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

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

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☐ 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

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.

No, We do not agree that payment increases will best meet the mentioned policy objectives for the following reasons:

Objective 1: Co –payments are not capped. Many cohorts of patients are not able to afford any co-payment. Given the increasingly wide gap between what Districts can bill versus independent providers who can surcharge, there is risk that the only way this objective will be satisfied is by patients increasingly presenting to Districts to avoid the likely increases in surcharges – this would represent an unfair burden on Districts.

Objective 3: Any increases in rehabilitation payments made by ACC need to take into account payments being made in the health sector, particularly in those areas where ACC and the health sector provide similar services, like payments to GPs and nurses. If payments are too dissimilar, that could cause market tensions by affecting the co-payment charged and distort behaviour. For example, it could encourage the mischaracterisation of borderline injuries to attract the largest treatment payment to enable a lower co-payment to be charged.

Similarly, the Review is concerned about market tensions and behaviour distortions and these are likely exacerbated by the low Regulation rates. ACC should surely be further concerned about the risks of equity distortion whereby those who can't afford surcharges will be forced to wait in the public system with their rehabilitation and recovery ultimately slowed as their clinical needs are prioritised against all other presentations.

Review should be done annually if you want similarity between health and ACC systems.

Table 4: Services eligible for payment increases

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%

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%
Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003			
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%

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.

ACC seem oblivious to the issues of the difference between public provision and private provision with surcharge.

ACC should have a separate pricing table for Te Whatu Ora providers, who are legislatively unable to charge surcharge to patients (as per the Ministerial directive) and therefore are not recouping the same treatment costs as private providers. Regulation pricing covers only a small portion of the actual treatment costs for Te Whatu Ora providers.

Also, under GP regulations there is a separate price for CSC holders and non CSC holders… we (Te Whatu Ora Clinical Areas) don't ask, record or recognise who has this as it is generally irrelevant to other services or funding within Te Whatu Ora and therefore we are further disadvantaged by pricing as we cannot validate who we can charge the higher price for and have to invoice the lower Non-CSC

holder rates.

ACC has recently worked quite hard to recognise the difference between private and public, and has included higher prices for hospitals than for private providers in those contracts where a surcharge can be claimed in private. Most of the high cost work done in districts is now under contracts and so a similar focus should be on COTR.

Dental Regulations should include a price for treatment by a dental technician not just a dentist.

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

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%

We agree to the Nil increase for this group for the valid reasons cited in the consultation.

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	$55.71

and is the dependent child of a holder of a community services card	

While we agree with the price increase to this rate, we want to reiterate we (Te Whatu Ora Clinical Areas) don't ask, record or recognise who has this as it is generally irrelevant to other services or funding within Te Whatu Ora and therefore we are further disadvantaged by pricing as we cannot validate who we can charge the higher price for and have to invoice the lower Non-CSC