

Oral Submission on the
NHI Bill by the
Representatives of Family
Practitioners

NATIONAL HEALTH INSURANCE BILL

[B 11 – 2019]

ORAL PRESENTATION TO:

The Parliamentary Portfolio Committee on Health

FAMILY PRACTITIONER PRESENTING PANEL:

Prof. Morgan Chetty – CHAIRMAN IPAF, CHAIRMAN KZNDHC

Dr. Unben Pillay – CEO ASAIPA, CEO IPAF

Dr. Mabowa Makhomisane – EXCO ASAIPA, CHAIRMAN LIPA



INTRODUCTION

PROF MORGAN CHETTY

Introduction of the team.

Who are we representing at the Oral Submission on the NHI Bill.

The Purpose of the NHI Bill and aspects of the Bill that guide our submission.

- Enabling Legislation
- NHI Fund
- SDGs by 2030
- Access to Healthcare

The Role of Primary Healthcare in the implementation of National Health Insurance (UHC).

- Scope of Family Practitioners

Given the purpose of the Bill and our commitment to be part of Universal Healthcare in South Africa, we need to table the concerns of the Healthcare Professionals.

The team will lead us through the array of concerns in a constructive manner to help with the creation of rules or laws that will govern the NHI program in an unambiguous way.

COMMENTS

DR. UNBEN PILLAY

1. FINANCIAL VIABILITY OF NHI FUND

- Not enough detail is given as to the financial viability of the NHI Fund.

2. REFERRAL PROCESS TO SECONDARY & TERTIARY CARE

- The Family Practitioner as the Primary Care Coordinator must be defined.

3. SINGLE PURCHASER

Concerns:

- Monopolistic nature
- Governance of this process
- Lack of detail on Administration

4. PAYMENT OF HEALTHCARE SERVICE PROVIDERS

(Chapter 8, section 41)

- Clarity required on Payment mechanisms, to purchase personal health care services from certified, accredited and contracted service providers, health establishments or suppliers.

5. CONTRACTING UNITS FOR PRIMARY CARE (CUP)

(Chapter 8, Section 37)

- The Bill does not provide clarity on the legal status of the CUP, nor the governance mechanism of the CUP.

DISCUSSION

DR. MABOWA MAKHOMISANE

1. EMPHASIS ON PRIMARY HEALTH

This system will dramatically cut unnecessary health costs, inter specialist referrals and duplication of pathology and radiology investigations.

2. MONEY INVESTMENT

Public Health system immediately gets dramatically improved

3. PARALLEL OPERATION

Private Health system with voluntary medical aid insurance be run parallel to the Public Health system until problems with NHI are sorted.

4. FUNDING MODEL INFORMATION

We are willing to help with pilot studies to determine which funding models will be best suited for NHI.

5. GOVERNANCE

- NHI Board Constitution
- Office of Health Product Procurement
- Appeals Tribunal

Thank You

- ALLIANCE OF SOUTH AFRICAN INDEPENDENT PRACTITIONERS' ASSOCIATION
- INDEPENDENT PRACTITIONERS' ASSOCIATION FOUNDATION

