

9 June 2026

NZGA Authorisation Application Submission

Endometriosis New Zealand

1. Endometriosis New Zealand is New Zealand's national endometriosis organisation. As a registered charitable trust, our purpose is to improve the lives of those with endometriosis through providing support, advocacy, research, information, education and awareness.
 2. Endometriosis is a common, yet frequently under-recognised chronic disease estimated to affect at least 120,000 New Zealanders. Some patients experience chronic pain and symptoms that have a big impact on their daily life.
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Submission

3. Endometriosis New Zealand welcomes the opportunity to comment on the New Zealand Gynaecology Association's application for authorisation and interim authorisation.
4. We recognise that the New Zealand Gynaecology Association Inc (NZGA) is seeking authorisation to collectively negotiate with Southern Cross Health Insurance and hospitals. However, Endometriosis New Zealand does not take a position on the commercial arrangements between Southern Cross, hospitals and gynaecologists, or on the competition law issues associated with collective bargaining.
5. Endometriosis New Zealand's interest is in ensuring that any future contractual framework supports patient access to the best possible endometriosis care.
6. It is for the Commission to judge whether authorising NZGA's application may have public benefits that outweigh a decrease in competition in the sector. This submission can assist to provide context for that.
7. Patient access to high-quality specialist care is particularly important where complex endometriosis surgery is required. Whatever contractual framework is adopted between Southern Cross, hospitals and gynaecologists, it must not create incentives that disadvantage patients with complex disease.
8. In some cases, the full complexity of a patient's condition may only become clear during surgery. Endometriosis New Zealand is concerned about any model that could

create incentives to avoid complex surgical cases, split procedures that could safely and appropriately be carried out together, reduce access to experienced endometriosis surgeons, or limit patient choice.

9. Any coding framework or funding arrangements must include mechanisms for complex and unpredictable cases, intraoperative findings and exceptions.
 10. Patient choice should be protected, particularly access to clinicians with recognised expertise in complex endometriosis.
 11. Any reduction in capacity in the private system threatens to put additional pressure on the already-stretched public system. A reduction in private capacity or specialist availability may be felt more sharply outside major centres where shortages are already acute.
 12. Endometriosis NZ does not take a fixed view on the contractual framework between the parties, or on the competition law issues associated with collective bargaining, provided patient access to treatment and care is maintained or improved.
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