



New Zealand Physiotherapy Trust Limited

30 April 2026

By Email: ACregs@mbie.govt.nz

Consultation on ACC Regulated Payments for Treatment

Dear MBIE

Thank you for the opportunity to provide feedback on the proposed amendments to regulations under the *Accident Compensation Act 2001*. The New Zealand Physiotherapy Trust (NZPT) is providing feedback related to the Proposed changes to ACC Cost of Treatment and Definitions Regulations April 2026 review proposal.

NZPT is a membership organisation of physiotherapists in New Zealand. For more information, please refer to our website at [New Zealand Physiotherapy Trust Ltd \(nzpttrust.co.nz\)](http://NewZealandPhysiotherapyTrustLtd.nzpttrust.co.nz). Below, NZPT answers the questions outlined in the proposal.

Overall, the proposed adjustments to regulated payment rates and the accompanying amendments to improve clarity, fairness, and operational efficiency are appropriate and necessary. The inclusion of telehealth provisions, recognition of additional health professionals, and refinement of consultation definitions reflect the evolving nature of healthcare delivery and are supported.

Predominantly the ACC claimants receive the entitlements and not the providers. The focus is restoring the claimant's health to the maximum extent practicable. There should be a move away from general funding increases to providing resources that meet claimant's needs in the acute stages of recovery.

Alternative options considered for rate changes

2.1 Which of the options for increasing payment rates do you prefer? What is your justification?

While option B is a good starting point, the emphasis should be focused on saving the ACC money by putting resources into areas that help the most. It is well known that physiotherapists are in the best place to understand healing timeframes and to diagnose the actual problem. Therefore, helping to ensure correct healing time frames and not allowing acute injuries to become chronic.

Resources provided at the beginning of an injury would ensure costs benefit later. Usually, treatment is required for 6-12 weeks after sprain injuries, 12-18 weeks for fractures and 3-12 months for diagnosed acute disc injuries. During these times, physiotherapy should be available to encourage that injuries heal correctly and claimants may return to work.

Evidence from New Zealand physiotherapy providers indicates that for many conditions (such as knee or shoulder injuries), physiotherapy can achieve outcomes comparable to surgery. The ACC funding one surgery is the equivalent cost of 250 physiotherapy sessions. It is cost effective and better for claimants to be able to receive physiotherapy rather than wait until the condition does not heal on its own, and the condition become chronic or surgery is recommended.

The function of the ACC is to promote measures to reduce the incidence and severity of personal injury in accordance with section 263 of the Act. Removing barriers to treatment is a requirement under the Act.

2.2 How would the preferred 4.7% increase to payment rates under option C affect providers and claimants?

It would be mean below the status quo, where physiotherapy client charges (co-pays) are becoming cost-prohibitive for many claimants. Physiotherapists would likely increase their charges to claimants providing a barrier to those needing care.

From a clinical and service delivery perspective, we would strongly advocate that the proposed increases in regulated payment rates be more substantial than currently indicated to physiotherapists. Physiotherapists should not be linked with other allied health providers to ensure cost effective and better claimant care.

Current ACC contribution levels and surcharges have not kept pace with the true cost of delivering high-quality care. Inflationary pressures, increased administrative burden, rising compliance requirements, and the complexity of modern patient presentations have all contributed to a widening gap between reimbursement rates and the actual cost of treatment provision.

In clinical practice, this gap can directly impact, for example:

- the sustainability of treatment providers operating within the ACC framework;
- the ability to allocate adequate time per patient, particularly for complex or chronic cases;

- workforce retention and recruitment across allied health and primary care sectors; and
- patient access to timely and effective care.

Incremental increases alone are unlikely to address these systemic pressures. A more meaningful adjustment to ACC surcharges is required to ensure that providers can continue to deliver safe, effective, and patient-centered care without compromising clinical standards.

Furthermore, adequate funding through increased surcharges supports:

- continuity of care
- improved clinical outcomes
- reduced long-term costs to the ACC system through early and effective intervention

In summary, while the direction of the proposed changes is limited, we recommend that regulated payment rates be increased at a level that more accurately reflects the real cost of care delivery in the current healthcare environment to better serve claimant needs.

3.2 Do you agree that the Cost of Treatment Regulations should be amended to clarify that consultations provided under the Cost of Treatment Regulations can be provided via telehealth if clinically appropriate? If not, why not?

Yes. This would remove a barrier to clients that need to travel to treatment. It would save the ACC from paying travel expenses. It would likely mean less missed treatments and claimants would be able to show how they manage at home, and therefore physiotherapists could better understand the housing situation.

3.6 If an invoicing time-limit is added to the Cost of Treatment Regulations, should the time limit be six months? If not, what do you think it should be and why?

The ACC may manage provider invoices pursuant to section 262(1)(c) of the Act. Having a separate time limit for those under Regulations and those under other ACC contracts would confuse those sending invoices to the ACC.

The onus is on the ACC to manage invoice requirements and not the MBIE making changes to Regulations. The ACC already has the power to change invoicing time-limits; the MBIE should not be acting for the ACC in this regard.

Summary

Physiotherapy should not be linked with other allied health providers. They should have separate payment structures that is research based promoting early care and

physiotherapists are the main providers of choice for acute injuries. The focus should be on what claimant's need to get better, not on rudimentary increases.

Thank you for considering this submission.

Ngā mihi

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