

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:

Privacy of natural persons

Email address:

Privacy of natural persons

Phone number:

Privacy of natural persons

Organisation:

Bay Audiology

- 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.

[insert response here]

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%
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.

[insert response here]

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%

There appears to be a fundamental misunderstanding as to the client's ability to self-program their hearing aids. The client is in no way able to self-fit their hearing aids from scratch without an audiologist who is a necessary step in having their hearing aids adjusted to internationally accredited prescription guidelines and ensure the hearing aids are safe and effective for their hearing loss. It is,

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however, now possible for clients to then do rudimentary adjustments to their hearing aids in terms of volume and bass/treble, and certain brands of hearing aids do allow the aids to make slight corrections based on answers provided by the wearer via their phone app. However, these corrections and rudimentary adjustments are just small deviations from the initially fitting done by the audiologist. There is no option to program aids from scratch to ones that match a clients hearing loss and it is this step which takes time and should be appropriately compensated. Our appointment times are still just as long as they have been for assessment/consultations, fitting of hearing aids and reviews, but labour costs rise in our sector just as much as they do in others. A 0% increase effectively means we are being paid less for the same amount of work which is ridiculous. It somehow seems to be suggested that audiologists fit hearing aids in a shorter space of time without recognising that ill-fitting hearing aids can potentially cause more damage to the hearing and/or lead to hearing aid rejection by the wearer.

It is argued that since ACC is a huge purchaser of audiological services that increasing rates will have an inflationary effect on the market. There is another fundamental misunderstanding here that providers who are paid for services by ACC have any control on the cost to do business and the cost of hearing aids themselves – especially since the whole economy is already facing skyrocketing inflation. The cost to purchase hearing aids at wholesale is increasing in the range of 5-7% across all the manufacturing brands. Providers who are owned by a particular manufacturer may have some control over the prices, but independents have no significant ability to dictate prices and would be unfairly treated by this decision.

Furthermore, without further increases to funding, the effect would surely be a decrease in benefit to claimants as providers will have to seek lower technology in response to rising costs, or have claimants pay move above ACC to access better hearing technology. It should be stressed that technology in this instance is the ability for the hearing aids to tackle situations where there is competing noise (and not optional extras such as rechargeability for example), whereas lower technology is geared for quiet, one-on-one situations. This point is made all the more salient by the fact that those with a hearing loss that meets the minimum 6% requirement necessarily have significant issues in background noise stemming from the sensory (cochlea) loss itself.

Finally, the comment of “there is also wider ongoing work on hearing loss settings which is likely to affect the provision of audiology services” is unclear. It is unclear what ongoing work is occurring and speaking as one in the industry, there is nothing particularly new arising in our industry which will fundamentally change how we do things, this includes teleaudiology (or remote care), which is geared as a supplement rather than replacement of traditional services as it simply cannot replace traditional services provided in-clinic.

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

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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

[insert response here]