

## 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](mailto: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:

Privacy of natural persons

Email address:

Privacy of natural persons

Phone number:

Privacy of natural persons

Organisation:

Te Whatu Ora Health new Zealand Waikato District

- 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](http://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.

Te Whatu Ora organisations are legislatively prohibited from charging surcharges/co-payments to patients, therefore there needs to be separate pricing for public health providers than those able to be charged by private providers who are able to charge surcharges.

The inability to charge surcharges reduces the ability to public health providers to appropriately be reimbursed for their costs of treatment. These fees are set with the expectation that surcharges will be charged and as such creates a significant deficit to covering costs and deficit between what public providers are reimbursed from Ministry of Health funding and ACC CoTR payments for the same services.

As patients struggle to afford surcharges within the private sector, they seek treatment via public health providers in increasing numbers as there are no surcharges, this further increases the burden on the public health service who are not covering costs under CoTR (significant deficit between cost and the price paid by ACC). Unfortunately these services are not all covered by ACC Contracts and therefore there is no other option than to charge under CoTR or forgo treating the patients at all, leaving a large gap in service esp. where there is limited access to other providers in the community.

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%

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<b>Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003</b>			
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.**

As patients struggle to afford surcharges within the private sector, they seek treatment via public health providers in increasing numbers as there are no surcharges, this further increases the burden on the public health service who are not covering costs under CoTR (significant deficit between cost and the price paid by ACC). Unfortunately these services are not all covered by ACC Contracts and therefore there is no other option than to charge under CoTR or forgo treating the patients at all, leaving a large gap in service esp. where there is limited access to other providers in the community.

This increase in patient volumes seeking treatment in the public health system causes longer delays in access as there is a limited supply of services and specialist treatment available, therefore people may not receive their needed treatment in the ideal timeframe, public health providers cannot look to recruit or upskill additional clinical staff if their service is not receiving funding at a rate that covers their costs of treatment. Providers continually question why the service is being provided when the payments do not cover costs. This negative payment/cost situation further burdens other services within the system as the unchangeable 'surcharge' needs to be covered by Te Whatu Ora instead of this funding being put into other areas of treatment within the health system, meaning less patients receiving other necessary services or greater delays to treatment.

Occupational therapists need to have their pricing increased to align with their counterparts: Physiotherapists, Hand Therapists and Podiatrists. They should either be included in the Allied Health Contract or have their fees set at the same rate as their training and Qualifications are often the same or similar to those covered under the Allied Health Contract. Hand Therapists are often also Occupational Therapists; they just cannot charge the same depending on which service they are providing on the given day.

## Proposed updates to ACC regulated payments for treatment

Dental regulations need to include a fee or allowance for a Dental Technician to provide services, at a lower rate to a Dentist however there needs to be provision for this within CoTR.

### 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%

[insert response here]

### 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
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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Great to have this service included in the CoTR however, there needs to be a separate fee schedule for Te Whatu Ora providers than for private providers. Te Whatu Ora providers are unable to charge surcharges and therefore these fees go nowhere near covering their costs. This creates a barrier to providing services to patients, especially the very vulnerable patients in our community who often are unable to afford to seek treatment at a private provider due to surcharges.