

## 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](mailto:ACregs@mbie.govt.nz) [mbie.govt.nz](mailto: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

## 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

Name:	Karen Pullar
Email address:	Privacy of natural persons
Phone number:	Privacy of natural persons
Organisation:	Karen Pullar (self-employed)

- 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](http://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

**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.

Payment increased must be applied, as the Government's introduction this year of

1. an extra day's annual holiday for Matariki, and
2. a second weeks of sick leave

which we must provide to all staff, adds 2% to our staff overhead, and MUST be considered.

With COVID, and the rule to stay home if unwell, all the staff that I work with have used all their sick leave this year.

Most workers have had pay increases, and it is only fair that ACC payments reflect these increased costs.

What I do not agree with is audiologists are being included in the table.

- DHB Audiologists have all had significant salary increases over the past few years.
- There is a shortage of Audiologists in New Zealand.
- Audiology vacancies are difficult to fill, and frequently vacant for months or even years.
- Audiologist can pick and choose their jobs and attract a higher salary.
- Often, we need to bring people in from overseas to fill audiology positions.

It is not fair that private audiology clients subsidize ACC clients.

## Proposed updates to ACC regulated payments for treatment

Table 4: Services eligible for payment increases

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%
<b>Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003</b>			
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%

## Proposed updates to ACC regulated payments for treatment

### 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.**

We find many superannuants struggle to meet the surcharge that we must make between the cost of providing goods and services, and the reimbursement from ACC. This leads to poorer outcomes.

## Proposed updates to ACC regulated payments for treatment

## 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%

I have practiced as a clinical audiologist since 1981.

I do not understand ACC's rationale in providing increases to all other groups but singling out audiology for a 0% increase.

Audiologists have been denied increases in all but 1 review over the past 11 years - since the regulations were implemented.

The Government's introduction of

3. an extra day's annual holiday for Matariki, and
4. a second weeks of sick leave

which we provide to all staff (audiological as well as clerical) a 2% adjustment must be considered as an absolute minimum.

With COVID all the staff that I work with have used all their sick leave this year.

Audiology costs have all been subject to inflationary pressures and the following costs have gone up significantly over the recent years:

- Rent
- Insurances
- Rates
- Freight
- Travel
- Audiological Equipment – the costs of precision equipment has risen dramatically, and we have instances of being quoted double what we were quoted a few years ago to replace/renew equipment. Very few professions require the array of equipment audiologist require, and the soundproof rooms, required by ACC in order to be accredited to practice
- Calibration of audiological equipment
- Staff
- Fees to be members of the New Zealand Audiological Society
- Fees for continuing Education, including attendance at the annual New Zealand Audiological Society

## Proposed updates to ACC regulated payments for treatment

Hearing instrument wholesale prices have increased some 5-7% in 2022 alone.

The cost of employing audiologists has increased.

With the compulsory shutdowns during COVID, and resulting inability to see clients and earn income, retained savings have been exhausted.

With no recognition from ACC, these cost increases must be borne by ACC claimants. For claimants who cannot afford to top-up the number of devices available to meet individual needs is significantly reduced.

There are no changes that reduce the workload of audiologists. We query the basis for the statements in the consultation document. I regret the timeframe for responding is not adequate to provide further information, but I would be happy to on request.

### 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

No comment