

Submission form

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

Submissions may be made to:

Email: COTconsultation@mbie.govt.nz

Post:

Consultation on Cost of Treatment Regulations change proposals
Health, Safety and Compensation Team
Labour and Commercial Environment Group
Ministry of Business, Innovation, and Employment
PO Box 3705
Wellington
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Submissions close at 5pm on **Wednesday 28 February 2013**.

Your Details

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I am responding:

as an individual

on behalf of an organisation (please specify):

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): Nursing organisation
-

Submission

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?**

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 is concerned that increasing co-payments will lead to a reduction in demand by low income people as cost is a barrier to dental care for this group and will further increase their disparity in accessing basic healthcare.

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 ongoing complications for their immediate & general health. NPNZ believe that adding this layer will only deter access to dental treatment even further.

It is the experience of Primary Health Care NPs that many people are still unaware that they can attend a dentist independently for ACC. In many instances claimants first attend a GP practice or A&E dept with their dental injuries. Frequently they have sustained other injuries as well. As part of an Initial ACC M45 assessment claim the GP/NP/Nurse are able to assess when dental care is required and so refer onto dental for treatment. Under the proposed changes, the injured person will then end up making a co-payment to both Primary Health Care (GP/NP/nurse claim) and will then have to pay a dental consult co-payment as well.

Admittedly, \$13.55 dental copayment may well seem to be a small fee. NPNZ propose that it only be charged once for the initial dental assessment, not at every dental consult as proposed because the more expensive dental treatment copayments proposed charges (as listed in table) as individual treatments are well prescribed, standardised and itemised for costing thereafter.

If the changes 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.

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?**

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 should increase many claimant's 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 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?**

NPNZ supports the proposal to merge a number of treatments for under 18 year olds with those for adults for ease of both dental and ACC administration staff.

Our only concern is what happens to persons who are injured under the age of 18 yrs, but for whatever reason do not get access to partial or full treatment, until they are over 18yrs of age. Will those persons have to make co-payments for care once they are over 18yrs of age?