

## 14. Health and Social Security

Article 33 of the VCDR and Article 48 of the VCCR exempt Diplomatic and Consular officers from social security obligations which may be in force in the receiving state.

### 14.1 Public Health

Diplomatic/Consular/Official staff and their dependants are not eligible for any publicly funded health and disability services or social security benefits in New Zealand (refer to the Ministry of Health's website [www.health.govt.nz](http://www.health.govt.nz)).

Missions and posts must ensure that all staff and their dependants are aware of their liability for all costs of any treatment under the public health system, and that they have the necessary medical insurance to cover for any medical costs in New Zealand. The New Zealand Government will look to the mission/post if any of its staff/family members are unable to meet the medical costs incurred in the New Zealand public health system. It is the duty of all the above persons to inform public health providers that they are not eligible for publicly funded health benefits.

#### 14.1.1 Acute and elective medical care

Acute and elective care may be available, but medical costs associated with such treatments are to be met by the resident mission (this includes all relevant medical and hospitalisation expenses, including doctors' visits, prescriptions and the costs associated with the birth of children in public hospitals). Costs through the public health system may be high.

Elective care provided through the public health system may be provided only where there is capacity beyond meeting the needs of the eligible population. Provision of treatment is decided on a case-by-case basis by the treating District Health Board (DHB). Neither MFAT nor Ministers are able to intervene in these decisions. In some cases, payment may be sought in advance.

For acute care, patients will receive an invoice following treatment. No profit is made through cost-recovery for any non-eligible patients. As each DHB sets its own pricing structure, some invoices are itemised, and some are not. A number of DHBs invoice non-eligible patients by caseweights, using the Casemix system (including Capital & Coast and Hutt Valley, which operate Wellington Regional Hospital and Hutt Hospital respectively). Detailed information about Casemix is available on the Ministry of Health website (<http://www.health.govt.nz/publication/new-zealand-casemix-system-overview-0>).

#### 14.1.2 Ambulance charges

Diplomatic/Consular/Official staff and their dependants who are treated by an ambulance officer and/or transported in an ambulance because of a medical emergency will need to pay a part charge of \$98.00<sup>1</sup>. This also applies to ambulance services/transport for accident-related injuries that are more than 24 hours old at the time of treatment, or that do not meet the Accident Compensation Corporation (ACC) criteria.

If the situation does not match the options outlined above, the minimum charge for ambulance treatment and/or transport is \$800.00<sup>2</sup>. The invoice will be sent separately to any related hospital bill(s).

#### 14.1.3 Accident compensation scheme exception

The exception to this policy is in respect of medical treatment (including ambulance services) received under the public system, as the result of an accident, including motor vehicle accidents, and accepted as covered by New Zealand's accident compensation scheme – refer to paragraph 14.4.

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<sup>1</sup> Cost as at November 2017.

<sup>2</sup> Cost as at November 2017.

#### **14.2 Private Health**

Diplomatic/Consular/Official visa holders and their dependants and Private Domestic Staff are encouraged to investigate private healthcare options where possible. Private healthcare in New Zealand has a pricing structure, and includes specialist services, primary care and private hospitals which provide non-urgent and elective treatments.

Private health insurance providers in New Zealand will normally provide cover only to New Zealand citizens and permanent residents. Any enquiries regarding private health insurance should be made direct to private insurance providers.

#### **14.3 Bilateral or Multilateral Social Security Agreements**

Missions and posts should note that staff and their dependants and Private Domestic Staff are specifically exempt from most bilateral agreements concerning reciprocity on health and social security that New Zealand may have with sending states. Enquiries should be directed to Protocol Division.

#### **14.4 Accident Compensation**

The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand, including staff of missions and posts and their dependants and Private Domestic Staff. It should be noted that New Zealand's accident compensation scheme removes the common law right to sue for damages on the basis that injured people will receive support regardless of who was at fault. Members of missions and posts and their dependants and Private Domestic Staff are entitled to compensation for work and non-work accidents, including motor vehicle accidents, and rehabilitation, and public health care as set out in the Accident Insurance Act 1998, but not weekly compensation for loss of earnings.

#### **14.5 Health and Safety Legislation**

The Health and Safety at Work Act 2015 (HSWA) sets out the principles, duties and rights in relation to workplace health and safety in New Zealand. Missions and posts may wish to seek independent advice on the practical application of HSWA and are encouraged to take reasonably practicable steps to ensure the health and safety of their employees and where relevant, contractors.

Tools and guidance are available on the website of the regulator: [www.worksafe.govt.nz/worksafe](http://www.worksafe.govt.nz/worksafe).

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