



COVERSHEET

Minister	Hon Matt Doocey	Portfolio	ACC
Title of Cabinet paper	Changes to ACC Regulations for Chinese Medicine, Paramedics and Audiometrists	Date to be published	19 September 2024

List of documents that have been proactively released		
Date	Title	Author
August 2024	Changes to ACC Regulations for Chinese Medicine, Paramedics and Audiometrists	Office of the Minister for ACC
6 August 2024	Changes to ACC Regulations for Chinese Medicine, Paramedics and Audiometrists EXP-24-MIN-0038 Minute	Cabinet Office
23 July 2024	Regulatory Impact Statement: Proposed changes to ACC regulations to deal with Chinese medicine, paramedics and audiometrists	MBIE

Information redacted

YES / NO [select one]

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In Confidence

Office of the Minister for ACC

Social Outcomes Committee

Changes to ACC regulations for Chinese medicine, paramedics and audiometrists

Proposal

- 1 I am seeking Cabinet agreement to regulatory changes to allow additional types of medical professionals to be funded for providing ACC treatment, and to have their treatment covered by the ACC treatment injury provisions. I also propose adding appropriate regulated payment rates for the treatment and other minor amendments.

Relation to government priorities

- 2 The proposals in this paper are related to the Government priority of delivering better public services. The proposals are expected to improve access to treatment for ACC claimants and ease pressures on some medical practices.

Executive Summary

- 3 I propose three sets of changes to ACC regulations as part of my priority of ensuring ACC's regulations are efficient, effective and current. The proposals either allow continuation of current ACC treatment or improve access to treatment by widening the group of medical professionals able to provide ACC funded treatment, consistent with health funding practice.
- 4 As approved by Cabinet, public consultation was undertaken on the proposed changes from 18 April to 16 May 2024 [CAB-24-MIN-0131 refers]. Around 200 submissions were received from a range of people associated with the health occupations affected by the proposed changes. Most submissions were in favour of the proposed changes.
- 5 The changes require amendments to the *Accident Compensation (Definitions) Regulations 2019* (Definitions Regulations) and related changes to the *Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003* and *Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010* (together, the Cost of Treatment Regulations).
- 6 Specifically, the proposed changes:
 - 6.1 amend the definition of acupuncturist in the Definitions Regulations to recognise the Chinese Medicine Council as the new regulatory body to ensure ACC funding to acupuncturists continues;
 - 6.2 add Chinese medicine practitioners as registered health professionals in the Definitions Regulations so any injuries arising from their treatment is covered under the ACC treatment injury provisions;

- 6.3 add paramedics as treatment providers and registered health professionals in the Definitions Regulations to ensure ACC can fund treatment provided by them beyond that covered under existing ambulance service contracts, and that any injuries from their treatment continue to be covered under the ACC treatment injury provisions;
- 6.4 add new paramedic treatment rates to the Cost of Treatment Regulations, as recommended by ACC, that will be consistent with other treatment providers;
- 6.5 add audiometrists as treatment providers in the Definitions Regulations to enable ACC to fund them for treatment, and add audiometrist treatment rates to the Cost of Treatment Regulations the same as the audiologist rates;
- 6.6 amend the definition of audiologist in the Definitions Regulations to align with the revised New Zealand Audiological Society definition;
- 6.7 amend the definition of nurse in the Definitions Regulations to make it consistent with the new scope of practice for nurses.

Proposed changes for Chinese Medicine

Background

- 7 Currently, to be funded by ACC to provide treatment, acupuncturists must be a full member of the New Zealand Register of Acupuncturists (Acupuncture NZ) Incorporated or a registered member of the New Zealand Acupuncture Standards Authority Incorporated (NZASA) and hold a practising certificate. These requirements are imposed by the definition of acupuncturist and treatment provider in the Definitions Regulations.
- 8 However, to better regulate the practice of Chinese medicine in New Zealand, the Chinese Medicine Council of New Zealand (CMC) was established in 2021 under an Order in Council made under the *Health Practitioners Competence Assurance Act 2003* (HPCA Act). In April 2023, CMC set scopes of practice within which Chinese medicine practitioners may practise and the qualifications required. The scopes came into effect on 29 May 2023, and CMC commenced issuing mandatory annual practising certificates from 1 July 2023.

Proposals

- 9 To ensure acupuncturists can continue to be funded by ACC as treatment providers, I propose that the definition of acupuncturist in the Definitions Regulations be amended to recognise CMC as the new regulatory body for registering acupuncturists. Until the change is made there is a transition period where acupuncturists need to hold a practising certificate from CMC and from one of the predecessor professional bodies (Acupuncture NZ or NZASA).
- 10 There was near unanimous support for this proposal from the 133 consultation submissions received on Chinese medicine.
- 11 In addition, now that all Chinese medicine practitioners are regulated by CMC it is appropriate that the treatment performed by these practitioners is covered by the ACC

treatment injury provisions, consistent with the treatment of other health professionals regulated under the HPCA Act. I therefore propose to add Chinese medicine professionals as registered health professionals in the Definitions Regulations.

12 There was also near unanimous support for this proposal.

Proposed changes for paramedics

Background

13 General practices in rural New Zealand sometimes employ registered paramedics to assist nurses and doctors to treat patients. This can help to ease the pressure on such practices. However, while general practices can be paid for paramedics treating health patients, general practices currently cannot be paid for paramedics providing treatment to ACC claimants because paramedics are not defined as treatment providers in the Definitions Regulations.

14 The payment rates for ACC treatment provided by general practices (e.g. a nurse consultation) are set by the Cost of Treatment Regulations unless they are covered by an ACC contract such as the Rural General Practice contract. The Accident Compensation Act 2001 (AC Act) already provides for ACC to fund emergency transport services. This allows ACC to fund ambulance paramedics through its joint funding with Health New Zealand Te Whatu Ora of the Emergency Ambulance Services contract.

15 Ambulance paramedics are covered by the ACC treatment injury provisions because they work under the direction of a medical director who is a registered health professional.

Proposals

16 To allow paramedics to be funded by ACC to provide treatment in general practice, I propose that paramedics be added as treatment providers in the Definitions Regulations.

17 There was unanimous support for this proposal from the 48 submissions received on this topic. Paramedics were regarded as having skills complementary to other health professionals, so having them assist was expected to improve patient access while relieving pressure on the health system.

18 A few submitters considered the proposal may encourage ambulance paramedics to move into general practice, meaning implementation would have to be carefully managed. However, more submissions considered the proposal would improve the attractiveness of a paramedic career, bring more people into the profession and likely offset any movement of paramedics to general practice.

19 To be consistent with other treatment providers working in general practice, I propose that paramedic payment rates (the rates paid to the treatment provider) be added to the Cost of Treatment Regulations. ACC looked at the current treatment rates for medical professionals and, considering the qualifications of paramedics, recommended to me via MBIE the set of base rates in Table one below which I endorse:

Table one: Proposed payment rates for Paramedics

Item Description	Rate (per visit)
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.	\$16.99
The claimant is under 14 years old when the visit takes place.	\$36.17
The claimant is 14 years old or over when the visit takes place and is the holder of a community services card.	\$31.27
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.	\$37.18

- 20 The proposed treatment payment rates for paramedics were often considered too low by submitters and criticised for not distinguishing between the different qualification levels of paramedics. However, rates can be added or increased as part of the broader two-yearly cost of treatment payment rate review (next review likely implemented in late 2025) if justified. Also, being predominantly rural-based, most paramedics are likely to be covered by the Rural Practice contract (and not the regulated rates).
- 21 In addition, now that paramedics are regulated under the HPCA Act, I propose to add them as registered health professionals in the Definitions Regulations to ensure treatment by paramedics continues to be covered by the ACC treatment injury provisions. This means that if someone is injured as a result of treatment provided by a paramedic, the injury is covered by ACC.

Proposed changes for audiology

Background

- 22 Currently, ACC funds audiologists for diagnosing injury-related hearing loss and providing hearing aids to alleviate such hearing loss. Accordingly, audiologists are defined as treatment providers in the Definitions Regulations and payment rates are set in the Cost of Treatment Regulations.
- 23 Audiometrists are qualified to undertake the same work as audiologists for routine adult cases, and are funded by the health system. However, audiometrists currently cannot be funded by ACC for treatment because they are not defined as treatment providers in the Definitions Regulations.
- 24 Allowing audiometrists to undertake ACC funded work should improve access to treatment for some claimants. While audiological services are readily available in the main centres, there can be significant wait times in some regions and allowing audiometrists to undertake ACC work may ease the pressure on audiological services.
- 25 The professional body for audiologists and audiometrists, the New Zealand Audiological Society (NZAS) recently changed its constitution to describe its two types of fully admitted members as Audiologist Members and Audiometrist Members.

However, the Definitions Regulations still use the prior terminology to define an audiologist as a full member of NZAS.

Proposals

- 26 To allow audiometrists to be funded by ACC as treatment providers, I propose that audiometrists be added as treatment providers in the Definitions Regulations.
- 27 A clear majority of the 45 audiology submissions received were in favour of the proposal, with many pointing out that ACC work is within the scope of practice for audiometrists. Some submissions considered the proposal may improve access to treatment for patients.
- 28 Some audiologists were against the proposal, asserting audiometrists are not sufficiently qualified and there was a risk in letting them deal with cases that could turn out to be complex. However, audiometrists would refer such cases on to audiologists.
- 29 To be consistent with audiologists, I also propose audiometrist payment rates be added to the Cost of Treatment Regulations. As recommended to me by ACC via MBIE, I propose that these payment rates be identical to audiologist payment rates.
- 30 A clear majority of submissions were also in favour of this proposal, with many pointing out that it is fair to provide the same payment for undertaking the same work.
- 31 I also propose to amend the definition of audiologist in the Definitions Regulations to align with the updated NZAS constitution.
- 32 There was unanimous support for this proposal from those submissions expressing a view.

Proposed minor change to definition of nurse

Background

- 33 The scope of practice for enrolled nurses has been changed to remove the reference to performing general nursing functions, and the same change is being planned for registered nurses.
- 34 However, the wording used to define nurse in the Definitions Regulations has the phrase, “whose scope of practice permits the practice of general nursing”.

Proposal

- 35 I propose to update the definition of nurse in the Definitions Regulations to make it consistent with the new scope of practice for nurses.
- 36 The few submissions received indicated support for the proposal.

Cost-of-living Implications

- 37 The proposals are expected to have a neutral impact on the cost of living with the proposals neither likely to raise or lower the cost of treatment for ACC claimants.

Financial Implications

- 38 The proposals are not expected to lead to any material increase in spending by ACC, so the impact on levies and appropriations will be immaterial.

Legislative Implications

- 39 If the proposals are agreed to, the Definitions Regulations and Cost of Treatment Regulations will be amended to implement the changes. The amended regulations are expected to come into force from 1 December 2024.

Impact Analysis

Regulatory Impact Statement

- 40 A Regulatory Impact Statement (RIS) has been prepared analysing those proposals expected to have an impact.
- 41 The Ministry of Business, Innovation and Employment's Regulatory Impact Assessment Review Panel has reviewed the RIS and considers that it meets the quality assurance criteria.

Climate Implications of Policy Assessment

- 42 The Climate Implications of Policy Assessment (CIPA) team has been consulted and confirms that the CIPA requirements do not apply to this proposal as it is not expected to result in any significant, direct emissions impacts.

Population Implications

- 43 The proposals presented for consultation are likely to have a proportionate impact on different population groups given they aim to maintain or improve access to treatment.
- 44 Access to medical treatment is more difficult in rural and regional areas because it is generally more difficult to fill vacancies for qualified medical staff in these areas. Some of the proposals are expected to improve access to treatment in such areas by increasing the range of treatment providers able to provide ACC funded treatment.

Human Rights

- 45 The proposals contained in this paper are consistent with the principles of the *New Zealand Bill of Rights Act 1990* and the *Human Rights Act 1993*.

Use of external Resources

- 46 This paper was completed with assistance from ACC as the operational agency for the Definitions Regulations and Cost of Treatment Regulations (they were not contracted or remunerated for this work).
- 47 No external resources will be required to implement these changes.

Consultation

Government consultation

48 ACC, the Ministry of Health, Te Puni Kōkiri, the Ministry for Pacific Peoples, Veterans' Affairs New Zealand and Worksafe New Zealand were consulted on the proposals in this paper. Health New Zealand, the Treasury, Whaikaha – the Ministry of Disabled People, the Ministry of Social Development, the Ministry for Women and the Department of the Prime Minister and Cabinet were informed or offered the opportunity to comment.

Public consultation

49 Before making changes to the Definitions Regulations and the Cost of Treatment Regulations, I must (under sections 322(3) and 324(2) of the AC Act) consult the persons or organisations I consider appropriate. Public consultation on the proposals was undertaken by MBIE on my behalf by the release of the discussion paper Changes to ACC regulations for Chinese medicine, paramedics and audiometrists. Submissions were open from 18 April to 16 May 2024. Around 200 submissions were received from persons and organisations associated with the affected occupations. The views expressed are summarised above in the discussion on the proposals. I consider the consultation undertaken meets the requirements of sections 322(3) and 324 (2) of the AC Act.

Communications

50 If Cabinet agrees to my proposed changes to ACC regulations, I intend to make a public announcement shortly after Cabinet's decision.

Proactive Release

51 MBIE will proactively release this Cabinet paper and accompanying Cabinet minute. No redactions are proposed.

Recommendations

The Minister for ACC recommends that the Committee:

- 1 **note** that MBIE undertook public consultation on my behalf from 18 April to 16 May 2024 on my proposed changes to ACC regulations dealing with Chinese medicine, paramedics and audiometrists;
- 2 **note** that the proposed treatment rates recommended in recommendations 4.4 and 4.7 were recommended to me by ACC via MBIE on 6 March 2024;
- 3 **note** that around 200 submissions were received in response to the consultation, with most submissions in favour of the proposals;

4 **agree** to the following changes to the *Accident Compensation (Definitions) Regulations 2019* (Definitions Regulations) and *Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003* and *Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010* (together, the Cost of Treatment Regulations):

- 4.1 amend the definition of ‘acupuncturist’ in the Definitions Regulations to recognise the Chinese Medicine Council as the new regulatory body to ensure ACC funding continues;
- 4.2 add Chinese medicine practitioners as registered health professionals in the Definitions Regulations so any injuries arising from their treatment is covered under the ACC treatment injury provisions;
- 4.3 add paramedics as treatment providers in the Definitions Regulations to ensure ACC can fund treatment provided by them beyond that covered under existing ambulance service contracts;
- 4.4 add the following new paramedic treatment rates to the Cost of Treatment Regulations:

Item Description	Rate (per visit)
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.	\$16.99
The claimant is under 14 years old when the visit takes place.	\$36.17
The claimant is 14 years old or over when the visit takes place and is the holder of a community services card.	\$31.27
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.	\$37.18

- 4.5 add paramedics as registered health professionals in the Definitions Regulations to ensure that any injuries from their treatment continues to be covered under the ACC treatment injury provisions;
 - 4.6 add audiometrists as treatment providers in the Definitions Regulations to enable ACC to fund treatment provided by them;
 - 4.7 add new audiometrist treatment rates to the Cost of Treatment Regulations which are the same as those applying to audiologists;
 - 4.8 amend the definition of ‘audiologist’ in the Definitions Regulations to align with the revised New Zealand Audiological Society definition;
 - 4.9 amend the definition of ‘nurse’ in the Definitions Regulations to make it consistent with the new scope of scope of practice for nurses;
- 5 **invite** the Minister for ACC to issue drafting instructions to the Parliamentary Counsel Office giving effect to the decisions in this paper;

IN CONFIDENCE

- 6 **authorise** the Minister for ACC to make decisions, consistent with the proposals in these recommendations, on any issues which arise during the drafting process;
- 7 **note** that subject to Cabinet agreement to the proposals, the amended regulations are expected to come into force from 1 December 2024.

Authorised for lodgement

Hon Matt Dooney

Minister for ACC