to provide services more flexibly

24. Under the Medicines Act, a community pharmacy is assumed to be a fixed location within a physical boundary. Some innovation is possible, such as online pharmacies and the Woolworths pharmacy ‘store within a store’ model, but other innovative models such as mobile pharmacies and e-lockers are currently difficult or impossible to implement.

25. The Bill will be more flexible, enabling most models of service as long as patient safety is protected, professional standards are upheld, and other obligations are met (eg controlled drugs are stored securely). The Bill will enable use of e-lockers for patient pickups, mobile pharmacies, and other models which will improve medicines access.

26. Small and rural communities may strongly benefit from more flexible models. For example mobile pharmacies could visit communities too small to sustain a fixed pharmacy, and e-lockers are likely to be particularly beneficial for people with rural workplaces, and for pharmacies with limited opening hours in small communities. Aged residential care facilities may also benefit from increased flexibility.

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s 9(2)(f)(iv)

The Bill will help bring more medicines on to the New Zealand market

30. The Bill will create better pathways for medicines on to the New Zealand market, particularly for innovative medicine types such as patient-matched gene therapies. Better pathways will ensure that New Zealanders can access up-to-date medicines while ensuring that those medicines are safe, effective, and meet quality standards.

31. The Bill will build on work by this Government on faster medicines approval, such as the 'rule of two' verification pathway. Cabinet agreed in September 2024 that the Bill will include a verification pathway, an abbreviated pathway where a medicine has been approved by one trusted overseas regulator, and an expedited assessment pathway for use in response to public health emergencies [SOU-24-MIN-0115].

32. s 9(2)(f)(iv)

We are exploring further options to improve access to medicines

33. As we develop the Bill and its secondary legislation, we will continue to explore ways in which medicines access can be improved. This will ensure that initiatives work for the public, industry, and the health sector, and that any increased risk to the public is addressed.

34. One potential area for improvement is how controlled drug medicines are supplied to aged residential care. Currently, hospital-level facilities can use bulk supply orders but other forms of aged residential care cannot, even when co-located with hospital-level care. In March 2026 we advised Hon Simeon Brown, Minister of Health, that enabling bulk supply orders in non-hospital aged residential care requires more policy work [H2206079141]. We intend to carry out this work over the next few months.

35. Some improvements may be suitable to be fast-tracked for commencement when the Medical Products Bill is enacted. Cabinet has agreed that you, in consultation with the

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Hon Simeon Brown and Hon David Seymour, can issue drafting instructions to amend the Medicines Regulation and/or the Medicines Act 1981 [SOU-26-MIN-0028].

Next steps

36. The Bill is a priority six on the Legislation Programme, meaning drafting instructions will be issued in 2026 but the Bill is not expected to be introduced in this term of Parliament. We are currently awaiting a drafter from Parliamentary Counsel Office.

37. We will continue to update you as work on the Bill progresses.

ENDS.

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