

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

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:	N/A
Email address:	N/A
Phone number:	N/A
Organisation:	Private Audiology Provider

- 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.

No I don't agree as Audiologists have been missed from the list. Your reasoning that clients are able to self-program their hearing aids is incorrect and shows a complete lack of understanding of the technology available and also a complete failure to understand people with hearing loss and their needs. It also shows a complete lack of empathy towards those with hearing loss.

On the world stage your rationale for audiology is simply delusional and countries such as Australia and the UK who have well run and generous audiology funding programs would laugh hysterically at your logic.

Quite frankly I and I am sure a lot of others in New Zealand are shocked by your flawed logic. You have no research or evidence to back up your claims and what you are saying is a lot of nonsense.

I'd like to know more as to where you have come up with your absurd ideas.

If a 'self-programmable hearing aid' was available in New Zealand a lot of ACC clients would not be able to program them and even if they could they wouldn't be getting the counselling and rehab that an audiologist also delivers as part of their job.

This would mean ACC's money would be going down the drain as without proper counselling most client's hearing aids would stay in the drawer. The majority of clients require regular maintenance adjustments, etc on their hearing aids. In addition, the clients hearing health needs to be monitored with repeat hearing assessments and adjustments where needed. Counselling also forms a huge part of rehabilitation for hearing loss as hearing aids are useless without this.

Table 4: Services eligible for payment increases

Proposed updates to ACC regulated payments for treatment

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 – individuals with hearing loss are going to bear the brunt of this. Audiology clinics will have to increase their co-payments and/or charge extra to keep their clinics afloat given the costs of keeping a clinic viable has risen over the last few years. Clients may get hearing aids but without proper rehabilitation and counselling hearing aids are not going to be very effective. This will ultimately result in ACC clients being dissatisfied with their hearing aids and not wearing them and will also likely result in clients ringing up ACC and complaining that they are not doing enough for people with hearing loss. In the long-term this is going to cost ACC more money – with hearing aids staying in the drawer and more staff having to be employed at ACC to manage a lot of angry New Zealanders with hearing loss complaining as to why their hearing aids don't work and why ACC isn't doing more to help with costs towards their hearing rehabilitation.

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%

This is harmful to those with hearing loss for the reasons described above. It is also harmful to the profession of audiology. We perform a job that helps people with hearing loss and involves a lot of counselling and rehabilitation. It can be quite a stressful job as the clients depend on us for their rehabilitation and expect us to be there. Audiologists will have to increase their co-payment for appointments and/or pricing in order to maintain the cost of running a clinic. This in turn will result in clients not being able to afford to come in when they have problems with their hearing aids and the hearing aids will end up in the drawer. This will ultimately be a waste of ACCs money and affect the client's rehabilitation. Isn't ACC supposed to be all about rehabilitation?

The Australia government, the UK government and a number of European governments provide more generous funding for Audiology rehabilitation and appointments than what New Zealand does. While New Zealand is ahead in some areas they are behind when it comes to hearing loss rehabilitation.

New Zealand needs to get some ideas from the Office of Hearing Services hearing rehabilitation program in Australia (has had a lot of input from NAL over the years and was created after WWII). In fact funding for Audiologists in Australia has become even more generous with Audiologists being able to obtain funding through their National Disability Insurance Scheme (NDIS) and for various appointments through Medicare. Meanwhile funding for Audiology in little old Aotearoa has become more miserable.....

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

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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
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Makes sense according to the information ACC propose however I am not a nurse or nurse practitioner so not the best person to ask. They would be best to share any problems with you are they are the ones at the coalface.