

**Submission by**

**The Employers and Manufacturers  
Association (EMA)**

**to the**

**Ministry of Business, Innovation and  
Employment**

**on the**

**Suggested additions to the ACC list of  
occupational diseases,  
Schedule 2 of the AC Act 2001**

**May 2023**



## About the EMA

The EMA has a membership of more than 7,500 businesses, from Taupo north to Kaitaia, employing around 350,000 New Zealanders.

The EMA provides its members with employment relations advice and legal services from industry specialists, consulting services in HR, ER and Health and Safety, Collective Bargaining negotiation, a People Experience Practice, and Advocacy at both Central and Local Government levels to help their businesses and people grow.

The EMA advocates on behalf of its members to bring changes in areas that can make a real difference to the day-to-day operations of our members including RMA reform, infrastructure development, employment law, skills and education, health and safety and export growth.

The EMA is part of the BusinessNZ network.

## CONTACT

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## **Introduction**

Thank you for the opportunity to make a submission on the Review of Occupational Diseases under Schedule 2 of the AC Act 2001.

Our business mandate is to advocate on behalf of business. Our goal is to make business more successful. Anything that creates barriers to this must be questioned and debated.

## **Comments**

1. We note that around 6,400 claims are made for gradual onset claims and that around 3,800 have entitlements. Claims for occupational disease are 4,000 and claims with entitlement are 1,000. (Stats NZ 2020-21). The total number of claims made to ACC was 1,878,862 in 2022.
2. Businesses currently agree with the status quo about the work-related gradual process and disease processes and outcomes. We feel it is fit for purpose and fulfilling its insurance role under the ACC scheme.
3. The process is robust and evidence-based with sound claim acceptance criteria.
4. The review is seeking to identify any new conditions that could be included under Schedule 2 and is also seeking comments regarding any gender bias with regard to specific occupational exposures.
5. Business is not qualified nor able to address these questions as they are not occupational physicians, nor are they epidemiologists. We rely on scientists and research both within NZ and from overseas to draw attention to any issues found in the research.
6. What business needs is for the current methodology for disease assessment to continue and the gradual process claim process to remain. We feel both these functions are working well.
7. We strongly recommend that any new disease condition that is being considered for inclusion into Schedule 2 is evidenced based and from sound research from within NZ preferably from larger overseas research findings.
8. Care must be taken to ensure social/public health conditions are not included in Schedule 2 as this reduces public costs but increases business costs.
9. Business also needs to be consulted early in the process of new disease inclusion into Schedule 2 so they have an opportunity to support or have their concerns aired.
10. The discussion document mentions under '3.4 Use of developments' the related documents from ILO and the Australian Deemed Diseases as reference documents in this review. We agree with ACC that mental illnesses remain out of the scope of this review as they are already managed through Sect 21B of the Act.

11. We have concerns about the “gender-sensitive” conditions as referred to under point 41 of the discussion document. This is a new scope of disease aetiology and one that will require sound research and evidence-based decisions.

### **Set Questions**

12. As per our discussion point 5, we are unable to provide informed discussion around these questions.

### **Questions**

1. Do you think there is relevant evidence to support including new occupational diseases to Schedule 2 at this time?
2. If yes to Question 1, what occupational diseases should be added to Schedule 2?
3. For each occupational disease suggested in response to Question 2, what should be listed as the corresponding:
  - agents, dusts, compounds, substances, radiation or things, and
  - if appropriate, the relevant level or extent of exposure to these; or
  - occupations, industries, or processes?
4. Do you think there is relevant evidence to support including additional exposures for occupational diseases currently included in Schedule 2?
5. If yes to Question 4, for each relevant current occupational disease, what should be listed as the corresponding additional:
  - agents, dusts, compounds, substances, radiation or things, and
  - if appropriate, the relevant level or extent of exposure to these; or
  - occupations, industries, or processes?