



COVERSHEET

Minister	Hon Matt Doocey	Portfolio	ACC
Title of Cabinet paper	Consulting on changes to ACC Definitions Regulations	Date to be published	6 May 2024

List of documents that have been proactively released

Date	Title	Author
April 2024	Consulting on changes to ACC Definitions Regulations	Office of the Minister for ACC
10 April 2024	Consulting on changes to ACC Definitions Regulations SOU-24-MIN-0028 Minute	Cabinet Office

Information redacted

YES / NO [select one]

Any information redacted in this document is redacted in accordance with MBIE's policy on Proactive Release and is labelled with the reason for redaction. This may include information that would be redacted if this information was requested under Official Information Act 1982. Where this is the case, the reasons for withholding information are listed below. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

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Office of the Minister for ACC

Social Outcomes Committee

Consulting on changes to ACC Definitions Regulations

Proposal

- 1 I am seeking Cabinet agreement to release the attached consultation document on regulatory changes to allow additional types of medical professionals to be funded for providing ACC treatment, and have their treatment covered by the ACC treatment injury provisions. It also proposes adding appropriate regulated payment rates for the treatment, and making other minor amendments.
- 2 The changes require amendments to the Accident Compensation (Definitions) Regulations 2019 (Definitions Regulations) and related changes to the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 and Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010 (together, the Cost of Treatment Regulations).

Relation to government priorities

- 3 The proposals in this paper are related to the broad Government priority of improving healthcare. The proposals are expected to improve access to treatment for ACC claimants and ease pressures on some medical practices.

Executive Summary

- 4 I support three sets of proposed changes to the Definitions Regulations. The proposed changes will:
 - 4.1 update or widen who is a ‘treatment provider’ and who is a ‘registered health professional’ in the Definitions Regulations; and
 - 4.2 ensure that ACC can make appropriate treatment payments to proposed new treatment providers in the Cost of Treatment Regulations.
- 5 Specifically, the proposed changes:
 - 5.1 amend the definition of acupuncturist in the Definitions Regulations to recognise the Chinese Medicine Council as the new regulatory body to ensure ACC funding continues;
 - 5.2 add Chinese medicine practitioners as registered health professionals in the Definitions Regulations so any injuries arising from their treatment is covered under the ACC treatment injury provisions;

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- 5.3 add paramedics as treatment providers in the Definitions Regulations to ensure ACC can fund treatment provided by them beyond that covered under existing ambulance service contracts;
 - 5.4 add new paramedic treatment rates to the Cost of Treatment Regulations;
 - 5.5 add paramedics as registered health professionals in the Definitions Regulations to ensure that any injuries from their treatment continues to be covered under the ACC treatment injury provisions;
 - 5.6 add audiometrists as treatment providers in the Definitions Regulations to enable ACC to fund treatment provided by them;
 - 5.7 add new audiometrist treatment rates to the Cost of Treatment Regulations;
 - 5.8 amend the definition of audiologist in the Definitions Regulations to align with the revised New Zealand Audiological Society definition;
 - 5.9 amend the definition of nurse in the Definitions Regulations to recognise minor changes to the nursing scope of practice.
- 6 I am required to consult with appropriate people or organisations on any proposed changes to regulations. I am therefore seeking Cabinet agreement to undertake consultation by releasing the attached consultation document proposing all the changes to regulations outlined above.
- 7 After consultation, I will make final recommendations to Cabinet, taking into account public submissions.

Proposed changes for Chinese Medicine

Background

- 8 Currently, to be funded by ACC to provide treatment, acupuncturists have to be a full member of the New Zealand Register of Acupuncturists (Acupuncture NZ) Incorporated or a registered member of the New Zealand Acupuncture Standards Authority Incorporated (NZASA) and hold a practising certificate. These requirements are imposed by the definition of ‘acupuncturist’ and ‘treatment provider’ in the Definitions Regulations.
- 9 However, to better regulate the practice of Chinese medicine in New Zealand the Chinese Medicine Council of New Zealand (CMC) was established in 2021 under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). In April 2023, CMC set scopes of practice within which Chinese medicine practitioners may practise and the qualifications required. The scopes came into effect on 29 May 2023, and CMC commenced issuing mandatory annual practising certificates from 1 July 2023.

Proposals

- 10 To ensure acupuncturists can continue to be funded by ACC as treatment providers, the definition of acupuncturist in the Definitions Regulations needs to be amended to

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recognise CMC as the new regulatory body for registering acupuncturists. Until the change is made there is a transition period where acupuncturists need to hold a practising certificate from CMC and from one of the predecessor professional bodies (Acupuncture NZ or NZASA).

- 11 In addition, now that all Chinese medicine practitioners are regulated by CMC it is appropriate that the treatment performed by these practitioners is covered by the ACC treatment injury provisions, consistent with the treatment of other health professionals regulated under the HPCA Act. This can be achieved by adding Chinese medicine professionals as 'registered health providers' in the Definitions Regulations.
- 12 I recommend consulting on both these proposed changes to the Definitions Regulations to ensure ACC can continue to fund acupuncturist treatment, and that the patients of Chinese medicine practitioners get the same ACC treatment injury coverage as patients of other health professionals regulated under the HPCA Act.

Proposed changes for paramedics

Background

- 13 General practices in rural New Zealand sometimes employ registered paramedics to assist nurses and doctors to treat patients as part of the general practice team. This can help to ease the pressure on such practices. However, while the practice can be paid for paramedics treating health patients, paramedics currently cannot be paid for providing treatment to ACC claimants because paramedics are not defined as treatment providers in the Definitions Regulations.
- 14 The payment rates for ACC treatment provided by general practices (e.g. a nurse consultation) are set by the Cost of Treatment Regulations (unless they are covered by an ACC contract). The AC Act already provides for ACC to fund emergency transport services. This allows ACC to fund ambulance paramedics through its joint funding with Te Whatu Ora of the Emergency Ambulance Services contract.
- 15 Ambulance paramedics have been covered by the ACC treatment injury provisions because they work under the direction of a medical director who is a registered health professional.

Proposals

- 16 To allow paramedics to be funded by ACC as treatment providers for general practice, paramedics need to be added as treatment providers in the Definitions Regulations.
- 17 To be consistent with other treatment providers working in general practice, a paramedic payment rate needs to be added to the Cost of Treatment Regulations. ACC looked at the current treatment rates for medical professionals and, considering the qualifications of paramedics, recommended the following set of base rates:

Item Description	Rate (per visit)
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.	\$16.99
The claimant is under 14 years old when the visit takes place	\$36.17
The claimant is 14 years old or over when the visit takes place and is the holder of a community services card	\$31.27
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.	\$37.18

- 18 In addition, now that paramedics are regulated under the HPCA Act, it is appropriate to add them as registered health professionals in the Definitions Regulations to ensure treatment by paramedics continues to be covered by the ACC treatment injury provisions.
- 19 I recommend consulting on all these proposed regulatory changes so that ACC can fund paramedic treatment to ease pressure on general practice, paramedics are treated consistently with other treatment providers, and paramedic treatment continues to be covered by the ACC treatment injury provisions.

Proposed changes for audiology

Background

- 20 Currently, ACC funds audiologists for diagnosing injury-related hearing loss and providing hearing aids to alleviate such hearing loss given audiologists are defined as treatment providers in the Definitions Regulations. Payment rates are set in the Cost of Treatment Regulations.
- 21 Audiometrists are qualified to undertake the same work as audiologists for routine adult cases, and can be funded by the health system. However, audiometrists currently cannot be funded by ACC for treatment because they are not defined as treatment providers in the Definitions Regulations.
- 22 Allowing audiometrists to undertake ACC funded work should improve access to treatment for some claimants. While audiological services are readily available in the main centres, there can be significant wait times in some regions and allowing audiometrists to undertake ACC work may ease these.
- 23 The professional body for audiologists and audiometrists, the New Zealand Audiological Society (NZAS) recently changed its constitution to describe its two types of fully admitted members as Audiologist Members and Audiometrist Members. However, the Definitions Regulations still uses the prior terminology to define an audiologist as a full member of NZAS.

Proposals

- 24 To allow audiometrists to be funded by ACC as treatment providers, audiometrists need to be added as treatment providers in the Definitions Regulations.
- 25 To be consistent with audiologists, audiometrist payment rates also need to be added to the Cost of Treatment Regulations. It is proposed that these payment rates be identical to audiologist payment rates.
- 26 The definition of audiologist in the Definitions Regulations needs to be amended to align with the updated NZAS constitution.
- 27 I recommend consulting on all these proposed regulatory changes so that ACC can fund audiometrist treatment to ease regional wait times for ACC hearing-loss treatment and audiometrists are treated consistently with audiologists.

Proposed minor change to nurse definition

Background

- 28 The scope of practice for enrolled nurses has been changed to remove the reference to performing general nursing functions, and the same change is being planned for registered nurses.
- 29 However, the wording used to define nurse in the Definitions Regulations has the phrase, “whose scope of practice permits the practice of general nursing”. This inconsistency might, at some point, try to be used to prevent registered nurses from being funded for providing treatment to ACC claimants.

Proposal

- 30 It is proposed to consult on updating the definition of nurse in the Definitions Regulations to make it consistent with the new scope of practice for nurses.

Cost-of-living Implications

- 31 The proposals are expected to have a neutral impact on the cost of living with the proposals neither likely to raise or lower the cost of treatment for ACC claimants.

Financial Implications

- 32 The proposals are not expected to lead to any material increase in spending by ACC, so the impact on levies and appropriations will be immaterial.

Legislative Implications

- 33 There are no legislative implications from releasing the consultation document. If the proposed changes are agreed following consultation, the Definitions Regulations and Cost of Treatment Regulations will need to be amended. If approved, the amended regulations are expected to come into force in mid-2024.

Impact Analysis

Regulatory Impact Statement

- 34 The Treasury's Regulatory Impact Analysis team has determined that the proposal to release the consultation document is exempt from the requirement to provide a Regulatory Impact Statement (RIS). The exemption is based on advice that the consultation document includes the key features of an interim RIS.
- 35 The MBIE Regulatory Impact Statement Review Panel has reviewed the consultation document and considers that it partially meets Quality Assurance criteria given it has to function as both an interim RIS and a consultation document. It considered the areas that do not meet the Quality Assurance criteria do not substantially undermine its robustness as a support to Ministerial decision making. A full RIS will be completed once consultation is completed to assist Cabinet's final decisions.
- 36 The consultation document assesses the main proposals against four policy objectives to demonstrate their merits and show they have been robustly developed.

Climate Implications of Policy Assessment

- 37 The Climate Implications of Policy Assessment (CIPA) team has been consulted and confirms that the CIPA requirements do not apply to this proposal as it is not expected to result in any significant, direct emissions impacts.

Population Implications

- 38 The proposals presented for consultation are likely to have a relatively proportionate impact on different population groups given they aim to maintain or improve access to treatment. No negative impacts are expected.
- 39 Access to medical treatment is more difficult in rural and regional areas because it is generally more difficult to fill vacancies for qualified medical staff in these areas. Some of the proposals are expected to improve access to treatment in such areas by increasing the range of treatment providers able to provide ACC funded treatment.
- 40 Nearly 22% of Māori, and 34% of kaumātua Māori (over 65 years of age) reside in small, rural communities. Moreover, over 25% of the rural population is over 65 years old (Source: Rural Health Strategy, 2023).

Human Rights

- 41 The proposals contained in this paper are consistent with the principles of the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Use of External Resources

- 42 This paper was completed with assistance from ACC as the operational agency for the Definitions Regulations and Cost of Treatment Regulations (they were not contracted or remunerated for this work).

43 No external resources will be required to implement these changes.

Consultation

Government consultation

44 ACC, the Ministry of Health, Te Puni Kōkiri, the Ministry for Pacific Peoples and Worksafe New Zealand were consulted on the proposals in this paper. Health New Zealand, the Treasury, Whaikaha – the Ministry of Disabled People, the Ministry of Social Development, the Ministry for Women and the Department of the Prime Minister and Cabinet were informed or offered the opportunity to comment.

Public consultation

45 If Cabinet agrees, I will release the consultation paper ‘Changes to ACC regulations for Chinese medicine, paramedics and audiometrists’. Public consultation will be held for a period of four weeks and my officials will focus on consulting with affected stakeholders.

46 After the consultation is completed, I will present final recommendations to Cabinet taking into account public submissions.

Communications

47 The consultation document will be made available on the MBIE website. Consultation will be specifically targeted to the representative bodies affected by the proposed changes. These stakeholders will be emailed a link to the consultation document.

Proactive Release

48 MBIE will proactively release this Cabinet paper and accompanying Cabinet minute. No redactions are proposed.

Recommendations

The Minister for ACC recommends that the Committee:

- 1 **note** that the attached consultation document ‘Changes to ACC regulations for Chinese medicine, paramedics and audiometrists’ seeks feedback on:
 - 1.1 proposed changes to the Accident Compensation (Definitions) Regulations 2019 to update or widen who is a ‘treatment provider’ (and is therefore, able to be funded by ACC) and who is a ‘registered health professional’ (and therefore, has their treatment covered by ACC’s treatment injury provisions); and
 - 1.2 related changes to the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 and Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010 to ensure that ACC can make appropriate treatment payments to proposed new treatment providers;

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- 2 **agree** to release the consultation document ‘Changes to ACC regulations for Chinese medicine, paramedics and audiometrists’ for public consultation, subject to any minor and technical changes that may be authorised by the Minister for ACC;
- 3 **note** that these changes are expected to have an immaterial cash cost to ACC;
- 4 **note** that there is expected to be an immaterial impact on ACC levies and appropriations;
- 5 **note** that after consultation I will report back to Cabinet with final recommendations, taking into account public submissions.

Authorised for lodgement

Hon Matt Doocey

Minister for ACC