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Tēnā koutou

## **Ministry of Health targeted consultation - RNZCGP Feedback on proposed updates to eligibility settings for publicly funded health services**

Thank you for the opportunity to provide feedback on the proposed updates to eligibility settings for publicly funded health services.

The Royal New Zealand College of General Practitioners (the College) supports the intent of the proposed changes, particularly where they strengthen infectious disease prevention and improve access to care for highly vulnerable groups. We agree that extending eligibility for measles and polio immunisation, and for preventative HIV treatment, is consistent with a public health approach. We also support extending eligibility for publicly funded health services to people on the Migrant Exploitation Protection Work Visa and the Victims of Family Violence Work Visa.

Our feedback focuses on the operational settings needed to ensure continuity of care and support safe, consistent implementation in general practice. Successful implementation will depend on clear service definitions, aligned funding and claiming rules, adequate lead time for technical changes, and practical guidance for providers.

### **Key points**

#### **1. College position**

The College supports extending eligibility for the following proposed changes in principle:

- Measles and polio immunisation to adults who are otherwise not eligible for publicly funded health services.
- Preventative HIV treatment to people who are not eligible for publicly funded health services and who meet the relevant clinical thresholds.
- Publicly funded health services to people on the Migrant Exploitation Protection Work Visa and the Victims of Family Violence Work Visa.

These proposals are logical, proportionate, and aligned with public health goals and the needs of particularly vulnerable populations.

#### **2. Clear definitions of the funded services are essential**

The College's main concern is that the operational scope of the proposed changes is not yet sufficiently clear for general practice.

### About the College

For practices, it will be important to know exactly what is included in each eligibility extension. For example:

- whether funded immunisation includes the consultation, vaccine administration, documentation, recall, and follow-up as needed
- whether preventative HIV treatment includes both pre-exposure and post-exposure prophylaxis where clinically indicated
- whether preventative HIV treatment includes consultations, prescribing, laboratory testing, medicines, monitoring, and follow-up
- whether people on the two new visa categories will be eligible for the full range of publicly funded health services, or whether there will be any limits or conditions.

**The College recommends the Ministry publish a clear service description for each proposed eligibility extension in practical language for providers, administrators, and patients.**

### **3. Preventative HIV treatment appears to be the most complex area to operationalise**

The proposal to extend access to preventative HIV treatment appears significantly more complex than an episodic service such as immunisation, for example:

- whether the extension covers PrEP, PEP, or both
- the funding model for consultations, prescribing, laboratory tests and medicines
- how claims will be processed for patients who are otherwise ineligible for publicly funded services
- how non-enrolled patients will access funded care
- what follow-up and monitoring arrangements are expected.

Without this detail, there is a risk of confusion for practices and inconsistent patient access.

**The College recommends that the Ministry confirm the HIV prevention model of care in detail before implementation.**

### **4. Changes must align with general practice funding and claiming systems**

The proposed changes raise important questions about the impact on general practice funding mechanisms, including enrolment, capitation, commissioning arrangements, and claims processing.

- whether newly eligible patients can enrol, and if so on what basis
- how temporary or service-specific eligibility will be reflected in PMS and claiming systems
- whether practices will be able to claim for all relevant elements of care
- how funding arrangements will work for casual or non-enrolled patients
- whether practices will be protected from financial risk where eligibility is complex or changes over time.

**The College recommends that the Ministry give early advice on how the proposed settings will interact with enrolment, capitation, commissioning arrangements, and claims processing, and ensure practices are not exposed to financial risk through implementation gaps.**

### **5. Technical system readiness and lead time will be critical**

Any changes to eligibility settings will require updates to practice management systems, laboratory claiming systems and related administrative processes. General practice experience is that these changes take considerable time to design, test and implement safely.

- early engagement with PMS vendors, laboratories, and relevant system owners
- no confirmation of a go-live date until technical systems are ready
- a sufficient lead-in period before implementation
- avoiding implementation alongside other major system changes, such as capitation updates.

**The College recommends that the Ministry not confirm a go-live date until PMS, laboratory and claiming systems are ready. Insufficient lead time will create confusion, inconsistent claiming, and avoidable burden for practices.**

## 6. Eligibility verification must be simple and clear

Eligibility checking is usually carried out by practice managers and administrative staff using visa documentation and PMS rules. If the settings are not clear, the burden and risk will fall directly on general practice. This will be particularly important where a patient is eligible only for a specific service rather than the full range of publicly funded health services.

### **The College recommends:**

- clear rules about what evidence of eligibility practices will need to hold
- alignment between the eligibility settings and visa application language or visa documentation
- straightforward guidance on service-specific eligibility
- practical examples and FAQs to support implementation.

## 7. Expanded mainstream eligibility should not displace targeted services

The College is concerned that expanded mainstream eligibility could lead funders to scale back targeted services for migrant and vulnerable populations on the assumption that need is now met through mainstream funding.

- existing targeted contracts or commissioned services for migrant and vulnerable communities are not reduced or withdrawn on the assumption that mainstream eligibility now fully meets need
- implementation planning considers how targeted and mainstream services will work together
- continuity of care is preserved for people who may already be accessing support through specialist or community-based services.

**The College recommends that the Ministry recognise that, for some vulnerable groups, targeted services may still be necessary even where mainstream eligibility is expanded.**

## 8. Added support may be needed for care of people on vulnerable visa pathways

The two visa categories proposed for extended eligibility apply to people who may have experienced exploitation or family violence. These patients may present with needs that extend beyond routine short consultations. To better meet their needs, clear referral pathways, access to interpreting and other support services, practical guidance for practices, and training and resources are needed.

**The College recommends that the Ministry and Health NZ provide added support so practices can provide safe, culturally appropriate, and trauma-informed care to people on vulnerable visa pathways.**

## 9. Regional and district impacts should be considered in implementation planning

The College appreciates the Ministry's acknowledgement that regional information about temporary visa populations is limited. Even where overall numbers are small, local impacts may be concentrated in some regions, services, or practices. Where robust regional data is not available, this should be acknowledged and implementation should include monitoring to understand demand and service pressures after the changes take effect.

**The College recommends that the Ministry provide practices, PHOs, and local services with regular information about local impacts to support implementation planning and service response.**

## 10. We encourage further consideration of immunisation settings

The College supports the proposed extension for measles and polio immunisation. We also note the question raised during sector engagement about why adult eligibility extensions are limited to measles and polio, and whether diphtheria and pertussis should also be considered considering current public health risks.

We appreciate that there may be technical and policy reasons for the current proposal.

**The College recommends that the Ministry consider whether the immunisation settings are sufficiently broad to support outbreak prevention and maternal and infant protection, particularly where funded vaccines cover multiple diseases.**

## Summary

The College supports the intent of the proposed changes but strongly recommends that the Ministry resolve the operational settings before implementation. This includes clarifying service scope, funding and claiming rules, technical readiness, continuity of care, and safeguards against unintended consequences for targeted services.

In addition, clear provider guidance and carefully timed communications will also be critical to successful implementation. Communications should clearly distinguish between changes to eligibility, service scope and claiming arrangements, and should not be issued before operational settings and systems are ready.

Providers should receive practical guidance before implementation, including draft operational guidance and FAQs. The College would welcome the opportunity to review this material and to support communication through appropriate professional channels once public messaging is agreed.

We would welcome further engagement, including review of draft operational guidance and sector-facing FAQs.

Nāku noa, nā



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