

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:	Dr Jeanine Doherty
Email address:	hearing@hearingexcellence.co.nz
Phone number:	03 3793366
Organisation:	Member iAUDNZ (independent Audiologists NZ) and Audiologist Member of NZ Audiological Society

- 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 – This tailored payment suggestion is wrong.

With varying increases mooted by MBIE ranging from 0% for Audiology and through 4.6% and to 9.36% maximum, then the access for all the treatment providers is not going to stay equitable as the co-payments will vary by Profession.

Audiology patients will be the most disadvantaged and then those in the 4.6% treatment groups. The 9.36% increase treatment groups are most advantaged. Co-payments are already a barrier for many with all treatments and the increasing costs for providers have to be passed on to the patients. Six-Twelve monthly fees reviews are more likely by providers in the current economic scene – not the 2 years MBIE suggests.

All occupational groups will have been subject to increased costs and most particularly this affects smaller NZ owned Professional clinic owner/operators who are members of the 97% of all NZ businesses that are classified as small. It is impossible to fairly compare the costs for treatments in public vs private care as in public health many costs are not transparently owned by just one department.

The fees increase should be the same for all treatment groups and cover for time alone, at least, the COL of 7.4% (Stats NZ June 2022 quarter vs 2021) plus some extra for costs of staff retention and recruitment ... and then possibly even more should be added for the costs for heavily technology dependent professions such as Audiology, Optometry and Dentistry whose overseas equipment and consumable costs are rising.

Decisions made for treatment fees should not be purely made on actuarial lines to fit ACC's budgeting/ losses on share market etc. That is not fair to claimants and providers.

Table 4: Services eligible for payment increases

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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.

With the sinking economy more, especially elderly, patients are declaring their inability to top-up ACC funded treatment.

In Audiology this means they can have no hearing aids - which carries communicative, safety, and psychosocial costs for the claimants.

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%

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YES – it is a most unthoughtful and ridiculous suggestion.

It seems that Audiologists are always 2nd class citizens in this treatment payment process – we received no ACC increases from 2014 until 2021 when other groups received regular COL increases. Last year we received about \$2 more for a 75-minute appointment which was not close to covering COL changes over the 7 years.

MBIE has obviously not even bothered to ask and find out what good Audiologists do and also not looked into the difference by delivery models. Good audiology delivery offers a large rehabilitative component and a patient centred approach. It is not about the hearing aid alone ... and while the patients can now control their aids via phone apps, they are not self-fitting their aids. They are still base fitted by an Audiologist. Good audiology is not a delivery model with staff KPIs and bonuses to incentivise up or overselling of hearing aids.

THE FDA in USA has approved OTC (over the counter hearing devices) but they are not designed for typical noise related nor TBI loss, nor the more severe losses we see in the older ACC patients. They are akin to ready reader glasses only in a small way... and more difficult potentially as not customised to fit properly in the ear, to know if there is just a wax plug blocking the ear and nor do they have any accompanying rehabilitation e.g. counselling and care and management tips.

Arguably the small independent clinics require more increase than offshore based hearing aid manufacturer owned companies - as taxation is not necessarily the same where corporates can use transfer pricing and other tax benefits that small local clinics cannot.

The “ongoing” work mentioned around hearing loss settings must relate to the introduction of a 5% corrected entitlement threshold.

This is not directly relevant to the fees to be paid to Audiologists in response to COL changes and so should not be used in this way.

I encourage MBIE to meet with some of the experienced Audiologists in NZ to learn more about what we do and why this MBIE approach is so flawed.

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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[insert response here]