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LAW LIBRAT

HOUSE OF REPRESENTATIVES

Supplementary Order Paper

Tuesday, 8 December 1998

ACCIDENT INSURANCE BILL

Proposed Amendment

Hon Murray McCully, in Committee, to move the following amendment:

New clause 62B: To insert, on page 85, after line 4, the following clause:

62B. Duties of treatment providers in relation to acute treatment—(1) A treatment provider to whom an insured presents for treatment may exercise the clinical judgment described in section 13A (1) (b) as to the urgency of the need for the treatment only if he or she is a treatment provider of a type appropriately qualified to make a clinical judgment of that kind.

(2) A treatment provider qualified as required by subsection (1) who makes a clinical judgment that the treatment required is treatment of a type described in any of paragraphs (a) to (d) of section 13A (2) must—

(a) Ensure that the treatment is provided by a hospital and health service, whenever practicable; or

(b) Have the insurer's agreement to the treatment being provided in another way.

(3) A treatment provider who is not qualified as required by subsection (1) must refer the insured to a treatment provider who is so qualified.

EXPLANATORY NOTE

This SOP deals with decisions by treatment providers that affect whether treatment is to be regarded as acute treatment (as defined in *clause 13A (1)*). The relevance of the classification is that the insurer may not impose conditions relating to acute treatment.

The proposed amendment clarifies that, if the treatment provider does not have the appropriate qualifications to make the clinical judgement required, he or she has a duty to refer the insured to a treatment provider who is so qualified. (This effectively mirrors the requirement already in clause 2 (1) (f) of Schedule 1 in relation to treatment generally.)

In addition, the amendment addresses the anomaly that treatment providers may have been able to refer injured people to private hospitals for treatment falling within the types covered under the definition of "public health acute service" (clause 134 (2)). The amendment ensures that such a referral can occur only when the insurer has agreed. If there is no agreement from the insurer, the injured person must, whenever practicable, be referred to the public health system.