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The Manager, Accident Compensation Policy
Ministry of Business, Innovation and Employment
PO Box 1473
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By email: ACregs@mbie.govt.nz

PROPOSALS FOR ADDITIONS TO THE LIST OF OCCUPATIONAL DISEASES UNDER THE ACCIDENT COMPENSATION ACT 2001

This submission is made on behalf of AIA New Zealand Limited and its related entities (together **AIA NZ**). It is in response to the Ministry of Business, Innovation and Employment's (**MBIE**) April 2023 discussion document seeking suggested additions to Schedule 2, the list of occupational diseases in the Accident Compensation Act 2001 (**AC Act**).

About AIA NZ

AIA NZ is a member of the AIA Group, which comprises the largest independent publicly listed pan-Asian life insurance group. It has a presence in 18 markets in Asia-Pacific and is listed on the Main Board of The Stock Exchange of Hong Kong. It is a market leader in the Asia-Pacific region (excluding Japan) based on life insurance premiums and holds leading positions across the majority of its markets.

Established in New Zealand in 1981, AIA NZ is New Zealand's largest life insurer and has been in business in New Zealand for over 40 years. AIA NZ's vision is to champion New Zealand to be the healthiest and best protected nation in the world.

AIA NZ offers a range of life and health insurance products that meet the needs of over 800,000 New Zealanders. AIA NZ is committed to an operating philosophy of Doing the Right Thing, in the Right Way, with the Right People.

AIA NZ is also a prominent member of the Financial Services Council (**FSC**).

Key submission points

AIA NZ supports the work of MBIE in reviewing the AC Act, including updating Schedule 2. We agree that the list is very outdated given previous occupational health research had underrepresented Māori and women. It is important that the accident compensation scheme recognises that workplaces continue



to evolve at a rapid pace, with new occupations established and new risks developing in existing industries, which may expose workers to new occupational diseases.

In addition to our responses to the consultation questions, AIA NZ also has some brief comments on the proposed review framework:

- AIA NZ considers that a list of approved occupational diseases is too restrictive and will not keep pace with the evolving nature of the modern workplace. We further suggest eliminating the current restrictive requirement of specific dated events to qualify as a recognised occupational disease. Persons who otherwise would qualify for a claim under Schedule 2 that suffer from a disease with a slow degenerative decline may have changed jobs or employment since the date of the initial exposure and often have difficulty stating a point in time when the exposure happened. AIA NZ considers that the review framework should include a requirement that Accident Compensation Corporation assessments always rely on the most up to date and objective medical and clinical studies at the claims assessment stage.
- Although recognising the underrepresentation of occupational diseases specific to women is a step in the right direction, we think this review does not go far enough, failing to recognise that women's diseases are less likely to be assessed as occupational, meaning treatment of "occupational diseases" will continue to underrepresent women. Redefining the definition of 'employment' to include unpaid employment will address the inherent bias against women or Māori who are overrepresented in unpaid work in and outside the home.
- AIA NZ is concerned that mental health continues to be carved out of the occupational diseases list, as well as diseases caused from gradual or repetitive exposure such as diseases relating to eyesight and repetitive musculoskeletal strain.
- AIA NZ believes clarification is required to understand who comprises the "medical profession" in reference to occupational diseases listed as "a type generally accepted by the medical profession as caused by¹" a stated exposure. For example, it is unclear if acceptance by a general practitioner, or an expert physician, or panel of medical professionals is required. It is also unclear if the determination needs to be made at the first contact stage, or at the claims assessment stage.

Our full submission in response to the proposals for Schedule 2 of the AC Act is **attached**, and follows the format outlined by MBIE.

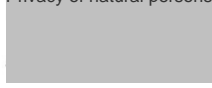
We would be pleased to discuss any questions you have on this submission, and we would welcome the opportunity to collaborate or consult further with MBIE as it considers the next steps.

¹ Accident Compensation Act 2001 (AC Act), Schedule 2 Occupational Diseases 3-14



Yours sincerely

Privacy of natural persons



Privacy of natural persons



AIA New Zealand Limited

Proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

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:

AIA New Zealand Limited

- The Privacy Act 1993 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 <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:

Please check if your submission contains confidential information:

I would like my submission (or identified parts of my submission) to be kept confidential, and **have stated below** my reasons and grounds under the Official Information Act that I believe apply, for consideration by MBIE.

Not applicable.

Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

1. Do you think there is relevant evidence to support including new occupational diseases to Schedule 2 at this time?

Yes No Not Sure

2. If yes to Question 1, what occupational diseases should be added to Schedule 2?

AIA NZ proposes the following occupational diseases are added to Schedule 2:

1. Lung and respiratory disease caused by working as a nail technician or working in close proximity of where nail technicians perform their work, such as a beauty salon.
2. Lung, respiratory and musculoskeletal disease caused by working in the green space and landscaping sector.
3. Lung and respiratory disease caused by exposure to *Pneumocystis jirovecii* (PCP) by working in the timber industry.
4. Exposure to occupational cancer from working as firefighters or other emergency personnel.

3. For each occupational disease suggested in response to Question 2, what should be listed as the corresponding:

- a. agents, dusts, compounds, substances, radiation or things, and
- b. if appropriate, the relevant level or extent of exposure to these; or
- c. occupations, industries, or processes?

See response to question 2.

4. Do you think there is relevant evidence to support including additional exposures for occupational diseases currently included in Schedule 2?

Yes. We think additions can be made to the following existing diseases on Schedule 2 (following the Schedule 2 numbering) –

1. Pneumoconioses caused by sclerogenetic mineral dust (silicosis, anthraco-silicosis, asbestosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death.
31. Lung cancer diagnosed as caused by bis (chloromethyl) ether (and chloromethyl methyl ether), cadmium, coke oven emissions, nickel, radon, silica, or soot.

36. Peripheral neuropathy diagnosed as caused by organic solvents such as n-hexane, carbon disulphide, or trichloroethylene; pesticides such as organophosphates; acrylamide.

38. Chronic obstructive pulmonary disease diagnosed as caused by coal, silica, cotton dust, or grain dust.

40. Occupational allergic contact dermatitis diagnosed as caused by recognised sensitising agents inherent in the work process such as, but not limited to, nickel and other metals, rubber additives, resins, petroleum distillates, solvents, soaps, detergents, and plant allergens.

5. If yes to Question 4, for each relevant current occupational disease, what should be listed as the corresponding additional:

- a. agents, dusts, compounds, substances, radiation or things, and
- b. if appropriate, the relevant level or extent of exposure to these; or
- c. occupations, industries, or processes?

a. We suggest adding to Schedule 2 –

- number 40, 2-Hydroxy Ethyl Methacrylate Agent (Hema)

c. We suggest adding to Schedule 2 –

- number 40 beauty industry, nail technicians, nail salon workers, hairdressers, and workers in hair salons.
- numbers 36, workers in the green space and landscaping sector.
- numbers 1, 31 and 38, those working with engineered stone.

If you have suggested including a new occupational disease or diseases, and/or additional exposures, please provide links and/or references to supporting evidence.

Where relevant, please include information on how the disease or diseases affect different populations, including impacts on different genders.