S12.01	**Natural Health Products Bill (324-1)**
Oral submission	**Submission to the Health Committee**
Date	**7 March 2012**

Committee Members

Chair: **Dr Paul Hutchison**, National; Deputy Chair: **Dr Jackie Blue**, Labour; **Shane Ardern**, National; **Dr Cam Calder**, National; **Mojo Mathers**, Green: **Moana Mackey**, Labour; **Iain Lees-Galloway,** Labour; **Barbara Stewart**, NZ First; **Hon Maryan Street,** Labour; **Dr Jian Yang,** National.

Good morning. My name is Judy Whitcombe; I am a member of the National Council of Women Parliamentary Watch Committee and my colleague is Helen Reilly, a member of that committee.

Our written submission was prepared by the convener of the Consumer Affairs Standing Committee of the National Council of Women and the Parliamentary Watch Committee.

NCWNZ supports the direction and intent of this Bill and the feedback from members indicates that its arrival is long overdue. In 2010 NCWNZ had made a submission supporting the proposals in the Consultation Paper (which had contained 32 questions), and now in 2012 we are pleased that the legislation has been drafted.

Part 1

The definition of a natural health product (cl. 6) is comprehensive. However, to establish the prohibited methods of administration mentioned in subsection (1) (a)(iv) it is necessary to read subsection 3. This may cause some confusion.

While the Bill states that "to bring about a health benefit" (cl. 6 (1) (ii)) our submission made the point that the "health benefits should be limited to low level claims" and that the application should be for "minor illnesses".

The regulatory regime proposed – The Regulatory Authority (cl.8), Advisory Committee (cl.10) and the Database (cl. 11) and the requirement that the sponsor must be resident in NZ (cl. 12) should ensure the clear and transparent operation of the Act.

Part 2

There are further points made in the submission that we would like to expand upon:

- Some members had expressed concern that some practitioners, such as Rongoā Māori practitioners, would be exempted from notification and manufacturing requirements. Exemptions for

  > "any natural health product that is made by a practitioner to be administered to a particular person after being requested by or on behalf of that person to use the practitioner's own judgement as to the treatment required"

  Are outlined in cl. 13 (6) and cl.28 (2)
  This raises the question "How many individual requests would be covered by that exemption?" Could the practitioner be treating several people as individuals?

- Clause 13 addresses the product notification required before distribution. Here there was concern that health products may be imported and distributed without meeting the requirements - although the sponsor must be a resident in New Zealand (cl. 12) The powers of the Regulatory Authority and the regulation process set out in Part 2 should ensure that there is adequate inspection of imported products. However this inspection would need to be

ongoing to ensure consistency in the products which are imported. Each importation would require inspection.

- Our submission makes reference to Clauses 22 and 23 which cover new ingredients. However the responsibilities of the Authority, as outlined, should ensure that adequate assessment is carried out.

- It is in the issue of Labelling (cl. 24) where the most concern from our members was registered.
  The Regulations are addressed in cl. 47 with the requirements for the labelling of natural health products in section (1) (f).
  (f) prescribing requirements for the labelling of natural health products

  It is to be hoped that the points regarding labelling which are made in our submission - such as: clearly readable labels, generic measurements, clear dating and with appropriate warnings, are also addressed. And it will be important to ensure that there is a clear English language version of this information.

- Another concern here would be the recommended dosage. In some cases there are limits above which a natural health product can become a medicine. The Bill does not make clear the interface between Natural Health Products and Medicines – which are covered by the Medicines Act 1981 and the Medicines Regulations 1984. The overlap needs to be clear and understandable. eg the recommended daily dose.

- The sanction and penalties (clauses 36 to 40) are supported and, as stated in the submission, monitoring will be essential.

- Another point which we would like to reinforce is the need for a public education campaign to ensure that the industry and the consumer are fully informed of the changes.

Summary

While NCWNZ is supportive of the changes proposed in the legislation, we would stress again the importance of monitoring and enforcement.

While the regulatory regime as set out in Part 2 of the Bill is most comprehensive, the submission makes reference to "robust monitoring and enforcement" to ensure compliance.
Here we would stress the importance of **adequate resourcing of the monitoring agencies** to ensure that the agencies can meet their responsibilities, and the **need for a complaints service** to provide consumers with a mechanism to report their concerns.

Thank you for the opportunity to expand on the NCWNZ submission.

COMMENTS & QUESTIONS

1. **Maryan Street**: That was great. Some good points were made. Thank you for a very clear submission
2. **Chair Paul Hutchison**
   You mentioned that each importation would require inspection. Could that not be overcome by using a spot-auditing régime, good manufacturing practices and appropriate licensing arrangements?

   Judy Whitcombe (PWC)
   Yes. If an importer was bringing in batches and did not know when they were going to be inspected, spot-auditing would cover that.

3. **Cam Calder**
   Do you think it would be keeping a close eye on the importation process would ….?

   Judy Whitcombe (PWC) Yes

4. **Chair Paul Hutchison**
   The other thing you emphasises was the labelling the products. What precisely did you envisage?

   Judy Whitcombe (PWC)
   We are relaying what came in from the provinces and that was a point that our members made and we thought that we should bring it to your attention this morning – that we should reinforce the point.

5. **Chair Paul Hutchison**
   Are you pointing out that it is important to make clear information available [on the label] for each product?

   Judy Whitcombe (PWC)
   Yes

Some points from the earlier submission made by the **NZ Health Trust & New Health NZ.** Their submitter did not speak clearly and much of what she said was inaudible. However, the website should provide more information regarding the organisation's views.
http://www.nzhealthtrust.co.nz/documents.html

1. The Bill as it is currently worded needs improving.
2. There needs to be a common-sense approach to the marketing and business aspects involved.
3. The Committee should ensure there is no financial interest in the industry regarding the Bill.
4. The Bill locks in processes which could result in stifling innovation. She used an example of a company producing honey-based products.
5. An official natural health products commission would be unworkable.
6. There is a fine line between natural health products and food. Under the proposed legislation a food could be marketed as a health product.
7. The definition of a natural health product, in the Bill, is unnecessarily restrictive in its scope.
8. The definition of health products ingredients is inadequate.
9. The organisation does not believe that the schedule is a comprehensive list.
10. The organisation supports the idea of having a prohibited list but, as yet, there is no process outlined for removing a product from the prohibited list as new scientific research emerges. There needs to be a clear process in the legislation for adding or removing a product from the prohibited list.
11. The 90 working days permitted for a manufacturer to advise the authority of a new product is unworkable for a business.
12. The definition of health benefits is too limited. It does not extend to the treatment of restoration in health benefit claim. If a company has evidence to support it, then the definition should be widened to include health restoration.
13. The definition, in the Bill, of a serious condition is unclear and there needs to be a quality measurement in the definition.
14. The notification process will involve significant costs and there should be an opt-in process available.
15. There needs to be more clarity about the claims and recall processes, the manufacturing code and auditing.

Her long submission drew comments and questions from Maryan Street and Cam Calder.