

30 April 2026

Ministry of Business, Innovation and Employment
ACregs@mbie.govt.nz

Re: Targeted consultation paper: Proposed changes to ACC Cost of Treatment and Definitions Regulations

Kia ora e delegate(s) of the Ministry of Business, Innovation and Employment,

As a healthcare provider that represents more than 140 general practices across New Zealand, we're pleased to have the opportunity to provide feedback on the proposed changes to ACC Cost of Treatment and Definitions Regulations.

ProCare is dedicated to supporting excellence in primary care and delivering services that uplift the health and wellbeing of our communities. In Auckland and Northland, the practices we work with support nearly 700,000 people. We are committed to honouring Te Tiriti o Waitangi and advancing population health and equity to improve outcomes for Māori, Pacific Peoples, and others in need.

We are engaging with this consultation as it directly affects, the financial viability of ACC work in general practice and administrative clarity, patient access to timely and appropriate care, and workforce sustainability.

Our responses to the relevant sections of the consultation are set out below.

2. Proposed increases to regulated payment rates	
<p>Question 2.1 Which of the options for increasing payment rates do you prefer? What is your justification?</p>	<p>ProCare supports Option B: a blanket percentage increase of 9.45% across all regulated treatment rates.</p> <p>This option reflects the increase in medical, workforce, and practice costs in primary care and is therefore the option most likely to support the ongoing viability of ACC services delivered in general practice.</p> <p>General practices face sustained pressure from rising staffing, infrastructure, compliance, and operational costs. When ACC rates do not keep up with these pressures, practices are left with limited options: absorbing costs, reducing ACC service provision, or increasing patient co-payments. Over time, this undermines access to care and the ability of general practice to support early intervention and rehabilitation for injured patients.</p>
<p>Question 2.2 How would the preferred 4.7% increase to payment rates under option C affect providers and claimants?</p>	<p>ProCare does not support Option C.</p> <p>A 4.7% increase would fall short of covering inflationary and workforce cost pressures faced by general practices and allied primary care providers.</p>
3. Minor amendments to improve the Cost of Treatment Regulations	
<p>Question 3.2 Do you agree that consultations under the Cost of Treatment Regulations can be provided via telehealth if clinically appropriate?</p>	<p>Yes. ProCare supports this clarification.</p> <p>Recognising telehealth consultations provides important administrative clarity and reflects modern models of care delivery in primary care. Telehealth could improve access for injured patients, particularly for follow-up, triage, and</p>

	<p>assessment where in-person attendance may not be clinically necessary or practically feasible.</p> <p>It is important, however, that telehealth use remains clinician-led. Health practitioners must retain their duty of care to determine when a virtual consultation is clinically appropriate and when an in-person assessment is required.</p> <p>However, if there is a need to convert the initial appointment to an in-person appointment (for alternative providers) another initial consult fee would need to apply.</p>
<p>Question 3.3 Do you agree with the revised methodology for calculating the combined rate? (for combined nurse practitioner and nurse consultations)</p>	<p>Yes. ProCare supports revising the methodology so that the combined nurse practitioner and nurse consultation rate aligns with the approach used for combined medical practitioner and nurse consultations (set at 104.76% of the solo medical practitioner rate).</p> <p>This change improves fairness, reflects the value of collaborative clinical practice, and supports team-based models of care that are increasingly important for workforce sustainability in primary care.</p>
<p>Question 3.4 Do you agree that new combined rates should be added for concurrent treatment involving paramedics?</p>	<p>Yes. ProCare supports the introduction of combined rates for:</p> <ul style="list-style-type: none"> • medical practitioner and paramedic consultations, and • nurse practitioner and paramedic consultations. <p>Collaborative treatment through appropriate combined rates encourages interdisciplinary care and supports safe, coordinated responses to injury, particularly in community and urgent care contexts.</p> <p>The inclusion of paramedics working in general practice as part of Health New Zealand’s Comprehensive Primary and Community Care Teams (CPCT) programme provides relevant system-level evidence that these collaborative models are already operating successfully.</p>
<p>Question 3.5 Do you agree that consultations should be covered at the initial rate even when no specified treatment is provided?</p>	<p>Yes. ProCare strongly supports this clarification.</p> <p>General practice consultations frequently involve essential ACC-related services that are not always itemised in the Schedule, such as clinical assessment, advice, prescribing, referrals, certification, and safety-netting. These services require clinical expertise and practice time and are central to high-quality, patient-centred care.</p> <p>Confirming that the initial consultation rate applies in these circumstances reduces ambiguity, supports best practice primary care, and ensures that clinicians are not financially penalised for providing appropriate assessment and management.</p>
<p>Question 3.6 Should an invoicing time limit be six months?</p>	<p>ProCare supports the principle of timely invoicing and recognises ACC’s need for accurate, up-to-date information to support monitoring, reconciliation, and scheme sustainability.</p>

	<p>However, six months may be too short, particularly where delays occur outside the control of general practices, such as:</p> <ul style="list-style-type: none"> • delays in claim-number issuance • late confirmation of ACC eligibility • complex or disputed claims <p>Any new invoicing time limit should be implemented carefully, with clear guidance, appropriate exemptions, and alignment with ACC's own administrative timeframes, to ensure it does not unintentionally increase administrative burden or financial risk for general practices.</p>
<p>Question 3.7 Do you agree changes are required to reflect the fact that vocationally trained GPs are a type of specialist?</p>	<p>Yes. ProCare agrees that changes are required to reflect the fact that vocationally trained GPs are recognised specialists under the Medical Council of New Zealand's scopes of practice.</p>
<p>4. Changes to the Definitions Regulations</p>	
<p>Question 4.1.1 What benefits do you see for claimants? (Oral health therapists and dental therapists as treatment providers)</p>	<p>While this change has limited direct impact on general practice, ProCare supports the proposal as it aligns with improved access to care, particularly in community and outreach settings. Enabling oral health therapists and dental therapists to provide ACC-funded care within their scope may increase choice for claimants and reduce barriers to timely treatment, with potential benefits for equity and population health.</p>
<p>Question 4.3 Do you agree with adding physician associates as RHPs?</p>	<p>Yes. ProCare supports adding physician associates as registered health professionals, noting that regulation under the Medical Council provides necessary clarity around scope of practice, supervision, and accountability. This change supports patient safety and aligns with evolving team-based workforce models in primary care.</p>

If you would like to talk to us about our submission, please contact Rosa Bach – Senior Communications Advisor at rosa.bach@procare.co.nz.

Ngā mihi



Bindi Norwell
ProCare Group CEO



Dr Allan Moffitt
Clinical Director