

## 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

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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:

New Zealand 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](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.

[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%

The New Zealand Audiological Society (NZAS) is providing feedback on the current consultation on ACC regulated payments with specific reference to the Accident Compensation (Apportionment Entitlements for Hearing Loss) Regulations 2010.

## Proposed updates to ACC regulated payments for treatment

The NZAS is a self-regulating professional membership organisation for audiologists and audiometrists in New Zealand with over 760 members. The majority of NZAS Audiologist members practice in the private sector providing hearing loss treatment and rehabilitation services and are regularly providing these services for clients under the ACC Apportionment Entitlement for Hearing Loss Regulations.

The NZAS is providing comment on the proposed nil increase for audiological services as it **does not agree with the proposed nil increase** and strongly advocates that, as with other health and allied health professions, the costs of providing treatment have increased and ultimately these increases may need to be passed on to clients.

In providing its feedback the NZAS has responded to the discussion points on this matter in the consultation document.

*49 ACC recommended that no increase be made to prescribed rates payable to audiologists this review round. With on-going technology changes, which include improving the ability of clients to self-programme hearing devices, an increase in device fitting fees might be inconsistent with market trends.*

The NZAS strongly disputes the ACC contention that technology changes have resulted in greater levels of self-management for hearing aid users and therefore a reduced requirement for audiologist input. The NZAS is not aware of any current hearing aids available, nor likely to be launched, that will allow hearing aids to be self-fitted. For many years, claimants have had the ability to adjust their own hearing aids using a remote control, or more recently, via an app on their mobile device. This has not changed. There are no changes that we as a professional society are aware of that will mean that claimants can self-programme hearing aids. Over the last few years, remote fitting has become more prevalent, however that still requires the same amount of clinical time with the claimant to fit the hearing aids; albeit the two parties are in two different physical locations.

Hearing services need to be provided by a suitably trained professional with reference to the client's needs assessment and their measured hearing loss (in a controlled sound environment with calibrated equipment) and the mechanism of hearing loss needs to be defined before a device can be prescribed, fitted and the process of rehabilitation can begin.

As client centered care and personalized solutions are paramount in successful rehabilitation, this rationale suggests the opposite of what is the reality.

*50 ACC also considers that there has been no increase in cost-related access issues for clients with injury-related hearing loss but intends to assess whether a rate increase is warranted in the upcoming 2022 review.*

## Proposed updates to ACC regulated payments for treatment

The NZAS disagrees with this statement. Feedback from our members has clearly highlighted that as with other health and allied health professions the cost of providing services has continued to increase and has been impacted by the pandemic over the past two years. The impact of inflation on fixed costs such as rent, freight, insurance, communication services, fuel, and compliance costs, to name a few, are the same for audiologists as for other professions. Staffing costs increases, particularly in the current very tight employment market, are a significant factor for a workforce that has been significantly impacted by COVID and border closures.

None of the other reasons provided by ACC regarding the proposed nil increase for audiology counteract the impact of the inflationary costs being experienced across the sector.

In addition to the increases in operating costs, there has also been a 5-7% increase in the wholesale costs of devices which will ultimately be passed through to clients. This combined with increased costs for service provision will have an impact on the co-payment levels required and for some claimants this may result in less optimal outcomes or even a decision not to proceed with the treatment and rehabilitation recommended.

Equity of access is a key driver in the current health reforms and is also a consideration for ACC as evidenced by its draft Cultural Safety Policy which highlights the equity issues for Māori with entitlement rates being 22.7% lower than for non-Māori and at the same time having 46% higher rates for serious injury. One of the objectives of this policy is to remove barriers to access and improve equity across health services. The level of co-payments is one such barrier as was noted in this consultation document.

*51 Historically, adjustments to the hearing loss regulations are not generally made as frequently as other rates. In part, this is because ACC is such a large purchaser of audiology services that increases to the rates can shape the market by having an inflationary effect, without benefits to claimants. There is also wider ongoing work on hearing loss settings which is likely to affect the provision of audiology services. It is considered more appropriate to review audiologists' costs at the next review, following the likely implementation of these wider changes.*

The NZAS is appreciative of the ongoing work on hearing loss settings, specifically the change in the threshold from 6% to 5%, the proposed update to the age related adjustments and a move to reduce the bottleneck in the process when referring to ENTs. All these adjustments will have positive impacts for claimants and improving access to entitlements. However, none of these changes will impact the cost of providing audiological services which, as noted above, are the same as other health and allied health services.

## Proposed updates to ACC regulated payments for treatment

In summary, The NZAS does not agree with the ACC recommendation for a nil increase to the service costs for audiologists under parts 5, 5A, 6, 8, 9, 10 and 10A of the Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010.

The drivers for an increase for other health and allied health professions outlined in the first section of the consultation document (wage, salary, and cost inflation) apply equally to audiological services. As an allied health service, an increase of 9.3% for audiology services, in line with other allied health professions, would be appropriate.

Although not part of this consultation, the NZAS strongly advocates that a review of the funding bands for devices due to the recent significant price increases is necessary and should be considered as part of this update.

### 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

[insert response here]