



MEDIA ADVISORY

ALL EDITORS/ HEALTH JOURNALISTS

24 NOVEMBER 2023

MISLEADING INFORMATION ON PREGNANCY PRESENTED BY BOARD OF HEALTHCARE FUNDERS AT THE CLINIX WEBINARS

Over the past few weeks, the Council for Medical Schemes (CMS) has come to appreciate the webinars that are hosted by Clinix, on the topic of the National Health Insurance (NHI).

A noble cause by one of South Africa's rising healthcare groups, however, the contextualisation of the Amendments of the Medical Schemes Act in the view of NHI, especially driven by the Board of Healthcare Funders (BHF), must be treated and received with circumspection.

A recent article published in the Medical Brief South Africa (MBSAB), cited the BHF positing that under the amendments of the Medical Schemes Act, maternity benefits will be excluded, with pregnant mothers paying for maternity benefits out-of-pocket.

According to the article, Dr. Rajesh Patel (executive director at BHF) was quoted as saying: "*The act amendment actually states that medical schemes will not offer services and benefits for pregnancy and termination of pregnancy. Now, if the president signs it off with immediate effect, there are no more benefits for pregnancy.*"

The CMS refutes this assertion; it is entirely without any basis.

Maternity benefits, especially concerning pregnancy, hold significant national policy importance, as outlined in the national strategic plan and global Sustainable Development Goals (SDGs). In the context of medical schemes, maternity is categorised as a Prescribed Minimum Benefit (PMB), mandating medical schemes to provide essential coverage for these benefits. This obligation aims to ensure adequate financial and health protection for members of medical schemes.

Contextualisation and elucidation concerning the implementation of NHI are of the utmost importance. The implementation of the NHI is expected to occur through a series of transitional measures, with the primary objective of providing adequate healthcare coverage for every individual within the population.

It is crucial to therefore underscore the following:

- The implementation of the NHI Act may require certain actions to be taken by the National Department of Health (NDOH)
- For instance, subordinate legislation regulations, determinations, and rules must be prepared and promulgated to further regulate aspects in terms of the NHI Act

In these instances, the NHI Act will contain a provision that the Act comes into operation on a date determined by the President of the Republic of South Africa by proclamation in the Gazette (carefully crafted transitional arrangements to prevent interruption on access to benefits).

Once the necessary amendments have been finalised in terms of the congruent legislation (MSA and NHA), the President will be approached and requested to put the Act into operation on a certain date.

After the President has assented to the implementation of the Act, a proclamation will be published in the Gazette and the NHI Act comes into operation on a date determined in the proclamation. It is common practice that the new legislation will only come into effect once all congruent legislative amendments have been finalised.

The CMS is primarily concerned with the disinformation and misinformation peddled in the public domain by industry representatives, specifically those representing medical schemes. This involves matters related to policy interpretation, such as the Medical Schemes Amendment Bill (MSAB). Industry bodies play a pivotal role in the health sector, and it is incumbent upon them to present key policy issues clearly in the public domain without ambiguity.

The CMS welcomes engagement with stakeholders to clarify such matters. It is important to prevent disinformation and the resultant unjust negative public sentiment.

Ends.

ISSUED BY THE COUNCIL FOR MEDICAL SCHEMES.

Legal and Technical Enquiries

Mr John Letsoalo

Senior Manager: Legal Services

Cell: 064 963 2990

Media Enquiries

Stephen Monamodi (Spokesperson)

Cell: 072 141 2181

Email: media@medicalschemes.co.za

NOTE TO EDITORS:

The CMS is a regulatory body as established by the Medical Schemes Act, 1998 (Act No. 131 of 1998) (“the Medical Schemes Act”) which requires the regulator to; protect the interests of the beneficiaries at all times; control and co-ordinate the functioning of medical schemes in a manner that is complementary with the national health policy; make recommendations to the Minister on criteria for the measurement of quality and outcomes of the relevant health services provided for by medical schemes, and such other services as the CMS may from time to time determine; investigate complaints and settle disputes in relation to the affairs of medical schemes as provided for in this Act; collect and disseminate information about private health care; make rules, not inconsistent with the provisions of the Act for the purpose of the performance of its functions and the exercise of its powers; advise the Minister on any matter concerning medical schemes; and perform any other functions imposed on the Council by the Minister or by the Act. Visit www.medicalschemes.co.za