Emailed to: consult@pharmac.govt.nz

SUBMISSION OPPOSING PHARMAC PROPOSAL TO REMOVE MĀORI AND PACIFIC DIABETES MEDICINE CRITERIA

1. My name is Glen Tupuhi. I oppose Pharmac's proposal to remove Māori and Pacific ethnicity from the Special Authority access criteria for empagliflozin, empagliflozin with metformin, dulaglutide and liraglutide (Jardiance, Jardiamet, Trulicity, and Victoza brands)(**diabetes medicines**)[1]. These diabetes medicines help people with type 2 diabetes lower blood glucose levels and reduce the risk of cardiovascular and kidney complications.[2] Diabetes can cause kidney failure, heart disease, stroke, blindness, toe, foot and lower-leg amputations, and early death.[3] Pharmac says type 2 diabetes in Māori and Pacific populations is estimated to be around three times higher than among other New Zealanders.[4]

2. People with type 2 diabetes who have unsuccessfully tried other specified medicine can access these diabetes medicines under the Special Authority if they meet one of five criteria:
   2.1 Māori or Pacific ethnicity;
   2.2 a recorded five-year cardiovascular risk of at least 15%;
   2.3 high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes as a child/young adult;
   2.4 cardiovascular disease (such as previous heart attack or stroke); or
   2.5 renal (kidney) disease.[5]

3. The Māori and Pacific ethnicity criterion recognises that Māori and Pacific people with type 2 diabetes are already at high risk.[6] For example in the Waikato rohe, Te Tiratū IMPB data shows Māori aged 0-74 years in Waikato District had 6.5 times higher potentially avoidable mortality from diabetes than non-Māori, 3.0 times higher potentially avoidable mortality from ischaemic heart disease, and 3.9 times higher potentially avoidable mortality from COPD. On average, 32 Māori with diabetes in Te Tiratū had a lower limb amputated each year, and there were 1,162 Māori hospitalisations for renal failure. Māori were also 2.8 times more likely than non-Māori with diabetes to have a lower limb amputation, and 2.7 times more likely to be hospitalised for renal failure.[7]

4. The Māori and Pacific ethnicity criterion also recognises that Māori and Pacific peoples have not been well served by the health system. They are more likely to have their assessment delayed, to be diagnosed late, to be under-prescribed medicines, to receive poorer follow-up, and to be exposed to racism and stereotyping in healthcare.[8] Pharmac described the decision to specifically name Māori and Pacific ethnicities in the Special Authority criteria as "an intentional move to proactively promote equity of access" for groups at high risk of complications from type 2 diabetes and for whom there was direct evidence of inequitable access to medicines.[9] The other four criteria depend on the health system having assessed and recorded risk, or on risk having already become disease. The cardiovascular-risk criteria require prior assessment and recording; the cardiovascular disease and renal disease criteria require serious harm to have already developed. Māori and Pacific peoples with type 2 diabetes should not have to rely only on criteria that depend on a health system that may fail them, and may already have done so.

5. The Māori and Pacific ethnicity criterion has been successful because Māori and Pacific access to these medicines has improved.[10] It is doing what it was meant to do.

6. For Māori, high diabetes rates have not come from nowhere. They come from catastrophic land loss and poverty caused by the Crown and a Crown-controlled health system that has repeatedly failed Māori. Almost 97% of Māori land was lost from collective Māori ownership[11] through unfair Crown purchases,[12] confiscation,[13] Native Land laws that took land from most of the owners[14] and other Crown action[15]. This was not just loss of property. Whenua was the foundation of hauora. It provided homes, healthy food, medicine, resources, whānau support and belonging.[16] When the Crown separated Māori from more than 60 million acres of their land, it stripped the foundation for good health and created poverty that still endures for far too many Māori today.[17]

7. That poverty is directly relevant to diabetes. Poverty makes it harder to live in a warm dry home, buy healthy food, pay for GP visits, have reliable transport to get to the GP and collect prescriptions.[18] Poverty creates constant stress which also makes it harder to eat well, sleep well and get to appointments and can affect blood sugar through stress hormones cortisol and adrenaline.[19] All of this makes diabetes more likely and more likely to be diagnosed late, treated late, and to cause serious complications like kidney failure, heart disease, stroke, blindness, amputations and death.

8. As already set out, Māori face racism and stereotyping in healthcare, and are less likely to get the same level of care, tests, treatment, referrals and follow-up.[20] Against that background, the Māori and Pacific ethnicity criterion is not special treatment. It is a small correction in a system that has already caused and maintained unequal diabetes outcomes.

9. Pharmac claims this proposal will "widen access",[21] but that is not true. Lowering the five-year cardiovascular risk threshold from 15% to 10% would widen one criterion, and that is a good change. But at the same time, Pharmac proposes to remove another criterion: Māori and Pacific ethnicity. This is wrong. Widening one criterion should not come at the expense of Māori and Pacific health and lives.

10. Pharmac must not go ahead with its proposal to remove the Māori and Pacific ethnicity criterion from the Special Authority access criteria for diabetes medicines.

[1] Pharmac, *Proposal to amend the Special Authority access criteria for type 2 diabetes medicines*, 14 May 2026 https://www.pharmac.govt.nz/news-and-resources/consultations-and-decisions/2026-05-proposal-to-amend-the-special-authority-access-criteria-for-type-2-diabetes-medicines.

[2] Note 1.

[3] Health New Zealand | Te Whatu Ora webpage "Diabetes complications" https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/conditions/diabetes/diabetes-complications.

[4] Note 1, "Within the New Zealand population, the prevalence of Type 2 diabetes in Māori and Pacific populations is estimated to be around three times higher than among other New Zealanders".

[5] Note 1.

[6] Pharmac, *Decision to fund two new medicines for type 2 diabetes*, 29 January 2021 https://www.pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-to-fund-two-new-medicines-for-type-2-diabetes.

[7] Te Tiratū IMPB, *Hauora Māori Priorities Summary Report*, 30 September 2024, pp.34-35 - Waikato Māori diabetes, cardiovascular, COPD, renal failure, lower-limb amputation and respiratory hospitalisation data. https://tetiratu.co.nz/2024/09/30/hauora-maori-priorities/, Te Tiratū IMPB, *Health Profile Volume 1: Key Indicators*, 26 April 2024 - Waikato Māori all-cause mortality, potentially avoidable mortality, diabetes, COPD, ischaemic heart disease, deprivation, housing and primary care enrolment data. https://tetiratu.co.nz/2024/04/26/te-tiratu-impb-health-profile-vol-1-key-indicators/, Ministry of Health, *Tatau Kahukura: Māori Health Chart Book 2024*, 4th edition, p.48 - national Māori diabetes prevalence and complications: renal failure with concurrent diabetes and lower limb amputation with concurrent diabetes and pp.39-41 and p.68 - national cardiovascular disease and prescription access indicators, including higher Māori cardiovascular disease burden and higher adult unmet prescription access due to cost. https://www.health.govt.nz/system/files/2024-12/tatau-kahukura-maori-health-chart-book-2024-v4.pdf.

[8] See for example Waitangi Tribunal, *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*, Wai 2575, 2019, released with final recommendations in 2021 https://www.waitangitribunal.govt.nz/en/inquiries/kaupapa-inquiries/health-services-and-outcomes; BPAC NZ, "Improving Māori Health", *Best Practice Journal*, Issue 13, May 2008, pp 7–9 https://bpac.org.nz/bpj/2008/may/docs/BPJ13.pdf; Medical Council of New Zealand, *Best Health Outcomes for Māori: Practice Implications*, resource booklet prepared by Mauri Ora Associates, 2008 https://www.indigenouspsych.org/Resources/Best_Health_Outcomes_for_Maori.pdf; Nikki Sheridan, Te Kani Kingi Waaka, David Rewi and Janet Gage, "Hauora Māori – Māori health: a right to equal outcomes in primary care", *International Journal for Equity in Health*, 2024 https://pmc.ncbi.nlm.nih.gov/articles/PMC10898093/.

[9] Pharmac "PHARMAC to fund new diabetes medicines with amended Special Authority criteria" (21 December 2020) *Pharmac Te Pātaka Whaioranga* https://www.pharmac.govt.nz/news-and-resources/news/pharmac-to-fund-new-diabetes-medicines-with-amended-special-authority-criteria.

[10] Ryan Paul, Rawiri Keenan, Mark Rodrigues, Leanne Te Karu, Penny Clarke, Rinki Murphy, Timothy Kenealy, Joseph Scott-Jones, Allan Moffitt, Ross Lawrenson and Lynne Chepulis, "Inclusion of ethnicity in Special Authority criteria improves access to medications for Māori and Pacific peoples with type 2 diabetes", *New Zealand Medical Journal*, vol 136, no 1574, 28 April 2023, pp 93–97. https://nzmj.org.nz/media/pages/journal/vol-136-no-1574/inclusion-of-ethnicity-in-special-authority-criteria-improves-access-to-medications-for-maori-and-pacific-peoples-with-type-2-di/eabc147742-1696476528/inclusion-of-ethnicity-in-special-authority-criteria-improves-access-to-medications-for-maori-and-pacific-peoples-with-type-2-di.pdf, Lynne Chepulis and others "Real world initiation of newly funded empagliflozin and dulaglutide under special authority for patients with type 2 diabetes in New Zealand" (2025) 25 *BMC Health Services Research* 433, https://pmc.ncbi.nlm.nih.gov/articles/PMC11938655/.

[11] Andy Fyers, "Treaty of Waitangi: What was lost", *Stuff*, 2 August 2018 https://www.stuff.co.nz/national/104100739/treaty-of-waitangi-what-was-lost; Stuff, "Treaty of Waitangi: What was lost" and facebook video about the story https://www.facebook.com/watch/?v=10156707619059268; Te Rau Ora, *Ka Whawhai Tonu Mātou: Whenua / Land*, 2019 https://terauora.com/wp-content/uploads/2022/04/KWTM_Whenua_Land-12019.pdf; Alan Ward, *National Overview*, Waitangi Tribunal Rangahaua Whānui Series, vol II, 1997, p 248 https://www.waitangitribunal.govt.nz/assets/Rangahaua-whanui/NATIONAL-OVERVIEW/NatO2.pdf; Manatū Taonga | Ministry for Culture and Heritage, "Māori land loss, 1860–2000", *NZ History*, updated 21 April 2021 https://nzhistory.govt.nz/media/interactive/maori-land-1860-2000; *Whenua: Our Land, Our History*, *New Zealand Herald*, 24 July 2024 https://www.nzherald.co.nz/nz/whenua-interactive-the-history-of-how-new-zealand-land-moved-out-of-maori-ownership-use-our-map-to-search-your-area/AK3CEOK5QVGYLE6MO5UGI4H5ZA/; *Koha — Raupatu, The Loss of Land*, Television New Zealand, 1984, available at NZ On Screen https://www.nzonscreen.com/title/koha-raupatu-the-loss-of-land-1984; Arielle Kauaeroa Monk and Christian Heinegg, "Inside the Land March", *New Zealand Geographic*, issue 177, September–October 2022 https://www.nzgeo.com/stories/inside-the-land-march/.

[12] See for example: Deed of Settlement of Historical Claims between Ngāti Pāhauwera and the Crown, 17 December 2010, cls 2.18–2.19 https://www.govt.nz/assets/Documents/OTS/Ngati-Pahauwera/Ngati-Pahauwera-Deed-of-Settlement-17-Dec-2010.pdf; Ngāti Whātua o Kaipara Claims Settlement Act 2013, Preamble, especially subs (9)–(10) https://www.legislation.govt.nz/act/public/2013/0037/latest/DLM4653014.html; Te Aupouri Claims Settlement Act 2015, Preamble, especially subs (4)–(7) https://www.legislation.govt.nz/act/public/2015/0077/latest/whole.html.

[13] See for example: Waikato-Tainui Raupatu Claims (Waikato River) Settlement Act 2010, Preamble, especially subs (3)–(7) https://www.legislation.govt.nz/act/public/2010/0024/latest/DLM1630003.html; Manatū Taonga | Ministry for Culture and Heritage, "Land confiscation law passed", *NZ History*, updated 3 December 2025 https://nzhistory.govt.nz/land-confiscation-law-passed.

[14] See for example: Heretaunga Tamatea Claims Settlement Act 2018, s 8(4) https://www.legislation.govt.nz/act/public/2018/0014/latest/DLM7317729.html; Manatū Taonga | Ministry for Culture and Heritage, "Native Land Court created", *NZ History*, updated 30 October 2025 https://nzhistory.govt.nz/page/native-land-court-created.

[15] See for example: Catherine Marr, *Public Works Takings of Māori Land, 1840–1981*, Waitangi Tribunal Rangahaua Whānui Series, 1997 https://www.waitangitribunal.govt.nz/assets/Rangahaua-whanui/THEME/Theme-G-Marr-Public-Works.pdf; Tom Bennion, *Māori and Rating Law*, Waitangi Tribunal Rangahaua Whānui Series, 1997 https://www.waitangitribunal.govt.nz/assets/Rangahaua-whanui/THEME/Theme-I-Bennion-Rating.pdf.

[16] Mason Durie, *Whaiora: Māori Health Development*, Oxford University Press, 1994.

[17] See for example: Russell R M Thom and Arthur Grimes, "Land loss and the intergenerational transmission of wellbeing: The experience of iwi in Aotearoa New Zealand", *Social Science & Medicine*, vol 296, 2022 https://www.sciencedirect.com/science/article/pii/S0277953622001101; Jason Reid, Kiriana Varona, Hēmi Fisher and Ngāi Tahu Research Centre, "Understanding Māori 'lived' culture to determine cultural connectedness and wellbeing", University of Canterbury, 2016 https://www.canterbury.ac.nz/content/dam/uoc-main-site/documents/pdfs/reports/ntrc-contemporary-research-division/Understanding-Maori-%C3%A2__lived%C3%A2__-culture-to-determine-cultural-connectedness-and-wellbeing.pdf.

[18] Felicia Hill-Briggs, Nancy E Adler, Seth A Berkowitz, Marshall H Chin, Tiffany L Gary-Webb, Ana Navas-Acien, Pamela L Thornton and Debra Haire-Joshu, "Social Determinants of Health and Diabetes: A Scientific Review", *Diabetes Care*, vol 44, no 1, 2021, pp 258–279 https://pmc.ncbi.nlm.nih.gov/articles/PMC7783927/; Centers for Disease Control and Prevention, "Diabetes and Food Insecurity", 15 May 2024 https://www.cdc.gov/diabetes/healthy-eating/diabetes-food-insecurity.html; American Diabetes Association, "Food Insecurity and Diabetes" https://diabetes.org/food-nutrition/food-insecurity-diabetes.

[19] Diabetes New Zealand, "Diabetes & Stress" https://www.diabetes.org.nz/managing-diabetes-stress; Centers for Disease Control and Prevention, "Diabetes and Mental Health", 15 May 2024 https://www.cdc.gov/diabetes/living-with/mental-health.html.

[20] Note 8.

[21] Note 1.