

Treatment

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Policy

1. Purpose

- 1.1 The purpose of this document is to provide the policy on administering eligibility for Treatment under the Veterans' Support Act 2014 (the Act).
- 1.2 The following policies are covered in separate papers:
- *Counselling for Family Members and Support Persons*
 - *Dental Treatment*
 - *Mental Health Treatment*
 - *Private Hospital Surgery*
 - *Skin Cancer Treatment*
 - *Temporary Increase in Payment of Disablement Pension*
 - *Travel for Assessment, Treatment and Rehabilitation.*

2. Legislative Reference

- 2.1 The relevant legislation is:
- the Act, sections 7, 51, 107 to 111, and clause 6 of Schedule 1
 - Veterans' Support Regulations 2014, regulations 4 to 8 and 64 to 70
 - Police Act 1958, section 42 and the Policing Act 2008, section 110.

3. Eligibility for Treatment

- 3.1 In order to be eligible for treatment a veteran must:
- have **qualifying service**; and
 - be suffering from an **accepted disability**.

Section 107(1) of the Veterans' Support Act 2014

- 3.2 A veteran in receipt of:
- a Disablement Pension under Scheme One, or
 - a grand-parented War Disablement Pension, or
 - an Independence Allowance under Scheme Two, or
 - a Lump Sum Payment for Permanent Impairment under Scheme Two, or

- Weekly Compensation under Scheme Two

for the accepted disability for which treatment is being sought is eligible for treatment. **See sections 7-11 to determine what treatment Veterans' Affairs will cover.**

- 3.3 A New Zealand police officer who is receiving a War Disablement Pension or Disablement Pension based on their service in the New Zealand Police between 1958 and 1972 can apply for the support set out in this policy.

Section 42 of the Police Act 1958, section 110 of the Policing Act 2008 and section 7 and Schedule 1 clause 6 of the Veterans' Support Act 2014

- 3.4 Veterans' claims for treatment for injury, illness or conditions for which they have not previously applied for any of the entitlements listed in the paragraph above must be referred to the Decision Officer to determine eligibility and entitlement.
- 3.5 Access to treatment is not contingent upon being in receipt of any entitlement. Once service cover has been checked and it has been established that the veteran is suffering from an accepted service-related condition, treatment can be provided for that condition. (**See section 5**).
- 3.6 **See Mental Health Treatment Policy regarding payment for urgent mental health treatment prior to a decision on an injury or illness being service-related.**

4. Applications for Treatment

- 4.1 The veteran must apply for treatment on the appropriate treatment application form. If a veteran has been granted a Disablement Pension under Scheme One or impairment compensation under Scheme Two for the disability for which treatment is being sought, the application can be referred directly to the Rehabilitation Advisor. The Rehabilitation Advisor will elicit from the veteran's treatment provider information about treatment that a veteran needs or is receiving, and which medications are associated with which disability. If a veteran is seeking treatment for a new injury or illness the application first needs to be referred to the Decision Officer who will determine if the injury or illness is service-related (refer to section 5.1).
- 4.2 On receipt of an application for treatment Veterans' Affairs will determine the treatment it will cover after considering:
- the nature and severity of the injury or illness
 - the generally accepted means of treating the injury or illness in New Zealand
 - any other means of treating the injury or illness in New Zealand
 - whether the treatment sought is necessary, appropriate, and of the quality required to treat the injury or illness
 - whether the treatment will be provided only on the number of occasions necessary

- whether the treatment is of a type normally provided by the treatment provider for the injury or illness concerned
- whether the treatment provider is sufficiently qualified and experienced to provide the required treatment' and

Section 108 of the Veterans' Support Act 2014

- the potential for harm through delay, e.g. a risk to life, ongoing deterioration of health.

4.3 Veterans' Affairs will also take into account whether the veteran's family members or other persons providing support to the veteran require **counselling** in relation to the support they are giving (**see separate policy on Counselling for Family Members and Support Persons for details**).

Section 107(1A), 108(3) and 108B of the Veterans' Support Act 2014

4.4 Veteran's Affairs will also consider the impact the treatment will have on the veteran's working or living arrangements as advised by the veteran's treatment provider in the first instance (e.g. if an older veteran needs surgery to remain independent in his home and where he is the caregiver for his wife or where provision of treatment would enable the veteran to return to work sooner). Veterans' Affairs may also consider relevant information provided by the veteran's Case Manager or the Veterans' Affairs Rehabilitation Advisor on these topics.

4.5 As a general rule, Veterans' Affairs will only fund subsidised pharmaceuticals listed on the PHARMAC Schedule.

5. Approving Treatment

5.1 Before approving treatment a Decision Officer must confirm that the veteran meets the eligibility criteria set out in Section 3.

5.2 A veteran will usually apply for treatment for an accepted disability when he/she applies for a Disablement Pension under Scheme One, or an Independence Allowance or Lump Sum Payment for Permanent Impairment under Scheme Two. However, dependent on the severity of the injury, treatment may commence and be reimbursed prior to the decision on whole-person **impairment** and the veteran's receipt of an entitlement where:

- ACC does not provide treatment for the condition; or
- the veteran is at risk to himself/herself or others (e.g. mental health emergency) and it has been determined that the veteran suffers from a service-related disability.

6. Prior Approval for Treatment

6.1 Approval must be sought for all treatment associated with an accepted disability. The exception to this is GP visits which for any accepted disability can be

undertaken without prior approval. Where treatment has been approved this also covers **subsidised pharmaceuticals** on the PHARMAC list, and diagnostic x-rays and scans up to \$1,000. Scans over \$1,000 and MRIs require pre-approval.

- 6.2 Veterans' Affairs is not responsible for paying for or contributing towards treatment that is already being funded by another agency or treatment for which it has not given prior approval. This includes any tests needed for a diagnosis.
- 6.3 This will not apply, however, if the treatment had to be provided in an **emergency (acute treatment or acute admission** and treatment) and it was not practicable to obtain Veterans' Affairs prior approval. Veterans' Affairs will only pay for or contribute to emergency (or acute) treatment when public provision is unavailable.

Section 111 of the Veterans' Support Act 2014

- 6.4 Approval of **private treatment, specialist treatment, long-term treatment, alternative treatment** where it is specifically prescribed by the veteran's health care provider, and additional treatment sessions by health care providers will be determined on a case by case basis and will be included in the veteran's treatment plan (**See separate papers for Private Treatment, Dental Treatment, Mental Health Treatment, and Skin Cancer Treatment**).
- 6.5 Veterans' Affairs will not fund annual gym membership or other sports memberships, but may fund a limited number of gym or sports sessions, e.g. for a limited period of time post surgery, which are specifically prescribed by the veteran's treatment provider.
- 6.6 Veterans' Affairs may contribute to podiatry specialist treatment for a service-related foot condition only (**For general foot maintenance, e.g. nail cutting, see separate paper on Veterans' Independence Programme**); aural toilets for veterans with an accepted hearing disability, and Artificial Limb Centre treatment.

7. Complementary and alternative treatment

- 7.1 Veterans' Affairs will only consider funding alternative treatments which are prescribed and monitored by a treatment provider as defined in the Veterans' Support Act 2014.
- 7.2 Veterans' Affairs will not fund alternative treatment because a veteran has refused conventional standard treatment.
- 7.3 Any decisions about complementary and alternative treatment must be referred to the Manager, Veterans' Services for approval.

8. Food substitutes

- 8.1 Veterans' Affairs will only consider funding food substitutes/supplements if they are prescribed by a treatment provider (as defined in the Veterans' Support Act 2014) and the food supplement is being prescribed to manage an accepted injury or illness. Treatment providers should apply for a special authority for the supplement where possible.

9. Medical Research trials

- 9.1 Veterans' Affairs will not reimburse costs involved in a veteran participating in medical research trials.

10. Long Term Treatment

- 10.1 When giving approval for **long-term treatment** a maximum of 12 months or 12 sessions (whichever is less) may be approved at any one time. For maintenance purposes the generally accepted frequency of treatment sessions is one per month (a maximum of 12 per year). The treatment provider should provide details of the course of treatment for the veteran's treatment plan and a report at the end of the course of treatment. The treatment provider must also state what outcomes are expected to be achieved through delivery of the treatment.
- 10.2 The treatment will be assessed at points identified through the veteran's Your Plan to ensure that the treatment continues to be appropriate to the needs of the veteran.
- 10.3 If the veteran wishes to continue the treatment beyond the 12 months or 12 sessions, the treatment provider must provide a full report encompassing progress made, expected outcomes, time frame for the treatment, and a care plan to move the veteran to independence where applicable. Veterans' Affairs will also have the right to seek a second medical opinion if appropriate to ensure that the long term needs of the veteran are being met.

11. Specialist medical treatment

- 11.1 A cost assessment for specialist treatment must be obtained from the provider prior to approval being sought. As with long-term treatment (see section 11 above) a maximum of 12 months of specialist treatment or 12 sessions (whichever is the less) may be approved at any one time. **See also the separate policy on Private Treatment.**
- 11.2 The treatment must be arranged with a specialist practitioner in the veteran's local area wherever possible.
- 11.3 Details of the specialist treatment should be entered into the veteran's Your Plan and will be assessed at points identified through the veteran's Your Plan to ensure that the treatment continues to be appropriate to the needs of the veteran.
- 11.4 Paragraph 10.3 regarding continuation of long-term treatment beyond 12 months or 12 sessions applies similarly to specialist treatment.

12. Variations in Approved Treatment

- 12.1 If the veteran is receiving treatment for an accepted disability and Veterans' Affairs is paying for or contributing towards the costs of treatment, the veteran may apply to:
 - increase the amount Veterans' Affairs is paying or contributing towards treatment; or

- include an additional treatment; or
- do both of the above.

12.2 An example of additional treatment may be when an approved treatment for skin cancer is insufficient to remove the necessary lesions and the treatment provider recommends an alternative approved treatment. Another example may be when physiotherapy has been approved for a fixed number of sessions and the physiotherapist recommends additional sessions of physiotherapy to meet the treatment outcomes set out in the veteran's Your Plan.

12.3 Veterans' Affairs will assess the application as per section 4 of this policy before deciding whether to accept or decline the application.

12.4 **See also separate policy on Counselling for Family Members and Support Persons regarding applications for increased or additional counselling.**

Section 110 of the Veterans' Support Act 2014

13. Temporary Increase in Disablement Pension Payments

13.1 **See separate paper on Temporary Increase in Disablement Pension** regarding veterans undergoing treatment that requires absence from home or work.

14. Developing a Treatment Plan

14.1 Veterans' Affairs must prepare a treatment plan for a veteran receiving a temporary Disablement Pension. Veteran's Affairs has decided as a matter of policy that all veterans receiving funding for treatment will have a treatment plan. The plan must be prepared in consultation with the veteran and the veteran must follow the plan. The plan will document which treatment is approved for the veteran. The plan will be updated whenever a new treatment is approved or a treatment provision ends.

Section 51 of the Veterans' Support Act 2014

14.2 The treatment plan will be incorporated in the veteran's Your Plan covering all assistance the veteran receives. The assessment of progress on all aspects of assistance such as rehabilitation will help inform requests for additional treatment and whether any further treatment funding will be approved.

14.3 The treatment plan should record:

- the accepted disability or disabilities for which Veterans' Affairs will fund treatment
- details of the types of approved treatment Veterans' Affairs will fund, including the duration, frequency and number of approved sessions with treatment providers
- pharmaceuticals that have been approved for payment

- current entitlements
- any reassessment date assigned as a consequence of a temporary Disablement Pension
- any variations in approved treatment (**See section 12**).

14.4 Veterans will be given a copy of their Your Plan which they can show to their medical practitioner with their Treatment Card (**see section 15 on Treatment Cards**).

14.5 Any treatment that Veterans' Affairs agrees to either pay for or contribute towards will be recorded in the Your Plan along with the associated treatment outcomes. Progress towards achieving the treatment outcomes will be monitored. Reassessments will take place at regular intervals to take into account changes in the veteran's circumstances and accepted disabilities. All changes and updates are to be recorded in the Your Plan.

14.6 If the current approved treatment does not achieve the expected treatment outcomes it may be discontinued. In that event, a decision will be made about whether another type of treatment is appropriate or not. Alternatively, if the current treatment is deemed to be appropriate but the expected treatment outcomes have not been met, Veterans' Affairs will consider whether additional supplemental treatment is needed. In such cases, Veterans' Affairs will also consider whether a change in treatment provider may be required. Veterans' Affairs will consider the funding of any replacement or additional treatment in accordance with the criteria set out in sections 7-11 of this document.

15. Treatment Card

15.1 Veterans with an accepted disability will be issued with a treatment card which identifies the veteran with their full name, Veterans' Affairs identification number, Defence Force number (if applicable), National Health Index number, the card's dates of issue and of expiry, and how to contact Veterans' Affairs.

15.2 The treatment card will list all the accepted disabilities which are listed in the veteran's Your Plan and for which Veterans' Affairs will pay or contribute towards the cost of approved treatment. A statement that Veterans' Affairs will not pay or contribute towards the cost of specialist treatment without prior approval will also be included.

15.3 The treatment card can be presented by the veteran to their health practitioner or provider to advise them to send their invoices for approved treatment and medication to Veterans' Affairs for payment. Veterans' Affairs will only pay for the costs for the disabilities listed on the card.

Regulation 65 of the Veterans' Support Regulations 2014

16. Reimbursement of Treatment Costs

16.1 Veterans' Affairs is not responsible for paying or contributing to a veteran's treatment in the following circumstances:

- the veteran is a member of the armed forces and the Defence Force is covering the cost of treatment, or
- the treatment (including emergency treatment) is available under the New Zealand Public Health and Disability Act 2000, or
- ACC is paying for or contributing to the cost of the treatment.

16.2 Veterans must test their eligibility for cover under ACC. Where ACC provides cover, veterans must seek treatment through ACC, in particular for accidents or falls. Veterans' Affairs will pay the top up or excess if the injury is related to qualifying service.

Section 107(2) of the Veterans' Support Act 2014 (2014 No 56)

17. Reimbursement of Ancillary Costs

17.1 Additional services may be required to support the veteran in completing their treatment. Veterans' Affairs may pay or contribute towards the costs of these services if:

- the service facilitates the approved treatment, and
- the service is required to achieve the outcomes expected from the treatment.

17.2 Examples of what may qualify as an ancillary service are:

- accommodation
- pharmaceuticals prescribed by a treatment provider with appropriate authority
- laboratory tests requested by a health practitioner.

17.3 This excludes costs already covered by another organisation or paid for as part of the treatment, e.g. meals and accommodation when the veteran has been admitted to hospital.

Section 109 of the Veterans' Support Act 2014

17.4 Approval for treatment also covers diagnostic x-rays or scans up to \$1,000. Scans over \$1,000 and MRIs require pre-approval.

18. Reimbursement of Medical Travel

18.1 The reimbursement of Medical Travel is covered in a separate policy.

18.2 The expectation is that treatment will be provided by the nearest appropriately qualified provider of the treatment (**See separate paper on Travel for Assessment, Treatment and Rehabilitation for exceptions**).

19. Veterans living overseas

- 19.1 Veterans who are resident overseas may be reimbursed for or receive contribution towards treatments that are **generally accepted treatment** in New Zealand where prior approval for the treatment has been obtained. Veterans' Affairs is not responsible for paying or contributing to the cost of a veteran's treatment if the treatment is available under the country's public health care system or that country's equivalent to ACC. Travel costs for treatment will also be reimbursed (**See separate policy paper on Travel for Assessment, Treatment and Rehabilitation**).
- 19.2 The treatment must be provided by an appropriate health practitioner who holds a current practising certificate and is registered with a professional body equivalent to the relevant professional body in New Zealand.
- 19.3 Where the veteran is required to have long-term hospital care (28 days or more) in their country of residence overseas provision may be made of up to \$2,000 (once only) towards the costs of a veteran's spouse or partner, children or dependants, or any other person if Veterans' Affairs considers it appropriate for them to travel to assist the veteran. (**See separate policy paper on Travel for Assessment, Treatment and Rehabilitation**).
- 19.4 With regard to funding for treatment for veterans who spend only part of the year residing in New Zealand and part of the year residing overseas, Veterans' Affairs will usually only accept that a veteran is overseas in one other country for the purpose of residence, not several countries.
- 19.5 When assessing whether to cover the costs of treatment for a veteran who resides part of the year in New Zealand and part of the year in another country, Veterans' Affairs will take into account:
- whether the veteran is customarily resident in that country despite temporary absences rather than simply being present in that country as a visitor or as a traveller (Is there an established pattern of spending a particular amount of time in either country?)
 - whether they intend to remain in that country for a settled purpose
 - what their intentions towards New Zealand and their overseas residence are (do they have return tickets?)
 - the length of time they spend in New Zealand compared with the time residing in the other country
 - whether there is an established pattern of spending a particular amount of time in either country
 - the veteran's personal commitments in both countries (for example involvement in immediate family, community events, clubs and other groups)
 - property ownership, including other asset ownership (e.g. boats, cars, caravans) in either country

- where the veteran's cash assets are principally held (New Zealand or overseas)
- whether their income is earned in New Zealand or the other country, and whether they are a tax resident in New Zealand or the other country
- whether they are eligible to vote in the other country and are still on the electoral roll and vote in central and local body elections in New Zealand.

20. Veterans travelling overseas

- 20.1 Veterans' Affairs does not cover the medical costs of a veteran travelling overseas. It is recommended that veterans take travel insurance that includes medical cover, including cover for pharmaceuticals.
- 20.2 Veterans who are travelling, and are already on prescription medicine, are advised to take their medication with them. Veterans who plan to be away for longer than the period which they can carry prescribed medication should discuss with their doctor options for managing their health while they are away.
- 20.3 Veterans who will be travelling with prescription medication are advised to contact their local Customs authorities to arrange for any documentation they may need to take with them. They may also wish to contact the New Zealand Embassy or consulate in, or nearest to, the country or countries to which they are travelling to make sure that any drugs which they take with them, such as strong painkillers, are legal there. It is also advisable to carry a list of all prescribed medications.
- 20.4 Veterans should be advised to consider registering before they travel with Safe Travel through the Ministry of Foreign Affairs and Trade's website <https://www.safetravel.govt.nz> and locating their nearest New Zealand Embassy to the country of destination as required following an incident or any emergency.

21. Second opinion

- 21.1 Veterans' Affairs may reserve the right to obtain a second opinion when necessary.
- 21.2 If the veteran seeks a second opinion he/she does so at his/her own expense and Veterans' Affairs may take that opinion into account.

22. Reviews, Appeals and Complaints

- 22.1 If a veteran disagrees about a decision concerning eligibility for an entitlement or service **see separate policies on Reviews and Appeals**. If a veteran is concerned about Veterans' Affairs' administration of an entitlement or service **see separate policy on Complaints**.

23. Transitional Arrangements

23.1 For grand-parented War Disablement Pension veterans, existing approvals for treatment will continue to apply and will be reviewed at the time the veteran applies for:

- a new injury, illness or condition
- a new treatment

- a temporary Disablement Pension under Scheme One, or

- reassessment of an existing treatment.

23.2 At these points application for treatment costs must be made under the terms of the Veterans' Support Act 2014.

Glossary

accepted disability [policy definition]

Means an injury, illness or condition that Veterans' Affairs accepts as being service-related.

acute treatment [section 7 of the Accident Compensation Act 2001]

In relation to an injured person, means–

- (a) the first visit to a treatment provider for treatment for a personal injury for which the claimant has cover; and
- (b) the following treatments if, in the treatment provider's reasonable clinical judgement, the need for treatment is urgent (given the likely clinical effect on the claimant on any delay in treatment):
 - (i) any subsequent visit to that treatment provider for the injury referred to in paragraph (a); and
 - (ii) any referral by that treatment provider to any other treatment provider for the injury referred to in paragraph (a).

acute admission [section 4 of the Injury Prevention, Rehabilitation, and Compensation (Public Health Acute Services) Regulations 2002 and section 74 (4) of the Accident Compensation Act 2001].

Means an admission within 7 days of the making of the decision to admit.

complementary and alternative medicine/treatment – definition as adopted by the Ministerial Advisory Committee on Complementary and Alternative Health: a broad domain of healing resources that encompasses all health systems, modalities, and practices, and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. Complementary and alternative medicine includes such practices and ideas self-identified by the users as preventing or treating illness or promoting health and well being (O'Connor et al, 1997)

counselling [section 7]

Means–

Counselling that is provided by–

- (a) a health practitioner under the Health Practitioners Competence Assurance Act 2003 and that is within the practitioner's scope of practice under that Act; or
- (b) a person who is recognised by the Accident Compensation Corporation as a counsellor for the purposes of the Accident Compensation Act 2001.

emergency – an accepted disability that is acute and poses an immediate risk to a veteran's life or long-term health.

generally accepted treatment in New Zealand means treatment supported by evidence-based research which is accepted in New Zealand by the Ministry of Health and is common practice in New Zealand.

gym means a business established to provide managed physical training and programmes.

health practitioner [section 7]

Has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003.

impairment [section 7]

Means a loss or abnormality of psychological, physiological, or anatomical function or structure.

long term treatment means ongoing treatment for an accepted disability by a medical specialist or health practitioner that can be viewed as part of the veteran's ongoing health care.

medical practitioner [section 7]

Means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine.

medical specialist means a medical practitioner who is qualified to practice a particular speciality of medicine, and is registered with the Medical Council of New Zealand as a practitioner of the profession of medicine and who holds a current practising certificate.

member of the armed forces [section 7]

Means a person who is or has been a member of the New Zealand armed force raised by the Governor-General on behalf of the Sovereign,—

- (a) whether in New Zealand or elsewhere; and
- (b) whether before or after the passing of this Act.

non-subsidised pharmaceuticals are prescription medicines and related products not listed on the New Zealand Pharmaceutical Schedule.

non-urgent surgery (elective surgery) means hospital services for veterans who do not need immediate hospital treatment.

pharmaceutical means a medicine, therapeutic medical device or related product or related thing listed in Sections B to I of the PHARMAC schedule.

prescription medicine means any pharmaceutical listed in Part I of Schedule 1 of the Medicines Regulation 1984

private hospital means a hospital run and owned by a private organisation/body where the patient or the patient's health insurance is required to cover all fees/costs.

public hospital means a hospital run and owned or funded by a District Health Board (DHB) to provide publicly funded health and disability services.

qualifying service [section 8]

Means—

- (a) qualifying operational service; or
- (b) qualifying routine service.

qualifying operational service [section 8]

Means–

- (a) service on any deployment treated as a war or emergency for the purposes of the War Pensions Act 1954; or
- (b) service on any deployment declared to be operational service under section 9.

qualifying routine service [section 8]

Means service in the armed forces before 1 April 1974 that is not qualifying operational service.

service-related [section 7]

In relation to an injury, an illness, a condition, or a whole-person impairment, means an injury, an illness, or a whole-person impairment caused by, contributed to by, or aggravated by qualifying service.

specialist treatment means treatment from a registered medical specialist or health practitioner.

subsidised pharmaceuticals are prescription medicines and related products listed on the New Zealand Pharmaceuticals Schedule.

terminal medical condition [section 53]

Means an advanced progressive disease likely to cause death within the 12-month period referred to in subsection 53(1) of the Veterans' Support Act 2014.

treatment provider [section 7]

- (a) means a chiropractor, dentist, medical laboratory technologist, nurse, nurse practitioner, occupational therapist, optometrist, osteopath, physiotherapist, podiatrist, or medical practitioner; and
- (b) includes a member of any occupational group as added for the purposes of this definition by regulations made under section 265 and subject to any criteria specified in those regulations, including (but not limited to) whether and, if so, the extent to which members of an occupational group are recognised by the Accident Compensation Corporation as treatment providers for the purposes of the Accident Compensation Act 2001.

veteran [section 7]

Means–

- (a) a member of the armed forces who took part in qualifying operational service at the direction of the New Zealand Government; or
- (aa) a member of the armed forces who took part in qualifying routine service before 1 April 1974; or
- (b) a person–
 - (i) who has been–
 - (A) appointed as an employee of the Defence Force under section 61A of the Defence Act 1990; or
 - (B) seconded to the Defence Force with the permission of the Chief of Defence Force; and
 - (ii) who took part in qualifying operational service at the direction of the New Zealand Government; or
- (c) a person who, immediately before the commencement of Part 3 of this Act, is eligible for a pension under the following provisions of the War Pensions Act 1954:

- (i) section 19 (but only if the person was a member of the forces):
- (ii) section 55 or 56:
- (iii) Parts 4 and 5.

Definitions of Specific Treatment Providers

Acupuncturist [Regulation 5]

Is–

- (a) a member of the New Zealand Register of Acupuncturists Incorporated; or
- (b) a member of the New Zealand Acupuncture Standards Authority Incorporated who–
 - (i) is a qualified health professional registered to practise in some other medical discipline in New Zealand who holds a recognised postgraduate qualification in acupuncture of a minimum of 120 credits (1 year full-time) at Level 8 or above on the New Zealand Register of Quality Assured Qualifications; or
 - (ii) holds a National Diploma in Acupuncture (Level 7) or equivalent according to the criteria for the New Zealand Register of Quality Assured Qualifications.

Audiologist [Regulation 6]

A person who is an audiologist is a treatment provider if the person–

- (a) is a member of the New Zealand Audiological Society Incorporated; and
- (b) when acting as an audiologist, is not acting–
 - (i) in the course of his or her employment by a supplier of hearing aids; or
 - (ii) as a supplier of hearing aids.

Chiropractor – a health practitioner who holds a current practising certificate and who is, or is deemed to be, registered with the Chiropractic Board as a practitioner of the profession of chiropractic.

Counsellor [Regulation 7]

A person who is a counsellor is a treatment provider if the person is–

- (a) a health practitioner under the Health Practitioners Competence Assurance Act 2003 and counselling is within his or her scope of practice under that Act; or
- (b) recognised by the Accident Compensation Corporation as a counsellor for the purposes of the ACC Act 2001.

The counsellor is a full financial member of a professional association and meets the association's current requirements for membership and is covered by the association's code of ethics, complaints procedure, disciplinary procedure, and requirements for compulsory peer supervision, continuing education, and professional development. The following are examples of professional associations:

- The Institute of Australasian Psychiatrists Incorporated
- The New Zealand Association of Child and Adolescent Psychotherapists (Incorporated)
- New Zealand Association of Counsellors Incorporated
- New Zealand Association of Psychotherapists Incorporated
- The New Zealand Association of Social Workers Incorporated
- The New Zealand College of Clinical Psychologists Incorporated
- New Zealand Psychological Society Incorporated

Dentist means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Dental Council as a practitioner of the profession of dentistry.

Medical Practitioner [see above].

Nurse means a health practitioner who holds a current practicing certificate and is, or is deemed to be, registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice permits the performance of general nursing functions.

Occupational Therapist means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Occupational Therapy Board as a practitioner of the profession of occupational therapy.

Optometrist means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Optometrists and Dispensing Opticians Board as a practitioner of the profession of optometry.

Osteopath means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Osteopathic Council as a practitioner of the profession of osteopathy.

Physiotherapist means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Physiotherapy Board as a practitioner of the profession of physiotherapy.

Podiatrist means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Podiatrists Board as a practitioner of the profession of podiatry.

Psychiatrist means a medical practitioner whose scope of practice includes psychiatry.

Psychologist means a health practitioner who holds a current practising certificate and is, or is deemed to be, registered with the Psychologists Board as a practitioner of the profession of psychology.

Speech Therapist [Regulation 8]

A person who is speech therapist is a treatment provider if the person is a member of the New Zealand Speech-Language Therapists' Association Incorporated.