

National Health Insurance Bill could be law by August – PE Express

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IF all goes according to plan and there's agreement, the National Health Insurance (NHI) Bill may just be on President Cyril Ramaphosa's desk to be signed into law by July or August this year.

When asked about the legislative process going forward, chair of the Portfolio Committee on Health, Dr Sibongiseni Dhlomo, told *Spotlight* the bill might be brought before Parliament by May or June to be debated and if there is agreement and it is passed, the bill could be forwarded to the president to be signed into law by July or August.

Dhlomo was speaking on the side lines of the public hearings on the NHI Bill in Port Elizabeth on Friday, November 29.

Forging ahead

The Eastern Cape leg of the public hearings was the last for 2019. The committee hopes to wrap up the hearings by February this year.

“We will hopefully finish the last province in the first week of February, go down to Parliament and then look into all the written submissions,” Dhlomo explained. “(We will look at) what people are saying, where they are wanting amendments; then look into it, bring it to the department to say this is what the people are saying about your Bill because it is your product. You want to make this into law but there are gaps. What is your view on that?”

Dhlomo did not rule out the possibility that the work of compiling the reports after the public hearings might be outsourced.

“There may as well be a possibility of a professional person to summarise all the submissions that are written to us,” he said.

The DA, however, made it clear that they would insist that MPs themselves scrutinise all public comments.

The DA also indicated that it will ask for another legal opinion once the bill is referred to the National Council of Provinces (NCOP) for concurrence. DA MP Siviwe Gwarube said in a statement the reason for this is that the NCOP, as a different House of Parliament, needs to satisfy itself of the constitutionality of the bill.

“We will specifically request that the provincial roles be defined explicitly. While the National Assembly could consider this Bill with vague provincial powers, we cannot afford to do so as the NCOP. We will then also ensure that a full public participation process is

rolled out by the NCOP where the areas that were not visited by the National Assembly are covered by the NCOP.”

Poor turn-out

Meanwhile, during the public hearings in Nangoza Jebe Hall in New Brighton, fewer than 100 people showed up for the first of the public hearings in the Eastern Cape. This hall can accommodate more than 2 000 seats. The Nelson Mandela Bay Metropole has a population of more than 1,3 million.

The hearings are a continuation of the nationwide public participation process to ensure that the bill is strengthened and is reflective of the views of all South Africans.

In the absence of the then mayor, Mongameli Bobani, the mayoral committee member for health in the metro, Yolisa Pali, welcomed the portfolio committee to the metropole.

Only a handful of councillors were present. The head of the Eastern Cape health department, Dr Thobile Mbengashe, and provincial and national health department officials also attended the hearings.

And, while bad advertising of the hearings and Black Friday and the “capitalists who are derailing the process” were blamed for the poor turn-out, the residents went ahead and raised concerns and sought clarity on the bill.

Broad support

Overall there was broad support for the bill. However, there were a few reservations and concerns about the implementation thereof.

Celestine Booysen, a resident of Helenvale in the city’s northern areas, lamented the lack of a clinic in her ward, with its approximate 38 000 residents. There was an outcry from several residents of other wards, including Wells Estate with its population total of about 24 000 on the outskirts of Port Elizabeth, that the Bill should address the need for additional primary health care centres in different areas.

Residents also asked that the bill address the professional development of health personnel as well as the shortages of staff and medication. In addition, residents called for more clinics to operate for 24 hours a day.

Cosatu came out in support of the bill.

“It supports social justice and will ensure that all our people, black and white, rich and poor will be able to access services,” said the trade union’s Mkhawuleli Maleki.

The lobby group Afriforum, on the other hand, said it didn’t support the bill, calling it an impractical and unaffordable scheme that had “implications far beyond the health sector”.

Cost concerns

Residents opposed to the bill also argued that health care needed a hybrid solution where private and primary health care complement each other.

They added that the government should share exactly how much this health plan would cost the taxpayer. In the absence of this crucial information, it was impossible to support the NHI, some said.

A nursing sister, Ncikazi Tsotsi, said the bill would bring back solidarity and human dignity, regardless of financial status.

“We believe it will stop us being ripped off by medical aids. We urge the NHI committee to put more energy into the infrastructure of the current buildings. Buildings are falling apart,” she said. “Secondly, (there is the issue of) insourcing of security staff in our institutions. Thirdly we need to capacitate staff and health workers in our institutions, more specifically on soft skills.” Tsotsi said staff needed ‘soft skills’, referring to interpersonal skills and not just degrees to do their job well.

Dhlomo said that although the bill was not fully understood, the committee was impressed by the knowledge South Africans had about aspects of it. He added that the burning issues raised were generally the same, having heard the concerns of residents in four provinces before embarking on the Eastern Cape leg.

According to him, people are concerned about the budgetary implications of the Bill. “Other people who do not necessarily agree with the bill are asking where the money is going to come from. Can the department indicate how they are going to fund this process? So there are those varied responses that we get,” Dhlomo explained.

According to him, the public participation process is not merely a box-ticking exercise to complete all the steps in the process.

“We are here to listen and write down. We are going to engage the department and they must indicate to us why there won’t be any change to what people are suggesting.”

Friday was the deadline for all written submissions on the bill after the Portfolio Committee extended the closing date.

More than 100 000 written submissions have already been received by Parliament.

The hearings in the Eastern Cape were conducted in Komani, Mthatha and King William’s Town. The committee was set to wrap up the hearings in King William’s Town.

- This article was produced by Spotlight – health journalism in the public interest.