

How to submit this form

Submission form: Proposed updates to ACC regulated payments for treatment

The Ministry of Business, Innovation and Employment (MBIE) would like your feedback on proposed updates to the ACC regulated payments for treatment. Please provide your feedback by **18 October 2022**.

When completing this submission form, please provide comments, evidence, and any data that may aid your submission. Your feedback provides valuable information and informs decisions about the proposals.

We appreciate your time and effort taken to respond to this consultation.

Instructions

To make a submission you will need to:

1. Fill out your name, email address, phone number and organisation.
2. Fill out your responses to the discussion document questions. You can answer any or all of the questions. Where possible, please provide us with evidence to support your views. Examples can include references to independent research or facts and figures.
3. If your submission has any confidential information:
 - i. Please state this in the email accompanying your submission, and set out clearly which parts you consider should be withheld and the grounds under the Official Information Act 1982 (Official Information Act) that you believe apply. MBIE will take such objections into account and will consult with submitters when responding to requests under the Official Information Act.
 - ii. Indicate this on the front of your submission (eg, the first page header may state "In Confidence"). Any confidential information should be clearly marked within the text of your submission (preferably as Microsoft Word comments).
 - iii. Note that submissions are subject to the Official Information Act and may, therefore, be released in part or full. The Privacy Act 1993 also applies.
4. Submit your feedback:
 - i. As a Microsoft Word document by email to ACregs@mbie.govt.nz with subject line: *Consultation: ACC regulated payments for treatment*, or
 - ii. By mailing your submission to:

The Manager, Accident Compensation Policy
Ministry of Business, Innovation and Employment
PO Box 1473

Wellington 6140
New Zealand

Submitter information

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MBIE would appreciate if you would provide some information about yourself. If you choose to provide information in the section below it will be used to help MBIE understand the impact of our proposals on different occupational groups. Any information you provide will be stored securely.

Your name, email address, phone number and organisation

Name:	Nikky Winchester
Email address:	executivedirector@alliedhealth.org.nz
Phone number:	
Organisation:	Allied Health Aotearoa New Zealand (AHANZ)

- The Privacy Act 2020 applies to submissions. Please tick the box if you do **not** wish your name or other personal information to be included in any information about submissions that MBIE may publish.
- MBIE may upload submissions or a summary of submissions received to MBIE's website at www.mbie.govt.nz. If you do **not** want your submission or a summary of your submission to be placed on our website, please tick the box and type an explanation below:

I do not want my submission placed on MBIE's website because... [insert reasoning here]

Please check if your submission contains confidential information

- I would like my submission (or identifiable parts of my submission) to be kept confidential, and **have stated** my reasons and ground under section 9 of the Official Information Act that I believe apply, for consideration by MBIE.

Proposed updates to ACC regulated payments for treatment

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Questions on increases to rates set by the cost of treatment regulations

Question 1

Do you agree that tailored payment increases reflecting wage increases in the main occupational groups (option D in discussion document), which will result in the increases detailed in Table 4 reproduced below, best meets the following policy objectives:

- Claimants are able to access treatment, meaning co-payments should be affordable
- Costs to ACC are sustainable, affordable and predictable (gradual increases)
- Payments are not too dissimilar between the health and ACC systems.

If you do not agree, why not? Please provide reasons for your view.

Agree in part.

While wage costs for the treatment providers are the single largest cost for service provision they are not the only cost for services.

This is also retrospective uplift and does not future proof service provisions as the review of this regulation “which is likely to be one year and 18 months later.”

We believe a factor needs to be included that acknowledges the likely cost impact in the year ahead – such as the CPI projection from Treasury.

We think that the current methodology is overweighted to address **Costs to ACC are sustainable, affordable and predictable (gradual increases)**.

We believe it undervalues the **Claimants are able to access treatment, meaning co-payments should be affordable**. For allied health providers the ACC contribution to the cost of treatment means that many clients are unable to access sustainable and affordable treatment. This contributes to health inequities.

Payments are not too dissimilar between the health and ACC systems is less relevant for allied health providers as few allied health services are currently funded in primary care.

We are concerned that the consultation document has conflicting statements regarding the implementation dates – with 01 December 2022 being cited and also April 2023. We also note that the timeframes for the review were obviously delayed by one month, judging by the date of the document and timing of the consultation process outlined in it, and urgently request that MBIE provide clarity on the dates these rates would become operational. As the cost pressures on providers are immediate the earlier date is preferred.

Table 4: Services eligible for payment increases

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Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003			
Treatment Provider	Regulation	Service	Proposed Increase
Counsellors	9	Consultation	9.36%
Dentists	10 and Schedule	Consultation and treatment costs	5.70%
Medical practitioners	13 and Schedule	Consultation and treatment	5.70%
Nurses	14 and Schedule	Consultation and treatment	7.85%
Medical practitioners and nurses	15 and Schedule	Combined consultation and treatment	4.60%
Nurse practitioners	15A and Schedule	Consultation and treatment	7.85%
Specialists	16 and Schedule	Consultation and treatment	5.70%
Hyperbaric oxygen	11 and Schedule	Treatment costs	5.70%
Radiologists	12 and Schedule	Consultations and imaging	5.70%

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Specified Treatment Provider	Regulation	Service	Proposed Increase
Acupuncturists	17 and Schedule	Treatment costs	9.36%
Chiropractors	17 and Schedule	Consultation, treatment and imaging	9.36%
Occupational therapists	17 and Schedule	Treatment costs	9.36%
Osteopaths	17 and Schedule	Consultation, treatment and imaging	9.36%
Physiotherapists	17 and Schedule	Consultation, treatment and imaging	9.36%
Podiatrists	17 and Schedule	Consultation, treatment and imaging	9.36%
Speech therapists	17 and Schedule	Treatment costs	9.36%

Question 2

Do you have any concerns about the impact the regulated payment regime has on particular population groups who have difficulty in accessing treatment? If so, please provide examples and reasons for your view.

Yes – we believe that significant groups of people are impacted by the current regime.

A differential rate for Community Service Card (CSC) holders for all providers would address ongoing health inequities, particularly for Māori, Pacific and low income people who have injuries. Cost has been identified as a barrier to treatment for Māori, Pacific and low-income people with injuries for several years. The CSC rate is included for some practitioners under the regulations but not for all.

The definition of direct treatment “the time during which a treatment provider is directly applying his or her expertise to a claimant’s treatment” should the provision for providers to share information and to work collaboratively towards shared injury rehabilitation goal setting and management to achieve improved patient outcomes.

Question on the hearing loss regulations

Question 3

Do you have a view on the proposed nil increase to the payments listed in Table 5 reproduced below? Please provide reasons for your view.

Table 5: Hearing Loss Services

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Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010 (the Hearing Loss Regulations)

Provider	Regulation	Service	Increase
Audiologists	5, 5A, 6, 8, 9, 10, 10A	Assessment, consultations, fittings, service, repairs and replacement ear moulds	0.00%

It is inconceivable that the cost pressures that have been experienced by other providers under these Regulations are not shared by audiologists. Whatever method of setting fees is determined needs to be applied to all providers.

Questions on the proposed new Nurse Practitioner and Nurse combined rate

Question 4

Do you agree with introducing a new nurse practitioner and nurse combined treatment rate, and the specific rates (before the general increase proposed in section 3) listed in Table 6 reproduced below? Please provide reasons for your view.

Table 6: Nurse Practitioner and Nurse combined treatment rates

Definition	Treatment rate
If the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder	\$29.33
If the claimant is under 14 years old when the visit takes place	\$54.21
If the claimant is 14 years old or over when the visit takes place and is the holder of a community services card	\$50.88
If the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card	\$55.71

We note an increasing disparity in the rates being paid to nurses and those being paid to allied health professionals.