Te Tiratū Iwi Māori Partnership Board

Tauāki Tū *Position Statement*
12-Month Prescriptions

Tuhinga tīmatanga *Introduction*

From 1 February 2026, legislative changes will allow prescribers to issue prescriptions covering up to 12 months' supply of medicines. Medicines will continue to be dispensed in maximum three-monthly periods from pharmacies, with controlled drugs excluded.

Tauāki Tū
Position Statement

Te Tirātū Iwi Māori Partnership Board (IMPB) supports reducing barriers for whānau. However, prescription duration and improvements in affordability alone will not address the longstanding structural, clinical, and cultural inequities Māori experience across the medicines pathway. Any policy change must actively uphold Te Tiriti o Waitangi obligations of partnership, equity, and active protection, and must not place Māori at greater risk of under-care, misdiagnosis, medicine-related harm, or delayed treatment.

Urunga ki ngā rongoā hauora *Access to Medicine is a Continuous Pathway to Care*

From a Hauora Māori perspective, access to medicine is not a single transaction but a continuous pathway of care. Whānau must feel safe to seek care, be able to afford and physically access services, and experience culturally safe engagement, receive clear information, and have continuity of review and follow-up. For Māori, inequities occur at every point along this pathway[1].

Barriers include cost, transport, long waiting times, reduced continuity with prescribers, and culturally unsafe interactions. Māori are more likely to experience shorter consultations, reduced opportunities for shared decision-making, and limited access to understandable information about medicines, including risks, benefits, alternatives, and duration of treatment. There is no nationally enforced mechanism to consistently assure cultural safety across the prescribing workforce. These factors contribute directly to inequitable medicines use and worse health outcomes[2].

These structural conditions cannot be corrected by this change in policy alone.

Te māramatanga ki ngā hua me ngā morearea
Understanding the Benefits and Risks of 12-Month Prescribing

For a limited group of clinically stable patients with strong continuity of care, long-duration prescriptions may provide convenience, reduce unnecessary appointments, and support self-management when embedded within high-quality, culturally safe oversight.

However, the risks are significant if 12-month prescribing is implemented without explicit safeguards. Māori already experience lower rates of monitoring, fewer proactive clinical reviews, and later diagnosis of chronic and complex conditions. Reducing the frequency of prescribing encounters risks further decreasing clinical touchpoints, limiting opportunities to detect deterioration, review side effects, adjust treatment, or optimise medicines.

Clinical "stability" may be misjudged where there is under-diagnosis, fragmented care, inconsistent monitoring, and limited understanding of the social determinants affecting health and medicine use. Prescriber discretion and unconscious bias may shape who is deemed "stable," potentially resulting in inequitable access or inappropriate prescribing. Longer intervals between reviews may be framed as "empowerment" when they instead reflect system withdrawal or under-service for whānau managing complex health, social, or economic pressures. Community pharmacists play an essential role in medicines supply and advice, but they cannot replace comprehensive clinical review and diagnostic reassessment. Regular, culturally safe clinical engagement must remain central to medicines optimisation.

Take mana taurite *Medicine Optimisation as an Equity Issue*

Prescribed medicines are central to the Western health system, but can cause harm if not prescribed, used, or monitored appropriately. Medicine optimisation requires clear communication, shared decision-making, informed consent, and trusting relationships, where whānau feel safe to discuss their experiences, including the use of rongoā Māori and other traditional healing practices.

Evidence consistently shows Māori are less likely to receive adequate information about medicines, including potential harms, interactions, alternatives, and appropriate duration of treatment[3]. This is a system failure, not a whānau failure.

Structural factors further undermine equitable medicine use. Māori are less likely to have continuity with a regular prescriber, more likely to face transport costs, and more likely to receive symptom-focused treatments with higher risk profiles rather than disease-modifying therapies. In many cases, Māori receive fewer medicines than their level of illness requires,- an inequity often described as the "missing million prescriptions.[4]" Without correcting these systemic settings, extending prescription duration risks amplifying existing inequities, including medicine under-use, inappropriate prescribing, and delayed intervention.

Achieving equity in medicine optimisation requires coordinated action across the health system, including culturally safe practice, appropriate review intervals, consistent monitoring, whānau-centred models of care, workforce development, and policy settings aligned with Te Tiriti obligations.

Under the principle of Options in the Waitangi Tribunal Kaupapa Inquiry, WAI2575[5], 12-month prescriptions may be appropriate for a small number, but only within a broader equity-led system of care.

Whakakapi *Conclusion*

Extending prescription duration alone will not improve medicines access or health outcomes for Māori. While a small number of whānau may benefit, the risks of under-care, missed diagnoses, medicine-related harm, and widening inequities are significant if this policy is implemented in isolation. Medicines optimisation requires a holistic, culturally grounded, equity-driven approach founded on the principles of Te Tiriti o Waitangi.

Te Tirātū IMPB calls on the Crown to ensure that implementation of 12-month prescriptions strengthens rather than weakens the safety, mana, and wellbeing of Māori across Aotearoa.

Karanga kia mahi *Call to Action*

Te Tirātū IMPB calls on the Government to ensure 12-month prescriptions are implemented safely, equitably, and in a manner that actively upholds Te Tiriti o Waitangi. Without strong safeguards, this policy risks entrenching rather than reducing inequity.

Evaluation and Monitoring: Mandatory and Transparent
The Government must resource robust, equity-focused monitoring, including:

Access and Equity
- Rates of 12-month prescriptions issued and collected, disaggregated by ethnicity.
- Patterns by rurality, deprivation, disability, and continuity of care.

Clinical Safety
- Rates of adverse events, hospitalisations, and indicators of clinical deterioration.
- Frequency of medicine changes within the 12-month period to identify error, harm, or waste.

Whānau Voice
- Māori-led evaluation of safety, trust, communication, and cultural safety.

System Measures
- Monitoring of medicine wastage and cost-shifting.

A Te Tiriti-Aligned Medicines Optimisation Strategy Long-duration prescribing is only safe when supported by a wider strategy that includes:
- A nationally coordinated medicines optimisation framework grounded in Pae Ora and mātauranga Māori.
- Clear standards for prescribing, review intervals, and shared decision-making.
- Explicit guidance on who is not clinically appropriate for 12-month prescriptions.
- Investment in affordability, continuity of care, and culturally safe practice.
- Formal recognition and protection of rongoā Māori, without Crown definition or control, within the wider medicines ecosystem.

Commitment to Active Protection and Equity To prevent harm, the Government must ensure:
- 12-month prescriptions do not replace clinically necessary review and monitoring.
- Prescriber bias does not drive inequitable access or inappropriate exclusion.
- Early equity audits identify and correct widening gaps.
- Māori-led solutions, service models, and workforce development are prioritised and resourced.