



*Nurse Practitioners  
New Zealand*

## Submission by Nurse Practitioners NZ

### Consultation on proposed changes to the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003

5<sup>th</sup> February 2013

**Submission to:**

Consultation on Cost of Treatment Regulations change proposals  
Health, Safety and Compensation Team  
Labour and Commercial Environment Group  
Ministry of Business, Innovation, and Employment  
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I am responding:

as an individual

on behalf of an organisation: **Nurse Practitioners New Zealand**

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Please tick to describe the type of organisation:

Treatment provider group

Claimant representative

District health board

PHO

Accident and emergency clinic

Business representative organisation/industry group

Trade Union

Registration Board

Other (please describe):



## Submission

### Part 1: Increase for general practitioners and nurses for under-six year old consultations

#### Questions

1. Do you support the proposal to increase the rate for under-sixes medical practitioner and combined medical practitioner/nurse visits by \$5 per visit?
2. If not, what are your reasons?

1. Whilst we agree with the proposed increase has been set at a level that should compensate practitioners for providing free visits at all times for under-six year olds. And that ACC will also be implementing an increase in rates to accident and medical clinics and rural general practitioner clinics that are paid under contract.
2. It is concerning that Nurse Practitioner (NP) provider rates are not included in the proposed new rates. NP's currently work in 24hr A&M clinics and provide afterhours services in many rural and urban areas to children under the age of 6yrs, providing the same level of service as that of a GP in most if not all instances. As such NPNZ feel that the reimbursement should be of equal value.

Also that there is yet to be a NP /nurse rates proposed by ACC as in some clinics and rural areas the entire episode of care is managed by NP/ nurse combined visits and there is no GP service available.

NPNZ would ask ACC to amend the cost regulations to include both of the above issues. In doing so, NPNZ believe that ACC would be honouring the 3<sup>rd</sup> and 4<sup>th</sup> points listed in the proposal.

#### “Advantages

##### This proposal:

- treats all providers the same
- improves claimant access to free after-hours visits in all areas”



## Part 2: Rationalising and updating the dental rates

### *Proposal 1: contribution rates*

#### Questions

3. Do you support the proposal for a new framework for ACC contributions to dental treatment with a more even distribution of payments?
4. If not, what are your reasons?
5. Do you support the proposal to reduce the ACC contribution for dental implants while providing more funding for other dental procedures?
6. If not, what are your reasons?

3. Whilst introducing a co-payment for adult dental examination seems a fair process to bring costs in line with other provider assessment services, NPNZ are concerned that “increasing co-payments may lead to a reduction in demand by low income people as cost is a barrier to dental care” is too great a risk to take.
4. It is a very difficult decision for most of this group to pay for dental care in any case and frequently they will forgo simple dental treatments altogether which has on-going complications for their immediate & general health.

In many instances claimants first attend a GP practice or A&E department with their dental injuries. It is our experience that many people are still unaware that they can attend a dentist independently for ACC. And /or have sustained other injuries as well so end up paying for a Primary Health Care assessment (GP/NP/nurse claim) and will under the proposed changes, then have to pay towards a dental consult as well.

Admittedly \$13.55 may well only be a one off fee, (unlike the repeat charge that is imposed by general practice for repeat visits related to a particular M45 claim) but on top of that there are the more expensive dental treatment co-payment proposed charges listed in table 5. NPNZ believe that adding this layer will only deter access to dental treatment even further.

NPNZ propose that the \$13.55 charges for first assessment not be introduced.

If they do go ahead, we strongly recommend that ACC broadly advertise the introduction and openly advertise that ACC dental treatments are available by first point of care being the dentist.

5. NPNZ agrees with the advantages of altering the regulation costs of alternatives to the use of implants and increases funding to general dental treatments which will increase claimant access to these treatments. It appears a wiser and equitable spend of ACC’s limited funding compared to the current total of \$5,759 for contracted surgery and final superstructure which have a limited lifespan & carry the risk of implant related diseases.

Also claimants will be offered a range of alternative treatments for a missing tooth so they can choose the option that best suits their circumstances.



***Proposal 2: Treatments and their descriptions***

**Questions**

7. Do you support the proposal to rationalise and simplify the list of ACC contributions for dental treatments?
8. If not, what are your reasons?

7. NPNZ agrees with and supports the clarity and simplification of the list in Appendix 1 showing the proposed changes, however NPNZ is not completely in agreement with the proposed contribution for dental treatment rates as discussed above.

***Proposal 3: Treatment for under-18 year olds***

**Questions**

9. Do you support the proposal to merge a number of treatments for under-18 year olds with those for adults?
10. If not, what are your reasons?

9. NPNZ agrees with and supports the changes to the regulations pertaining to those under 18yr olds as a positive and workable move forward. Can NPNZ suggest that ACC please include a statement that reflects; If however, the dental repair/treatment is delayed until after 18yrs of age from an injury sustained prior to 18yrs of age, is it still covered at the under 18yr old rate." Or, will the claimant have to pay adult co- payment charges?



### Part 3: Rate increase for treatment providers

#### Questions

11. Do you support the proposal to increase the consultation rate for certain treatment providers by 1.9% under the Cost of Treatment Regulations?
12. If not, what are your reasons?

11. NPNZ acknowledges ACC proposed 1.9% increase in Table 7, is consistent with movement in the Labour Cost Index and goes some way to address the rise.
12. It is concerning that Nurse Practitioner (NP) provider rates are not yet matched with that of a GP rate. NP's currently provide services in many rural and urban areas providing the same level of service as that of a GP in most if not all instances. As such NPNZ feel that the reimbursement should be of equal value.

Also that there is yet to be a NP /nurse rates proposed by ACC as in some clinics and rural areas the entire episode of care is managed by NP/ nurse combined visits and there is in some areas no GP service available.

NPNZ would ask ACC to amend the cost regulations to include both of the above issues to honour the advantages points acknowledged by ACC's for

- "Continued recognition of the importance of treatment providers in the treatment of ACC claimants.
- Maintenance of parity of payments with those made in the health sector in general claimants."

### Part 4: Change the name of the Cost of Treatment Regulations

#### Questions

13. Do you support the proposal to change the name of the Cost of Treatment Regulations?
14. If not, what are your reasons?

13. NPNZ supports the name change to "Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003."



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## **Part 5: Technical amendment**

### **Questions**

15. **Do you support the proposal to add Items C1 and C2 back into the Cost of Treatment Regulations?**
16. **If not, what are your reasons?**

15. **NPNZ supports the reinstatement of Items C1 and C2 as these items specify the types of counsellor, as each type receives a different level of payment.**
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