# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 3804**

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**(INTERNAL QUESTION PAPER NO. 42)**

**Ms L V James (DA) to ask the Minister of Health:**

(1) Whether the prescribed minimum benefits under the Medical Schemes Act, 131 of 1998, make provision for minimum benefits for people with physical disabilities, in particular for (a) mobility impairments, (b) visual impairments and (ciii) hearing losses; if not, (i) why not and (ii) when will he take steps to address this matter; if so, what are the further relevant details of the specified prescribed minimum benefits;

(2) (a) what assistance do public healthcare institutions provide for people with physical disabilities, particularly with reference to (i) mobility enhancing equipment, (ii) visual enhancing equipment and (iii) hearing aids and (b) what are the further relevant details?

###### NW4548E

**REPLY:**

1. The Prescribed Minimum Benefits under the Medical Schemes Act,131 of 1998 make provision for minimum benefits for people with physical disabilities such as:
2. Mobility impairments

Included in the PMBs is rehabilitative therapy such as physiotherapy and occupational therapy up to level of functional plateau; i.e. up to a point where no additional significant improvement from continued therapy is reached. No monetary limit is placed rather a therapeutic value threshold is set. This is a critical clinical intervention to improve the mobility of the physically disabled patient. Additionally, equipment to assist with mobility is included in the PMBs such as wheelchairs. This is dependent on the cause of immobility being a consequence of a PMB condition.

(b) Visual impairment

Currently the PMB package only provides for visual aids such corrective optometry devices. If a member suffers a PMB condition which threatens their vision, the PMB entitlements first include interventions that will prevent the visual loss and secondarily, will reverse such any degree of visual impairment. Thus the PMB package with regards to the visual system is predominantly a secondary and tertiary prevention package, and is highly aligned with National Policy (e.g. cataract surgery and treatment algorithms for Glaucoma). With regards to other supportive health technology such as walking sticks for those with complications for PMBs aligned with national policy and included in their management is corrective medical and surgical interventions.

1. Hearing losses

Preventative care: Common conditions that cause hearing loss are included in the PMB package and their early and effective management is included as PMB level of care. These include early management of otitis media, rupture of eardrums post-trauma or infection etc. Supportive care for hearing loss as a complication of PMBs is not precluded when other means of restoration such as tympanoplasty have failed.

The PMB framework enables Medical Schemes to institute Managed Care principles in order to ensure members of medical schemes have access to quality healthcare at affordable prices. Bringing down the cost of care via these mechanisms would allow for a more equitable disbursement of risk pool funds to both disabled and non-disabled members of medical schemes.

It is important to note that the PMBs are not an exhaustive and comprehensive list. The Medical Schemes Act, however, provides for a regular revision to the PMB package to identify and proactively address some of the current deficiencies. The revised package under consideration contains a preventative and curative components in line with National policy. It further does not neglect wholesale the supportive measures for irreversible disabilities, albeit with plenty of room for improvement. The PMB package revision is a work in progress with an emphasis on trying to bring it into closer alignment with current national priorities and policy.

1. (a) (i) Public hospitals do provide mobility enhancing equipment (assistive technology) to persons with physical disabilities in the form of crutches, walking aids and wheelchairs (manual and motorized),

(ii) Public hospitals do provide refractive services and issue the relevant visual enhancing equipment in the form of spectacles or readers. In certain instances where refractive services are not available in a public facility, arrangements are made for this to be provided by a service provider from an NGO or private sector,

(iii) Public hospitals do provide audiology services which include testing for hearing loss, and fitting and training on the use of hearing aids.

(b) There are no further relevant details.

END.