

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 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: Janet Houghton

Email address: janet@courtenayhearing.co.nz

Phone number: 04 3859144

Organisation: Courtenay Hearing Centre

- 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% |

I have run an independent, private audiology practice in Wellington for nearly 30 years. Audiology professionals and audiology practices have been exposed to the same cost challenges (fixed costs, affected by inflation, Covid, compliance costs, rental increases, freight, equipment purchases, pay rises etc.) as other allied health professionals.

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Costs of hearing aids have risen by 5-7% since July and, with no recognition from ACC, these price 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.

The equipment needed to provide a professional audiology service, including soundproofing and an array of measuring equipment is significantly higher than that required by many other health professions and these costs have risen.

It is also my recollection that audiologists have been denied increases in most of the previous reviews over the last 11 years since the regulations were implemented

The services and products provided by audiologists have all been subject to inflationary pressures. There can, therefore, be no justification in providing increases to other groups but not audiology. None of proposed reasons counteract the impact of increases being carried by the audiology profession which should be recognised immediately by ACC in the current rates increases.

There are no current changes that reduce the workload of audiologists and I am uncertain of the basis for some of the statements in the consultation document. I would like to see a review of audiology regulations but in the meantime that should not be used as an excuse to freeze prices for audiologists.

I would like the opportunity to speak to you, especially given the lack of time allowed to provide a more substantial submission.

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 |
|---|---------|

[insert response here]