



**THE SOCIAL SECURITY (HOSPITAL BENEFITS)  
REGULATIONS 1979**

KEITH HOLYOAKE, Governor-General

**ORDER IN COUNCIL**

At the Government House at Wellington this 2nd day of July 1979

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to the Social Security Act 1964, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

**REGULATIONS**

**1. Title and commencement**—(1) These regulations may be cited as the Social Security (Hospital Benefits) Regulations 1979.

(2) These regulations shall be deemed to have come into force on the 1st day of April 1979.

**2. Interpretation**—In these regulations, unless the context otherwise requires,—

“Approved institution” means an institution or place (not being an institution within the meaning of the Hospitals Act 1957 or a private hospital as herein defined) which is recognised and approved by the Minister, in accordance with these regulations, as a hospital for the purposes of Part II of the Social Security Act 1964:

“Day” means a period of 24 hours ending at midnight:

“Department” means the Department of Health:

“Geriatric patient” means a person who has attained the age of 65 years and is a patient in a private hospital but who is not a surgical patient nor a person who could, in the opinion of the Medical Officer of Health, formed after consultation with such other medical practitioners as he sees fit to consult in any particular case, more appropriately obtain, elsewhere than in a hospital, the medical treatment that he requires:

“Long-term medical patient” means a person who has been a patient in a private hospital for a continuous period of 90 days but who is neither a surgical patient, nor a maternity patient, nor a geriatric patient, nor a person who could, in the opinion of the Medical Officer of Health formed after consultation with such other medical practitioners as he sees fit to consult in any particular case, more appropriately obtain, elsewhere than in a hospital, the medical treatment that he requires:

“Maternity patient” means a woman who is a patient in a licensed maternity hospital:

“Minister” means the Minister of Health:

“Private hospital” means a private hospital licensed under Part V of the Hospitals Act 1957:

“Surgical patient” means a patient undergoing, as part of his hospital treatment in a private hospital or part of a private hospital (not being licensed as a maternity hospital), any surgical procedure of a nature requiring the use of a properly equipped operating theatre or receiving hospital treatment in such a hospital on the day preceding such a procedure or as a direct consequence of such a procedure.

**3. Fees payable**—(1) In respect of hospital treatment afforded in any private hospital, there shall be payable by the Department—

(a) For hospital treatment afforded to a surgical patient—

(i) Where treatment has been afforded on not more than 1 day, the sum of \$30:

(ii) Where treatment has been afforded on more than 1 day, the sum of \$18 for every day on which treatment has been afforded:

(b) Subject to section 105 of the Social Security Act 1964, for hospital treatment afforded to a maternity patient—

(i) Where treatment has been afforded on not more than 1 day, the sum of \$30:

(ii) Where treatment has been afforded on more than 1 day, the sum of \$18 for every day on which treatment has been afforded:

(c) For hospital treatment afforded to a geriatric patient, the sum of \$16 for every day on which treatment has been afforded:

(d) For hospital treatment afforded to a long-term medical patient, the sum of \$16 for every day on which treatment has been afforded:

(e) For hospital treatment afforded to any other patient, the sum of \$14 for every day on which treatment has been afforded:

Provided that for the purposes of this subclause the day of admission to hospital and the day of discharge from hospital shall together be counted as 1 day, except where the day of discharge immediately follows the day of admission:

Provided also that, in the case of a patient who was a surgical patient on 1 of those days but not on the other, or who was a geriatric patient on the day of discharge but not on the day of admission, whether or not he was a surgical patient on the day of admission, the sum payable for the 2 days together shall be the aggregate of half the sum payable in respect of his status on 1 of those days and half the sum payable in respect of his status on the other of those days.

(2) Notwithstanding anything in subclause (1) of this regulation, the Minister may approve of the payment of a sum calculated in accordance with paragraph (b) instead of paragraph (e) of that subclause, in relation to such period as he may specify, in respect of any woman who has received maternity benefits in a private hospital or part of a private hospital (not being licensed as a maternity hospital) pursuant to the Social Security (Supplementary Maternity Benefits) Regulations 1939\* or the Social Security (Supplementary Maternity Benefits) Regulations 1940†.

**4. Payments to approved institutions**—In respect of hospital treatment afforded in any approved institution there shall be payable by the Department such amount as the Minister from time to time authorises, subject to such conditions as he thinks fit, being either—

- (a) An amount in respect of each individual patient receiving hospital treatment, not exceeding the amount that would be payable in respect of that treatment if it had been afforded in a private hospital; or
- (b) A commuted sum or grant instead of payments in respect of individual patients.

**5. Minister may withhold payment in certain circumstances**—Notwithstanding anything in regulation 3 of these regulations, payment in respect of any hospital treatment afforded in any private hospital may be withheld unless the Minister is satisfied that the amount payable by the Department will be accepted in reduction, to the extent thereof, of the charges that would otherwise be payable in respect of that treatment by the patient or any other person.

**6. Claims for payment**—(1) Claims for payment under these regulations shall be made monthly, and every such claim shall relate to the period of 1 month ending on the last day of the month preceding the date of the making of the claim:

Provided that no such claim need be made in any case where the Minister has authorised the payment to the controlling authority of an approved institution of a commuted sum or grant in accordance with regulation 4 (b) of these regulations.

(2) Every such claim shall be forwarded by the claimant to the local Medical Officer of Health.

(3) Every such claim shall be supported by such certificates or declarations and by such other documents, if any, as may be necessary in proof of the facts upon which the claim is based.

(4) All such certificates and declarations shall be given or made on forms to be provided for the purpose by or by direction of the Minister.

**7. Application for approval as approved institution**—(1) Application for the approval by the Minister for the purposes of these regulations of any institution or place in which sick or injured persons are received for treatment (not being an institution within the meaning of the Hospitals Act 1957 or a private hospital) may be made in writing by the controlling authority of the institution or place addressed to the Director-General of Health at Wellington.

(2) The approval by the Minister of any such institution or place may be given subject to such conditions, if any, as he thinks fit, and may be at any time revoked by notice in writing given to the controlling authority under the hand of the Minister.

**8. Revocations**—The following regulations are hereby revoked:

- (a) The Social Security (Hospital Benefits) Regulations 1964\*:
- (b) The Social Security (Hospital Benefits) Regulations 1964, Amendment No. 5†:
- (c) The Social Security (Hospital Benefits) Regulations 1964, Amendment No. 6‡.

P. G. MILLEN,  
Clerk of the Executive Council.

\*S.R. 1964/17  
†S.R. 1976/196  
‡S.R. 1979/77

#### EXPLANATORY NOTE

*This note is not part of the regulations, but is intended to indicate their general effect.*

These regulations consolidate the Social Security (Hospital Benefits) Regulations 1964 and amendments.

In addition, these regulations increase, on and after 1 April 1979, the daily benefits payable to licensees of private hospitals as follows:

- (a) Surgical treatment from \$15 to \$18 a day. For treatment on 1 day only the benefit is \$30.
- (b) Hospital treatment afforded to a maternity patient from \$15 to \$18 a day. For treatment on 1 day only the benefit is \$30.
- (c) For geriatric patients and long-term medical patients from \$11 to \$16 a day.
- (d) Medical (including psychiatric) treatment from \$9 to \$14 a day.

Issued under the authority of the Regulations Act 1936.

Date of notification in *Gazette*: 5 July 1979.

These regulations are administered in the Department of Health.