



PATIENT REFERRAL POLICY

2026

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1. Purpose

This Policy explains how Te Marae Ora, the Ministry of Health (TMO), transfers and refers eligible patients for treatment — whether that means moving a patient from a Pa Enea (Outer Island) to Rarotonga, or referring a patient from Rarotonga to New Zealand or another country.

It sets out who is eligible, what TMO pays for, how a referral is activated, who is responsible for each step, and what happens once treatment is complete.

2. Legislative Basis

This Policy is made under the Ministry of Health Act 2013 (“the Act”). The table below shows which sections of the Act give TMO the authority to do what this Policy describes.

Section	What it authorises
Section 7	Gives the Ministry general powers to provide health services, including requiring patients to pay or reimburse the cost of services (section 7(3)).
Section 8	Gives the Head of Ministry the power to develop rules, operating procedures and guidelines, including this Policy.
Section 13	Authorises the Ministry to manage and implement schemes for referring eligible patients for treatment within the Cook Islands or overseas. Section 13(4) sets out the grounds on which criteria, restrictions or reimbursement obligations may be imposed, including where alcohol, drug use or illegal behaviour contributed to the need for referral (section 13(4)(c)).
Section 33	Authorises TMO to create the forms used to administer patient referrals.

Note: No one is denied access to medical care or referral because of an alcohol-related incident. Section 13(4)(c) allows TMO to recover costs in these situations — it does not allow TMO to withhold treatment.

3. Definitions

These terms are used throughout this Policy.

Term	Meaning
Pa Enea	The Outer Islands of the Cook Islands, as distinct from Rarotonga.
Domestic Transfer	A referral from a Pa Enea health facility to Rarotonga Hospital or Oral Health Services.
International Referral	A referral from Rarotonga to a hospital or clinic in New Zealand or another approved country.
Resident Cook Islander	A person of Cook Islands Polynesian descent (or a descendant of one) who has lived continuously in the Cook Islands for more than one year and permanently resides here.
Permanently Returning Cook Islander	A Cook Islander returning to live permanently in the Cook Islands, confirmed by an MFAI passport stamp and evidence of the cancellation or lapse of their overseas residency. A standard stand-down period of six months applies

Term	Meaning
	before referral eligibility begins, unless the Secretary of Health approves a shorter period based on documented evidence of permanent return (see section 5).
Permanent Resident	A person holding Permanent Resident status under Article 76A of the Cook Islands Constitution, who permanently resides in the Cook Islands.
Contract Expatriate Worker	A person employed in the Cook Islands on a work permit or contract basis, who has completed six months of continuous employment, confirmed in writing by their employer.
Visitor	A person in the Cook Islands for a temporary period, including on holiday, who is not a resident, permanent resident or eligible contract worker.
Officer In-Charge	The referring doctor, nurse practitioner or registered nurse who is responsible for a health facility in the Pa Enea and who confirms that a patient needs further management in Rarotonga.
Accepting Officer / Accepting Doctor	The medical consultant at Rarotonga Hospital, Oral Health Services, or the receiving hospital in New Zealand, who accepts clinical responsibility for the patient.
Nominated Support Person	One person chosen by the patient (or, where the patient cannot decide, by their family) to accompany them and to make decisions on their behalf during travel and treatment. This may be a spouse, parent, sibling, guardian, other relative, or another trusted person — TMO does not restrict who a patient may nominate, provided that person is able to make decisions on the patient's behalf.
Infirm and Destitute	A patient registered with, and managed through, the Cook Islands Ministry of Internal Affairs.
Chronic Disability	A condition where a person's disability limits their ability to earn an income.
MANSEMSFUL Test	The observation-based test police use to assess intoxication when a laboratory test is not available (see Appendix B).

4. Scope and Eligibility

To be eligible for a TMO-funded referral, a patient must be registered in the TMO patient information system (Med Tec) and fall into one of the following groups.

4.1 Who is covered

- Resident Cook Islanders.
- Permanently Returning Cook Islanders and their family (see Definitions).
- Permanent Resident Certificate holders.
- Contract Expatriate Workers who have completed six months of continuous employment in the Cook Islands.

All eligible patients must also be approved by the Secretary of Health and the Patient Referral Committee. This includes referrals recommended as a specialist private referral, an approved self-referral, or an approved follow-up specialist treatment.

4.2 Who is not covered

- Non-Cook Islanders on a work permit or temporary permit who have not yet completed six months of continuous residence and employment.
- Visitors and tourists to the Cook Islands.
- Cook Islanders permanently residing overseas.

Patients in these categories are responsible for all their own healthcare costs.

4.3 NZ citizenship and overseas treatment costs

Only patients who hold New Zealand citizenship qualify for free public health services in New Zealand. A patient who does not hold NZ citizenship is liable for all medical, hospital and personal costs (accommodation, transport, pharmaceuticals, laboratory tests, meals and similar costs) in New Zealand or another country.

TMO may still fund a one-way or return airfare for a patient who does not hold NZ citizenship. This will be approved where:

- the referral is clinically urgent and cannot reasonably wait; and
- the patient has no other source of funding available (for example, health insurance or an employer travel benefit); and
- the Secretary of Health has confirmed, in consultation with the Patient Referral Committee, that funding the airfare is the only practical way to get the patient to appropriate care.

4.4 Follow-up referrals

TMO funds one follow-up referral for the same medical condition. Where a patient needs more than one follow-up referral that cannot be provided within the Cook Islands, TMO will fund it if:

- the treating specialist has confirmed in writing that the further follow-up is medically necessary; and
- the Patient Referral Committee has recommended approval and the Secretary of Health has confirmed it.

Where approved, the patient will meet the cost on a 50/50 cost-sharing basis with TMO. This cost-sharing arrangement applies only to Cook Islanders, Permanent Resident Certificate holders and New Zealand passport holders. Where a patient is registered as infirm and destitute with the Ministry of Internal Affairs, TMO may meet the full cost instead, on the recommendation of the Patient Referral Committee.

5. Governance and Decision-Making

This section sets out who is responsible for deciding whether a referral goes ahead, so that the process is consistent and transparent.

5.1 The Patient Referral Committee

The Patient Referral Committee (PRC) reviews referral recommendations against the criteria in this Policy and makes a recommendation to the Secretary of Health. Its members are:

- the Accepting Doctor at Rarotonga Hospital;
- the Chief Medical Officer;

- the Chief Nursing Officer;
- the Director of Hospital Health Services;
- the Manager Finance, who confirms budget and cost information to support the Committee’s clinical decisions;
- the Patient Referral Coordinator;
- the Director of Primary Health Care; and
- the Director of Oral Health.

Any PRC member who is unavailable may nominate a delegate to attend and vote in their place.

5.2 Advisors to the Committee

The following provide specialist advice to the Committee but are not voting members. The Committee makes the final decision on any recommendation they provide:

- health specialists;
- the Air New Zealand MEDA (Medical Information for Air Travel) service; and
- the New Zealand Patient Referral Officer or their delegate.

5.3 Role of the Secretary of Health

The Secretary of Health (SOH) gives final approval for a referral once the Patient Referral Committee has made its recommendation. Where this Policy allows the SOH discretion — for example, funding an airfare for a non-NZ-citizen, or approving additional follow-up referrals — that discretion is exercised against the specific criteria set out in the relevant section of this Policy, in consultation with the Committee.

5.4 Urgent referrals

Where a referral is clinically urgent and there is no time to complete the usual written process, the Secretary of Health (or, in their absence, the delegated Director) may give verbal or text-message approval so the patient can travel immediately. Written confirmation from the Patient Referral Committee must follow within two working days of the verbal approval.

6. What This Policy Covers

6.1 Referral pathways

This Policy covers three referral pathways, provided the patient meets the eligibility criteria in section 4:

1. Domestic transfer — from a Pa Enea to Rarotonga.
2. International referral — to a public hospital in New Zealand, or to a private clinic in New Zealand only where the Secretary of Health has approved this in advance (for example, because no public alternative is available within a clinically appropriate timeframe).
3. Referral to another country, where approved by the Secretary of Health in consultation with the Patient Referral Committee.

6.2 What TMO pays for

- Return airfares or sea passage.
- Oxygen, stretcher and airline call-out fees, where medically required.
- Ambulance costs, where applicable.

TMO sources the most economical airfare or sea passage available. These costs are not covered where the referral is alcohol-related — see section 8 for the cost-sharing rules that apply instead.

6.3 What TMO does not pay for

TMO does not cover a referral that a patient, or their private GP, arranges privately — including where a patient becomes unwell during a private overseas visit — without going through TMO. The Secretary of Health may grant an exception, in consultation with the Patient Referral Committee, where the patient can show the private referral was necessary because TMO could not provide the required care within a clinically appropriate timeframe.

6.4 Travelling for treatment: general conditions

- Patients and escorts should travel with minimal personal luggage. Any additional luggage is the responsibility of the patient's nominated support person.
- No duty-free allowance applies to referred patients or their medical escorts.
- No food or other item that may require biosecurity clearance may be carried, to keep the transfer through customs and into hospital care as quick as possible.
- A patient who is too unwell to travel unaccompanied will be provided with an escort, as confirmed on the MEDA (Medical Information for Air Travel) form.

6.5 Returning to the Cook Islands

A referred patient must return within three months of being discharged and medically cleared. If a patient chooses to remain overseas beyond this period, TMO support ends at the three-month mark. Full details of the return process are in section 12.

6.6 Reimbursing TMO for additional costs

Where a referral involves arrangements that create additional costs requiring reimbursement to TMO, repayment must be agreed and signed before departure. Where there is no time to arrange this before an emergency departure, the patient or their nominated support person must sign a written guarantee of reimbursement as soon as possible after departure. A repayment schedule can be arranged where needed.

7. Types of Referral

7.1 Domestic Transfer (Pa Enuā to Rarotonga)

A domestic transfer applies where a patient needs secondary or tertiary care, or approved elective surgery, at Rarotonga Hospital or Oral Health Services in Tupapa, and is eligible under section 4.

7.2 International Referral (Rarotonga to New Zealand or another country)

An international referral applies where a patient needs tertiary care that cannot be provided in the Cook Islands, and is eligible under section 4. The general activation process in section 10 applies to both domestic and international referrals, with the differences noted in that section.

8. Accompanying Persons

These rules on who may accompany a patient apply consistently across all referral types — domestic transfers, international referrals and alcohol-related referrals.

Patient category	Who may accompany them
Patient aged 16 or under (including a student in school up to age 18)	May be accompanied by one nominated support person able to make decisions on the child's behalf.
Patient aged 65 or over	May be accompanied by one nominated support person able to make decisions on the patient's behalf.
Dependent child or infant (up to 4 years)	May accompany the patient. Where one twin is referred, the other twin (up to 4 years) may travel with the mother.
Infirm and destitute patient	TMO will fund return travel for the patient and one nominated support person able to make decisions on the patient's behalf.
Patient with a chronic disability	May be accompanied by one nominated support person where the referring doctor confirms an escort is needed.

In every case, TMO does not restrict who a patient nominates as their support person — the only requirement is that this person is able to make decisions on the patient's behalf during travel and treatment.

8.1 Accommodation allowance for Pa Enua patients

Where a Pa Enua patient (or their nominated support person) is discharged as an inpatient and is waiting to return home, or is receiving outpatient care approved by the Accepting Doctor, TMO pays an accommodation allowance of \$20 per day on Rarotonga. This is paid on presentation of supporting documentation to the Patient Referral Coordinator.

9. Alcohol-Related Referrals

This section applies wherever a referral — domestic or international — arises from an alcohol-related incident, such as a motor vehicle crash. It brings together the cost-sharing rules that apply in this situation, whichever pathway the patient is referred through.

9.1 How intoxication is determined

Intoxication is assessed from Police and medical reports. Where a laboratory test is not available, TMO uses the MANSEMSFUL test (see Appendix B).

9.2 Cost liability

- Chartered flight or flight diversion for an emergency domestic transfer, including air ambulance services: the patient is liable for 50% of the cost.

- Rarotonga Hospital user charges: full payment by the patient.
- One-way airfare Rarotonga–Auckland for the patient and any medical or nursing escort, oxygen, ambulance transfers, and airline call-out fees: the patient is liable for 50% of the cost.
- A daily allowance of \$200 for a medical or nursing escort, to be paid before departure.
- All-related inpatient hospital fees at Rarotonga Hospital, where the patient caused a motor vehicle crash: full payment by the patient.

The patient and/or their nominated support person must meet all costs described above. Payment must be arranged and cleared before departure, except in emergencies, where a repayment schedule can be arranged instead (see section 6.6).

9.3 Where the patient was not at fault

If the patient was not directly responsible for the crash or incident, cost recovery is handled as a civil matter rather than through this Policy. A medical report is available to the patient, at a cost, to support their claim. TMO will also provide a copy of the costs incurred to the Crown Law Office and the Cook Islands Police Prosecution for recovery purposes.

9.4 Pa Enea accommodation allowance

The \$20 per day Pa Enea accommodation allowance described in section 8.1 continues to apply to alcohol-related domestic referrals.

10. Medical and Nursing Escorts

A medical or nursing escort travels with a patient who is assessed as too unwell to travel unaccompanied. Escorts are recommended by the referring or accepting doctor and confirmed by the Patient Referral Committee.

10.1 Requirements for escorts

- Must hold a current annual practising certificate and an advanced life support certificate. TMO maintains a pool of currently certified escorts and confirms an escort's certification is current before departure.
- Must provide safe and appropriate care to the patient throughout the transfer.
- On an international flight, the escort must be seated next to the patient, with no other passenger seated between them.
- The escort's role ends when the flight lands in New Zealand — there is no clinical handover at the airport. The escort returns to their place of work on the first available flight (see section 13.1 for what happens to the patient after landing).

In most cases, an escort is drawn from the staff pool on Rarotonga. In rare cases, a nurse or doctor from the Pa Enea may be needed to accompany a patient.

10.2 Escort payments

These payments serve different purposes and are not directly comparable — the table below sets out what each one covers.

Payment	Rate	What it's for
Domestic (Pa Enea accommodation allowance)	\$20 per day	Patient or nominated support person, while waiting on Rarotonga after discharge.
Domestic — private or insurance-funded referral	\$350 (flat rate)	Medical or nursing escort travelling to Rarotonga with a Pa Enea patient referred under a private or health insurance scheme.
International — private or insurance-funded referral	\$500 per day	Medical or nursing escort travelling with a patient referred to New Zealand under a private or health insurance scheme.

A standard daily per diem, as set out in the latest TMO Human Resources Personnel Policies and Procedures Manual, is also paid to Pa Enea-based escorts, based on the confirmed length of the trip. This is paid before departure. If the escort's stay is extended beyond the confirmed period for reasons outside their control, TMO will pay the additional days on presentation of supporting documentation. Any unused per diem must be returned to TMO.

11. Referral Process

The steps below apply to activating both domestic and international referrals. Differences between the two pathways are noted where they occur.

11.1 Domestic transfer (Pa Enea → Rarotonga)

4. The Officer In-Charge on the island consults with the Accepting Officer, Chief Medical Officer or Director at Rarotonga Hospital or Oral Health, and presents the patient's history, clinical findings, diagnosis and reason for referral.
5. Based on this clinical picture, the Accepting Officer or CMO/Director activates the referral.
6. The Officer In-Charge tells the patient about the referral, completes the referral form and referral letter, and emails all documentation to the Patient Referral Coordinator.
7. The CMO, Director of Hospital Health Services or Director of Oral Health confirms with the Accepting Officer everything needed to transfer the patient safely.
8. The Patient Referral Coordinator arranges the logistics and ensures all documentation is scanned and emailed as needed.
9. The Secretary of Health gives final approval.

11.2 International referral (Rarotonga → New Zealand or another country)

1. The referring doctor consults with the Accepting Officer in New Zealand and presents the patient's history, clinical findings, diagnosis and reason for referral.
2. The Accepting Officer decides whether to accept the patient, based on the clinical picture and any further information requested.
3. The referring doctor tells the patient about the referral and completes the referral form.
4. The Patient Referral Coordinator arranges the logistics and ensures all documentation is scanned and emailed as needed.

5. The Secretary of Health gives final approval.

Note: Urgent referrals follow the process in section 5.4: verbal or text-message approval, followed by written confirmation from the Patient Referral Committee within two working days.

12. Roles and Responsibilities

Once a referral is activated, the following people are each responsible for specific steps.

12.1 Officer In-Charge / Referring Doctor

- Completes the Patient Referral form and organises the patient's signature on the Patient Consent form.
- Prepares the referral letter to the Accepting Officer.
- For international referrals, also completes the Air New Zealand MEDA form and consults the Air New Zealand Medical Office duty doctor where needed.
- Confirms the patient has what they need to travel — see the Documents Checklist in Appendix A.

12.2 Accepting Doctor

- Confirms acceptance of the referral (by email or phone for international referrals).
- Informs the Patient Referral Committee and Patient Referral Coordinator, so travel arrangements can begin.
- Informs the Charge Nurse, Outpatient Emergency Department and relevant ward(s) of the referral.
- Informs the Chief Medical Officer and Chief Nursing Officer (or Director of Hospital, or Oral Health) if an escort is required.

12.3 Patient Referral Coordinator

- Coordinates travel arrangements — airfare, charter, sea passage or ambulance services, as needed.
- For international referrals, collects the patient's passport for verification (and, where a current passport is not available, advises the family to urgently apply for one).
- Confirms an appropriate escort has been identified, where required, and that the escort's per diem is paid before departure.
- Sends the completed Patient Referral form to the Secretary of Health for final approval.
- Tells ambulance drivers and the Outpatient Emergency Department Charge Nurse the patient's expected arrival time.
- Maintains the database of all patient referrals.
- Liaises with the patient about the Pa Enea accommodation allowance, where it applies.
- For international referrals, also provides the patient with the New Zealand Patient Referral information pamphlet and a checklist for Work and Income financial assistance, and forwards documentation to the travel agent and the New Zealand-based Patient Referral Officer.

12.4 Finance Officer

Processes payment of airfares, sea passage and accommodation allowances on receipt of:

- an invoice;

- the completed and authorised Patient Referral form;
- a completed and authorised works order; and
- (where applicable) a discharge summary from the Accepting Doctor, or a death certificate.

Where a patient has met their own travel costs, the Finance Officer processes reimbursement on receipt of a letter of recommendation from the referring doctor, approval from the Secretary of Health, the completed Patient Referral form, and the patient's e-ticket.

13. Repatriation and Return

13.1 Arrival in New Zealand

TMO's medical or nursing escort accompanies the patient only as far as the aircraft — their responsibility ends once the flight lands. There is no TMO-arranged reception process at the airport, and no formal handover to hospital staff there.

- Where a patient's condition requires it, they are collected by ambulance on arrival and taken directly to hospital.
- Where a patient does not need immediate hospital care, they make their own way from the airport — to family or friends in Auckland or elsewhere in New Zealand, or to rented accommodation if no family or friends are available.
- From this point, it is the patient's (or their nominated support person's) responsibility to get to their appointments with the Accepting Officer and to navigate the New Zealand health system.

Note: Cook Islanders hold New Zealand citizenship — there is no separate Cook Islands citizenship — so most patients referred to New Zealand are entitled to publicly funded healthcare there. Section 4.3 covers the less common situations where a referred patient does not hold NZ citizenship, and section 6.2 sets out what travel costs TMO covers; this policy does not cover accommodation or living costs in New Zealand.

13.2 Medical clearance and return travel

1. The Accepting Officer provides a discharge summary and, once all follow-up appointments are complete, medical clearance to the patient and their nominated support person.
2. The patient (or their nominated support person) informs the Patient Referral Coordinator of their medical clearance and provides a copy of their records.
3. The Patient Referral Coordinator confirms travel arrangements with the patient, arranges the return airfare or sea passage, forwards documentation to Finance, and records the return in Medtech.
4. The patient must return to the Cook Islands within three months of being discharged and cleared by their specialist or hospital.

Note: A patient who is not discharged or medically cleared, and who chooses to travel home anyway, is responsible for their own travel costs. If they later need referral again for the same condition, TMO will expect the patient to pay the transfer cost. TMO remains responsible for a patient's final repatriation once a discharge summary or medical clearance is received — or, in an urgent situation requiring earlier return, with the Secretary of Health's approval.

If a patient is referred to another department for a different condition while awaiting their original appointment, and that appointment is more than three months away, the patient may return home in the

meantime. If the appointment is within three months, the patient is expected to remain until cleared by the specialist.

13.3 Palliative care repatriation

TMO provides a medical or nursing escort for a palliative care patient returning to the Cook Islands. MEDA clearance is initiated by the New Zealand public hospital or hospice caring for the patient, and coordinated by the New Zealand-based Patient Referral Coordinator.

14. Deceased Patients

- TMO funds the return of a deceased patient to their home island (Rarotonga, or on to the Pa Enea where applicable) by cargo, as freight of human remains.
- Where a nominated support person accompanied the patient under section 8, TMO also funds their return under the same accompanying-person arrangements.
- A copy of the death certificate and the airway bill must be presented to the Patient Referral Coordinator at Rarotonga Hospital before payment for the freight of human remains is processed.

15. Change in Patient Management

If a patient declines the treatment or advice offered by the Accepting Officer after arriving for care, they must sign a patient refusal form. From that point, the patient (or their nominated support person) is responsible for all further healthcare costs, including their return airfare or sea passage.

A patient who declines treatment is not covered by this Policy if they later seek referral for the same diagnosis.

16. Other Agencies Involved

TMO works with the following Agencies to support the referral process.

Agency	Role
Ministry of Foreign Affairs and Immigration	Confirms Permanent Resident certificate holders and travel movements.
Travel and airline agencies	Assist with medical evacuation and repatriation.
Shipping agencies	Assist with medical evacuation and repatriation.
Cook Islands Customs Department	Assists with health commodity supplies.
New Zealand High Commission	Assists with emergency passports and passport requirements.
Cook Islands Police Department	Assists with medical evacuations, repatriation and civil claims.
Cook Islands Ministry of Justice	Assists with emergency birth certificates.
Health New Zealand – Te Whatu Ora / other health providers	Assist as the accepting public hospitals.
Other Government Ministries chartering flights to the Pa Enea	Assist with cost-sharing of charter costs, including inter-island boat and ferry transfers.

Agency	Role
Cook Islands High Commission and Cook Islands Consulate Office	Provide consular services and general welfare support
Cook Islands Development Agency and other social support providers	Assist with access to social and housing support

17. Associated Documents

- Cook Islands Constitution 1965
- Ministry of Health Act 2013
- Entry, Residence and Departure Act 1971–72
- Cook Islands National Health Strategic Plan 2023
- TMO Human Resources and Personnel Policies and Procedures Manual 2024

Appendix A: Documents Checklist for Patients

Before travelling, the Officer In-Charge or referring doctor should confirm the patient (or their nominated support person) has:

- a current passport (or has urgently applied for one, where none is available);
- a birth certificate, in case further referral to New Zealand is needed;
- their signed Patient Consent form;
- their referral letter and Patient Referral form;
- a list of current medications; and
- (for international referral) the completed Air New Zealand MEDA form, where required.

Appendix B: The MANSEEMSFUL Test

Where a laboratory test for intoxication is not available, police and medical staff may use the MANSEEMSFUL observation test:

M	Memory faulty at times
A	Admission
N	Note: time, place, date
S	Speech slurred
E	Eyes red or blood-shot
E	Erratic driving
M	Slow body movements
S	Smell of alcohol
F	Face flushed
U	Unsteady on feet
L	Liquor present

Appendix C: Acronyms

Acronym	Meaning
TMO	Te Marae Ora — Ministry of Health
SOH	Secretary of Health
HOM	Head of Ministry
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
DHHS	Director of Hospital Health Services
PRC	Patient Referral Committee

Acronym	Meaning
NZ	New Zealand
MEDA	Medical Information Form for Air Travel
MFAI	Ministry of Foreign Affairs and Immigration
Pa Enea	The Outer Islands of the Cook Islands