

The NHI Bill is ‘not doom and gloom’ – Mail & Guardian 21 August 2019

While there is uncertainty about the role that private medical providers will play when the National Health Insurance Bill (NHI) gets implemented, Siphso Kabane, Chief Executive and Registrar of the Council for Medical Schemes, is certain that its schemes will continue to exist and function.

“The Council for Medical Schemes will continue to regulate all the entities until we get a piece of legislation that says there will no longer be [a need for] schemes, brokers, managed care organisation as well as administrators,” he said.

“For us there’s no major change in terms of mandate — all the schemes will still exist even in the National Health Insurance dispensation,” he added.

The council is a statutory body which provides regulatory supervision of private health financing through medical schemes. The governance of the council is vested in a board appointed by the Minister of Health, consisting of a non-executive chairman, deputy chairman and 13 members.

The Bill, released last Thursday, aims to provide a package of comprehensive health services for free at private and public health facilities as part of its bid to more equitable access to quality healthcare.

Kabane was in a panel discussion on the National Health Insurance Bill, organised by the *Mail & Guardian* under the theme: National Health Insurance: Implications, challenges and future.

There have been reports that, once the bill is implemented, medical aids will be relegated to providing top-up cover under the NHI — or coverage for procedures or treatment that fall outside government’s package of care.

But Kabane assured those in the room that the scheme will still have a place.

He says that it’s important that they change how they have been operating so that they can fit with the new NHI dispensation.

He says discussions about the bill stem from a couple of years ago — therefore, as it stands now, the bill is not new information and what they should focus on is working to co-exist with it.

“This is no new information and it’s something that we should have digested as early as 2017 and perhaps we need to start looking at how we position ourselves as schemes, administrators or members and even the regulator in terms of how this new role is going to evolve and how we should address ourselves to it.”

Stan Moloabi, chief officer of the Government Employees Medical Schemes said even though there is “uncertainty” the South African healthcare system is not conducive to all of the 58 million population and that needs to be changed.

“There is a need for a universal health coverage to be implemented in South Africa and we know the chosen vehicle by our government is the NHI to fund the move to achieving universal healthcare coverage.”