

Medical aid boss breaks down what's wrong with the new NHI – Business Tech 6 September 2019

South African medical aid schemes are concerned about the role they will play under the new National Health Insurance (NHI), according to Fedhealth's principal officer, Jeremy Yatt, who was speaking at a Norton Rose Fulbright event in Sandton on Wednesday (4 September).

Yatt said that Section 33 of the new NHI bill currently states that 'medical schemes may only offer complementary cover to services not reimbursable by the (NHI) fund'.

This poses problems as to what illnesses will and won't be covered by the system, and where medical aids will have to step in, he said.

"I can't get my head around an NHI system that doesn't cover everything," he said. "(You may) have a rare disease such as haemophilia – which is very expensive – and the government may decide that they are not going to be covering that.

"Where are you going to get your cover then? You can go to a medical scheme, and they can say 'we are not sure that we want to cover this'. We don't know what medical schemes are obliged to do."

'How much have they thought about this?'

When issues like this arise, questions must be raised about how much thought has actually gone into the new NHI, said Yatt.

Irrespective of other issues with the proposed system, there are major gaps in the role of medical aids in South Africa, he said.

"The problem is that we have state facilities – an existing national health system – that doesn't work.

"The same people that are in charge of this system will be running the NHI. It almost seems like the idea of equality is to give everyone lousy service."

Yatt said that no one in the medical aid industry was against universal health coverage, and that it should be offered to both locals and foreigners.

However, he cautioned that the proposed NHI in its current form could be disastrous.

"We need to find a way to offer universal health coverage, but to rush through something like this is going to set us back.

"We have already had a number of doctors asking how this will affect them and enquiring as to whether they should move to somewhere like Australia.

“We have also had a number of members ask about how this will affect them. This uncertainty is the last thing our system needs.

“We need to oppose the model that has been given to us, and we need to provide alternatives.”

Staff Writer 6 September 2019

Subscribe

South African medical aid schemes are concerned about the role they will play under the new National Health Insurance (NHI), according to Fedhealth’s principal officer, Jeremy Yatt, who was speaking at a Norton Rose Fulbright event in Sandton on Wednesday (4 September).

Yatt said that Section 33 of the new NHI bill currently states that ‘medical schemes may only offer complementary cover to services not reimbursable by the (NHI) fund’.

This poses problems as to what illnesses will and won’t be covered by the system, and where medical aids will have to step in, he said.

“I can’t get my head around an NHI system that doesn’t cover everything,” he said. “(You may) have a rare disease such as haemophilia – which is very expensive – and the government may decide that they are not going to be covering that.

“Where are you going to get your cover then? You can go to a medical scheme, and they can say ‘we are not sure that we want to cover this’. We don’t know what medical schemes are obliged to do.”

‘How much have they thought about this?’

When issues like this arise, questions must be raised about how much thought has actually gone into the new NHI, said Yatt.

Irrespective of other issues with the proposed system, there are major gaps in the role of medical aids in South Africa, he said.

“The problem is that we have state facilities – an existing national health system – that doesn’t work.

“The same people that are in charge of this system will be running the NHI. It almost seems like the idea of equality is to give everyone lousy service.”

Yatt said that no one in the medical aid industry was against universal health coverage, and that it should be offered to both locals and foreigners.

However, he cautioned that the proposed NHI in its current form could be disastrous.

“We need to find a way to offer universal health coverage, but to rush through something like this is going to set us back.

“We have already had a number of doctors asking how this will affect them and enquiring as to whether they should move to somewhere like Australia.

“We have also had a number of members ask about how this will affect them. This uncertainty is the last thing our system needs.

“We need to oppose the model that has been given to us, and we need to provide alternatives.”