



NHI Draft Bill

Stakeholder Feedback

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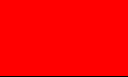
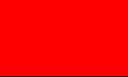



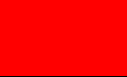




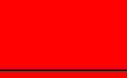





Introduction

The following document compiles feedback from stakeholders engaged in consultation on the NHI draft bill which was released publicly on February 18, 2016. Since the release of the NHI Bill, meetings have been held with both internal and external stakeholder groupings.

Feedback is organized by stakeholder with detailed feedback on specific sections and provisions within the bill. The NHI Secretariat used feedback to revise certain parts of the bill, especially those provisions where stakeholder feedback was most pronounced.

The chart below outlines the most common concerns raised by stakeholders.

Very concerned  Concerned  Somewhat concerned 

		BIA	BIBA	BAPT	Chamber	Immigr- ation	ICB	BNU	Physician
Concerns	Ministerial responsibility								
	Constitution of the Board								
	Exclusion of the intermediary insurance market								
	Powers of inspectors								
	Data/information sharing/confidentiality								
	Inadequate Universal Health Coverage provisions								

Bahamas Association of Physiotherapists

Sections In The Draft Bill	Feedback
Part 1	
<i>“health care provider” or “Provider” means a natural person or anybody of persons, corporate or unincorporate, approved by the Authority to render benefits under the Plan;</i>	<p>The definition of health care provider is not sufficiently rigorous to protect beneficiaries from 'charlatans' or from escalating cost. The definition coincides with the Third Schedule. When read together health care provider includes individuals who are not intended to provide services under the plan. The universal definition of health care provider ought to be adopted.</p> <p>NHI Response: The definition of “health care provider” or provider is a universal definition and is used in most Universal Health Care Program definition section.</p> <p>NHI Adjustment: The definition has been revisited in the draft Bill and adjusted.</p>
<i>“primary health care” means the outpatient, first level of health care that focuses on prevention, and addresses and coordinates all essential health needs;</i>	<p>*The definition at present considers preventative and essential health needs but does not fully incorporate the rehabilitative aspect. Definition should include the words "quality of life". That the definition must include health care focused on addressing secondary morbidity and maintaining or improving beneficiary quality of life where a chronically ill beneficiary presents with an acute illness</p> <p>NHI Response: The definition of “primary health care” is universal and used in most Universal Health Care program.. Rehabilitative care is not a component of the NHI Bahamas primary care package.</p> <p>NHI Adjustment: The definition has been revisited in the draft Bill and the necessary adjustment made.</p>
Part 2	
4. Establishment of National Health	
<i>(3) The governing body of the Authority shall be a Board and shall perform the functions and exercise the powers of the Authority.</i>	<p>*UHC requires strong leadership and good governance to successfully deliver health care and to improve health outcomes. This must be guaranteed in the governance structure.</p>

(4) The provisions of the First Schedule shall have effect as to the constitution and procedure of the Board and otherwise in relation thereto.	*The current Board structure resonates as a Board wholly controlled by the Minister. All voting power rests in individuals appointed by the Minister with no voting power residing in the ex officio component. It is highly recommended that the Board is revisited and aligned with internationally acceptable standards surrounding governance.
7. Powers of Authority	
Section 7(1) (e) and 9(K)	<p>The basis for such appointments is not clearly defined; transparency is not possible. Any system of Universal Health Care requires strong leadership and good governance to successfully deliver health care and to improve health outcomes. Transparency is the cornerstone of success for any Universal Health Care model.</p> <p>NHI Response: All powers and functions of the Authority will be governed by the NHI Board.</p> <p>NHI Response: No adjustments have been made to this section.</p>
15. Reserve Fund	
(1) All monies of the Fund not immediately required to be expended in meeting any of the obligations of the Authority or discharging any of its functions shall be paid into a Reserve Fund.	*Establish a statutory percentage for the reserve fund allocation.
(b) to use the Reserve Fund to increase the benefits under the Plan; and	There should be additional guidelines, benchmarks, and structures included in the Act and regulations to ensure transparent, sustainable, and responsible management of NHI funds.
16. Power to Invest	
1(b)	<p>In the absence of regulation that includes guidelines, restrictions, and definition of risk profiles for investment of NHI funds. The Minister has near unlimited power to invest NHI dollars without accountability and responsibility. Until these regulations are drafted, NHI funds are vulnerable to abuse.</p> <p>NHI Response: The Authority will control and manage the NHI Fund</p> <p>NHI Response: No adjustment has been made to this section of the draft Bill.</p>

Part 3	
21. Coordination of benefits	
<i>Where a beneficiary is covered by private health insurance for a benefit included in the Second Schedule, the private health insurance carrier shall be the primary payer in accordance with prescribed regulations.</i>	<p>The term 'coordination of benefits' is a term of art. How is the concept of coordination of benefits actualized by the provision?</p> <p>Revisit the provision based on industry standards.</p>
23. Contributions	
<i>Overall comment for #23</i>	NHI Authority should seek to have the contributions held separate from the Consolidated Fund.
Part 4	
29. Quality of care	
<i>Overall comment for #29</i>	<p>The Authority must issue protocols to ensure that the quality of health care services delivered is of high standard and standardized.</p> <p>NHI Response: Regulations will be drafted to address this concern. (section 29)</p> <p>NHI Response: Regulations will be drafted to address this concern.</p>
Part 5	
36. Routine inspection of Providers	
<i>Overall comment for #36</i>	Must ensure that this provision incorporates monitoring and evaluation.
38. Determination of questions and grievances.	
<i>(d) for the making of application for judicial review made to the Court in all cases where the person or tribunal does not have jurisdiction under subsection (1)(d)(i) and (ii).</i>	<p>The Bill does not reference specifically creating an ombudsman or a Patient's Bill of Right.</p> <p>Quality of care and transparency in delivery of services would be bolstered by an Ombudsman and a Patient's Bill of Rights.</p> <p>NHI Response: There is a provision in the draft Bill for an Ombudsman and the creation of a Patient's Bill of Rights. (section 38, page 24)</p>

	NHI Adjustment: No adjustments were made to this section of the draft Bill.
First Schedule	
1. Constitution of the Board	
1. (a) seven of whom shall be appointed by the Minister from among those categories of persons that would be regarded as representative of the views of beneficiaries, the medical and nursing profession, and the religious, commercial and labour sectors;	<p>The appointment process is ministerial heavy.</p> <p>NHI Response: The Constitution of the board will be revisited.</p>
(b) the Director of the National Health Insurance Authority, Director of the National Insurance Board, the Chief Medical Officer, the Superintendent of the Insurance Commission and the Director of Social Services who shall be ex-officio members with no right to vote, and not less than 40% of the members shall be female and not less than 40% shall be male.	<p>Ex officio members should be allowed to vote.</p> <p>NHI Response: There will be no changes to the voting powers of Ex officio members.</p>
Second Schedule	
Section 20(2) Other Medical Services	<p>The inclusion of alternative health services with a universal health care framework may serve to burden the ability of the Authority to fund a sustainable NHI service.</p> <p>NHI Response: The NHI Bill will not have provisions for alternative health services.</p> <p>NHI Response: No adjustments were made to this section of the draft Bill.</p>
Third Schedule	
"Bahamas Dental Council - Established by section 3 of the Dental Act (Ch.226) Health Professionals Council - Established under section 3 of the Health Professions Act (Ch.233) Hospitals and Health Care Facilities Licensing Board – Established under section 4 of the Hospitals and Health Care Facilities Act (Ch.235)"	<p>Reference to Section 3 of the Health Professions Act is in direct conflict with the classes of persons intended to give services under NHI. For example Section 3 include acupuncturist. Acupuncture services are not included under NHI.</p>

Bahamas Insurance Association

Sections In The Draft Bill	Feedback
Part 1	
<i>“health care provider” or “Provider” means a natural person or anybody of persons, corporate or unincorporate, approved by the Authority to render benefits under the Plan;</i>	The definition of health care does not reference any licensing requirements. Primary care benefits are provided for under the Second Schedule while health care provider and provider are separately defined. There is no definition for primary health care provider. NHI Response: A definition of Primary Health Care will be included in the draft Bill.
<i>“Minister” means the Minister with responsibility for national health insurance;</i>	The responsible for NHI has not been declared. The Act must make this clear. NHI Response: The responsibility of the Minister will be explained in more detail.
<i>The objectives of the Act are —</i>	The Act purports to provide for an administrative framework for universal health care coverage when the Bill speaks to NHI and not UHC. NHI Response: UHC is not a part of NHI. Further clarification was provided.
Part 2	
4. Establishment of National Health	
<i>(5) The Minister may by Order amend the First Schedule.</i>	Provision gives the Minister the unfettered power to amend the constitution and procedure of the Board. This section should be amended to remove the intrusive powers of the Minister. NHI Response: Policy decision is needed.
6. Functions of Authority	
<i>(b) to establish and implement mechanisms for quality assurance in health care provision;</i>	Clarity is required with respect to consultation requirements. Who should the NHIA consult with in this regard? NHI Response: Explanation was provided.
<i>(d) in consultation with the Insurance Commission, to establish the criteria for certification by the Insurance Commission, for the purposes of the Insurance Act, of regulated health administrators (hereinafter referred to as an “Administrator”);</i>	The NHIA should not be involved with this. It should be left to the ICB. NHI Response: The ICB is the regulator for Insurance companies in The Bahamas and will continue to provide regulatory services. Consultation with ICB is ongoing.
<i>(e) in consultation with the Ministry of Health and relevant bodies, to establish the criteria for registration of health care providers (hereinafter referred to as a “Provider”);</i>	Neither the NHIA should be involved with this. This should be the responsibility of the relevant regulatory bodies such as the Medical Council, Pharmacy Council, and Nursing Council et. al. These bodies should be consulted prior to the establishment of criteria.

(i) to set the terms of all agreements with Administrators and Providers including setting the rates of payment and establishing the risk adjustment mechanism;	This should be a consultative process with the respective stakeholder body. With respect to setting the rates of payment for Administrators, the Authority should be required to seek and receive an actuarial opinion. The Authority should be required to seek and receive an actuarial opinion which should form the basis for setting rates. NHI Response: The individual medical bodies and Councils will continue to regulate their members.
(k) to submit to the Minister and where relevant the Minister responsible for health, a report on the Plan and policies relating to health care in accordance with prescribed regulations;	Clarity is required on reporting requirements. NHI Response: Clarity was provided.
7. Powers of Authority	
(a) to establish the benefits to be provided under the Plan;	A query was raised as to whether or not the benefits will be established in consultation with stakeholders. The provision is vague and does not seem to anticipate collaboration and partnership with stakeholders in the establishment of benefits. Clarification is necessary. NHI Response: The full lists of benefits are provided on the NHI web site. Clarification was provided.
(b) to set the payment rate and establish and administer the risk adjustment mechanism for Administrators for the benefits under the Plan;	A query was raised as to whether or not the benefits will be established in consultation with stakeholders. The provision is vague and does not seem to anticipate collaboration and partnership with stakeholders in the establishment of benefits. Clarification is necessary. NHI Response: A power of NHIA. Clarification was provided.
(c) to fix fee schedules, set payment rates and establish risk adjustment mechanisms for Providers for the various benefits under the Plan;	A query was raised as to whether or not the benefits will be established in consultation with stakeholders. The provision is vague and does not seem to anticipate collaboration and partnership with stakeholders in the establishment of benefits. Clarification is necessary. NHI Response: There will be stakeholders working groups established for consultative purposes. Fee schedules and payment rates ect,are all powers of the NHIA.
(d) to invest the monies of the National Health Insurance Fund;	We presume that these are funds from the Consolidated Fund and/or distinct contributions or taxes from the populace. It is imperative that provisions and safeguards are put in place to ensure that there is proper stewardship and prudent management of public funds. Conservative guidelines on investments must be put in place to protect public funds. NHI Response: NHIA Powers.
(j) to appoint an actuary to conduct, from time to time, actuarial projections and reviews and to	An actuary is not defined under Section 2 of the draft bill. A definition should be provided for actuary and the requirements as well as qualifications should be clearly

calculate estimates of per capita costs of the Plan;	articulated. The NHI Secretariat should consult the ICB on a suitable definition. NHI Response: A definition will be provided in Draft Bill.
(n) to outsource any power or function upon such terms and conditions to be agreed except that where an outsource expenditure is likely to exceed one per cent of the annual budget of the Fund, such outsourcing shall be subject to ministerial approval; and	The Minister has too many powers under the proposed Bill and this opens the door for political interference and intervention to the detriment of the Plan. The NHIA should be autonomous and its Board should have the power to approve outsourcing arrangements .NHI Response: Policy decision.
8. Employees etc.	
(1) The Board shall employ a Director (who shall be the chief executive officer of the Board) and may employ such other officers and employees at such remuneration and on such terms and conditions as it considers necessary or appropriate for the proper conduct of its business, except that the Board shall not without the prior approval of the Minister —	The Minister has too many powers over employment within the NHIA and this makes the entity susceptible to political interference, cronyism, patronage, victimization, and manipulation by the political directorate. Why should the Minister have to be involved in the appointment and termination of a legal officer or medical officer? Does this speak to the incompetence of the Board that has not yet been approved? The powers of the Minister ought to be removed. NHI Response: Policy decision.
(2) Subject to the provisions of this Act, the Director may delegate to any committee or officer or employee of the Board any such function as the Director may determine, except that every delegation under this subsection shall be revocable by the Director and no delegation shall prevent the exercise by the Director of any function so delegated.	The power to delegate is too broad. What functions are reserved for the Director? It must be clearly stated that the Director and Board remain ultimately responsible for all delegated functions. NHI Response: Explanation was provided.
9. Minister may give directions in the public interest.	
Where it appears to the Minister to be requisite in the interest of the public, after consultation with the Authority, the Minister may give to the Authority such directions whether of a general or specific character regarding the discharge of the functions of the Authority and the Authority shall give effect to any such direction.	This clause removes any presence of board independence and reduces them to agents of the Minister permitting said person to become a law unto himself in respect to an enormous scheme like NHI. The draft Bill creates significant opportunities for political interference. It simultaneously removes any form of autonomy, independence and objectivity in the running of the NHIA. Powers of the Minister to give directions should be removed. If the clause remains it should be made subject to Parliament's approval and full public disclosure. NHI Response: This section of the draft Bill was revisited and changes were made to the section.
11. Monies paid into or met out of Fund.	

Overall for #11	What is the difference between 11(1) (a) and 11(1) (b). The intention should be clarified. NHI Response: The sections were revisited and clarification was given.
(b) all monies paid into the Fund by the Minister responsible for finance out of the Consolidated Fund;	Will the Minister responsible for Finance pay separate and/or additional funds into the Fund without the approval of Parliament? What will be the basis for such additional payment? Proper controls should be put in place within the legislation to ensure proper oversight of the Minister of Finance's payment into the Fund. NHI Response: Policy decision.
(2) There shall be paid or met out of the Fund —	What is the purpose of this provision? Does this relate to funds used by NIB and other government agencies which need to be reimbursed? On what authority would such costs and expenses have been incurred? Will this be subject to the existence of formal agreements between the NHIA and these government agencies? Will this provision apply to costs and expenses incurred by such an agency prior to the enactment of the NHI Act? Clarification of the purpose and intention of this provision is required. NHI Response: Clarification was given.
12. Accounts and audit.	
(b) annually cause to be prepared a statement of accounts in a form which conforms with the law governing any principles and practices established by the body responsible for regulating the practice of public accounting in The Bahamas; and	There should be a requirement for the annual accounts to be published. Incorporate annual requirement for publication of accounts. NHI Response: The section was revisited and changes made to incorporate changes in the reporting of annual accounts.
(c) cause to be carried out, no less frequently than once every two years, an actuarial projection and review of the Fund and the actuary carrying out such review shall make recommendations to the Board as it considers necessary.	There should be a requirement for the actuarial review to be published. Incorporate annual requirement for actuarial review and publication of same. NHI Response: The section was revisited and changes were made to include an actuary.
(2) The statement of accounts shall be audited annually by an independent auditor appointed by the Authority with the approval of the Minister.	The Minister should have no role in the appointment of the Independent Auditor. Amend provision to ensure that the Minister has no role in the appointment of the Independent Auditor. A timeframe for tabling the audited statement of accounts should be specified in the legislation. The audited statements and annual report should be tabled in Parliament no later than 4 months after the end of NHIA's financial year. The report should be gazetted. NHI Response: Section revisited and adjusted to include annually statement of account.
13. Borrowing powers	

(2) Any borrowing of the Authority pursuant to subsection (1) shall be subject to the approval of the Minister and Board, given with the consent of the Minister responsible for finance as to the amount to be borrowed, the source of the borrowing and the terms on which the borrowing may be effected.	This provision reinforces the points made earlier regarding the level of involvement of the Minister. It opens the door to abuse, political interference, and additional bureaucracy. It raises questions on the source of borrowing, autonomy, independence and objectivity of the NHIA. The provision should be deleted. NHI Response: A decision was made not to delete the section.
14. Guarantee of loans to Authority.	
(1) Subject to subsection (2), the Minister responsible for finance may, on behalf of the Government, at the request of the Minister guarantee in such manner and on such conditions as he thinks fit the repayment of the principal of, and the payment of interest and other charges on, any authorized borrowing of the Authority.	Based on national debt and debt-to-GDP ratio, should we be encouraging further debt or obligations on the Government? This provision seems to anticipate that the NHIA will not be self-sufficient. The provision should be deleted. NHI Response: A decision was made not to delete the section. NHI Response: Concern noted.
15. Reserve Fund.	
(b) to use the Reserve Fund to increase the benefits under the Plan; and	The presence of extra cash without the benefit of an actuarial projection is a reckless basis on which to increase benefits. The provision should be revised. The section was revisited and it was decided that a policy decision was needed. NHI Response: A policy decision.
16. Power to invest	
(ii) Other securities, real estate, financial contracts, agreements and investments authorized by the Minister in collaboration with the Authority.	This encourages political interference and imprudent management of funds. Consideration should be given to adopting similar rules on conservative investments by insurance companies including restrictions on investments with related parties of Board Members, the Director and the Minister. NHI Response: A policy decision.
Part 3	
17. Eligibility for national health insurance.	
2 (b) pursuit of a bona fide full-time programme of study, or such pursuit by his spouse, parent or legal guardian and such a programme involves occasional or regular residence outside of The Bahamas.	Clarify whether this provides overseas coverage or merely local coverage for students that are resident abroad. NHI Response: Primary care benefits will only be provided for students residing in the jurisdiction.
3 (a) fails to meet the requirements stipulated under subsections (1) and (2) ; or	To qualify a person needs to meet the requirements of 1 and 2. Conversely to not qualify you should fail to meet either 1 or 2 not 1 and 2. NHI Response: To be eligible for receive benefits under the NHI plan ,a person must meet the requirements

	stipulated in section 17.
4) The Minister may, by order, subject to affirmative resolution of both Houses of Parliament, extend the eligibility of persons who may enrol to receive benefits under the Plan.	Why would the Minister wish to extend the eligibility of persons? Clarify the rationale. NHI Response: Clarification was provided; only in unusual circumstances would the Minister extend the eligibility of persons.
18. Enrolment of beneficiaries.	
Overall comment for #18	In the absence of the prescribed regulations, no insightful comments or meaningful recommendation can be provided on this section. NHI Response: Detail requirements will be provided in the regulations.
5) Where a person — (a) fails to select a primary care provider or Administrator pursuant to subsection (2) for any reason — (i) an Administrator shall be assigned to that person by the Authority; or (ii) a primary care provider may, with the written approval of the person or his legal guardian, facilitate the person's selection of that primary care provider at the time of the person's visit with the primary care provider;	There should be a true exercise of choice. Selection form should include an option for the default RHA to be selected via a selection system as opposed to automatically defaulting to the Public Insurer. Alternatively, intermediaries can assist with the selection and thus allow for leveraging the existing relationships with intermediaries. -There are two different standards under 18(5)(a)(i) and 18(5)(a)(ii). This is a double standard insofar as the PCP can facilitate the selection of PCP but PHI's /RHA's are not able to do the same. Level the playing field by amending provision. NHI Response: The section was revisited and the necessary changes were made.
6) A person shall not be deemed to be enrolled in the Plan until he has selected or been assigned a primary care provider.	Similarly, a person should not be deemed to be enrolled until he has selected or been assigned Administrator. Amend this section to indicate that a person is also not deemed to be enrolled until he has selected an Administrator. NHI Response: A RHA must be selected by a beneficiary before he/she is said to have completed the enrollment process.
19. Re-selection of Administrator or primary care provider.	
3) Where the services of a primary care provider are no longer available to a beneficiary, a different primary care provider may with the written approval of the beneficiary or his legal guardian facilitate a re-selection of such primary care provider at the time of the person's visit with such primary care provider.	There are two different standards under 19(2)(b) and 19(3). This is a double standard insofar as the PCP can facilitate the selection of PCP but PHI's/RHA's are able to do the same. Amend 19(3) to permit Administrators to facilitate enrolment on the written application of the beneficiary. NHI Response: This section was revisited and changes were made to the section.

20. Entitlement to benefits.	
3) The Minister may by Order, from time to time, on the recommendation of the Authority amend the Second Schedule.	<p>The power to amend should be tied to financial projections and actuarial financial projections.</p> <p>The Second Schedule contains the list of benefits covered and amendments can materially impact government expenditure. This section gives the Minister the ability to unilaterally commit the nation to the provision of more benefits at the expense of taxpayers without the approval of Parliament. Opportunities for abuse and fiscal imprudence abound due to extensive powers vested in the Minister and the potential to expand benefits without regard to the sustainability of the plan and/or proper actuarial review. The power currently vested in the Minister needs to be removed.</p> <p>NHI Response: A policy decision.</p>
21. Coordination of benefits.	
Overall comment for #21	<p>This provision doesn't make sense and will only result in private insurers amending their plans to carve out NHI benefits. Further, this is inconsistent with NIB which acts as first payer. Amend to make NHI the primary payer. NHI Response: A policy decision.</p>
22. Termination or suspension of benefits.	
1) Where in the opinion of the Authority, a beneficiary no longer meets the criteria for eligibility pursuant to section 16 that beneficiary may be subject to termination of his benefits under the Plan.	<p>This section has a seemingly incorrect reference to section 16. Perhaps this was meant to reference section 17. Amend to reference section 17. NHI Response: Correction made.</p>
2) "Where in the opinion of the Authority a beneficiary — (a) fails to pay any contributions due, if applicable; (b) commits fraud under the Plan; or (c) fails to consent to disclose relevant information, That beneficiary may be subject to suspension of his benefits, but such suspension shall not negate that beneficiary's obligation."	<p>Does this mean that all beneficiaries will be required to contribute regardless of their economic status or financial means? If not, Section 22(2) (a) may need to be revised with the addition of ""....if not exempted from payment under Section 23(2)"". Who will be responsible for investigating fraud allegations?</p> <p>Further clarification is required.</p> <p>Detailed discussion on framework for independent fraud investigation and robust data protection is required.</p> <p>Section 22(2) (c) opens the door to potential abuse via intrusion into private</p>

	individuals' affairs, invasion of privacy, breach of DP Act and intimidation by the NHI. Authority. What constitutes relevant information? NHI Response: A policy decision will be required as it relates to contributions. There is ongoing discussions with the Data Protection commissioner and the IT department at the Secretariat.
23. Contributions.	
<p>23. Contributions.</p> <p>1) Contributions shall be payable to the Plan on behalf of beneficiaries at such time and in such manner as may be determined by the Authority and prescribed in regulations by the Minister or as provided for in any other law.</p> <p>2) Contributions for certain classes of persons, as may be prescribed in regulations, shall be paid out of the Consolidated Fund.</p> <p>3) Where a beneficiary or his employer, if applicable, fails to pay any contribution due under the Plan, such person shall be liable to pay the full cost of any medical services obtained by the beneficiary.</p> <p>4) Regulations made pursuant to this section shall provide for the rates of contribution to be paid by different categories of beneficiaries and employers.</p>	<p>This is an unreasonable provision in that the cost of medical services can be much higher than the missed contributions. It is more reasonable to have a fine, interest and possibly other penalties for non-payment. BENCHMARKED AROUND THE WORLD. NHI Response: A policy decision.</p>
Part 4	
24. Application of Part.	
Sections 24 to 26 of this Part shall apply to a company, whether wholly or partially owned by the Government or otherwise, carrying on insurance business within the definition of "regulated health administrator" within the meaning of section 2.	No sound or logical basis has been provided to date for the establishment of a public insurer. NHI Response: A policy decision.
25. Eligibility	
(1) For the purposes of this Act, there shall be Administrators that shall manage and administer the	What is the basis and methodology for the assignment of beneficiaries to Administrators?

<i>benefits under the Plan for beneficiaries who have chosen or who have been assigned to that Administrator in accordance with section 18.</i>	NOTE SECTION (2) WILL ALLOW FOR REGULATIONS TO DICTATE THAT PUBLIC INSURER WILL BE DEFAULT. NHI Response: The selection will be random.
<i>2. (b) be certified by the Insurance Commission as an Administrator in accordance with any criteria established by the Authority under this Act and enter into an agreement with the Authority in accordance with the provisions of this Act; and</i>	The ICB is responsible for certification but the NHIA sets the criteria for certification and enters into agreements with the RHA's. This complicates matters, duplicates the ICB's functions and adds extra layers of bureaucracy to the system. The ICB should be responsible for regulatory functions relating to NHI. NHI Response: The ICB will carry out its function as the regulators for insurance companies.
<i>(c) satisfy such other requirements as may be determined by the Authority, and upon satisfaction of the above, shall be registered by the Authority for participation in the Plan in accordance with any criteria established under this Act.</i>	This is too vague and promotes corruption, discrimination and abuse. There should be openness and consistency in approach. Criteria should be clearly articulated and communicated. Detailed criteria should be established and incorporated into the provision. NHI Response: The detail criteria will be provided in the Regulations.
26. Functions of Administrators	
<i>(e) to implement programmes for health promotion and prevention;</i>	Health promotion and prevention seem to fit better with the NHIA and with primary care providers. Consider revisions to this section. NHI Response: The section was revisited and the decision was made not to make any changes.
<i>(g) to submit such information in relation to the Plan, as may be requested from time to time by the Authority or the Insurance Commission; and</i>	This is too broad and provides the NHIA with wide intrusive powers. The information must be related to the performance of the Authority's functions under the Act. This information should be clearly defined to avoid abuse and breach of privacy via the request/sharing of sensitive personal data or proprietary information.
27. Eligibility	
<i>1. (c) except in exceptional circumstances and in accordance with prescribed regulations, guarantee enrolment for all beneficiaries whose selection of or assignment to a primary care provider is confirmed;</i>	Who decides what an "exceptional circumstance" is? Define what constitutes "exceptional circumstance". NHI Response: The section was revisited, no changes were required.
<i>(f) satisfy such other requirements as may be determined by the Authority and upon satisfaction of the above, shall be registered by the Authority for participation in the Plan in accordance with any criteria established under this Act.</i>	
<i>(4) An agreement entered into between the</i>	Draft agreement template should be should be shared with stakeholders before

Authority and a Provider, must at a minimum, contain provisions that provide for —	tabling of draft Bill. Release draft agreement template prior to tabling of draft Bill .NHI Response: Working groups with the relevant stakeholders will be established.
(f) on-site, financial and clinical audit functions to be conducted;	No need for duplication of effort, reinventing the wheel or deployment of new resources. The existing regulatory frameworks should be leveraged. Leverage existing regulatory framework. NHI Response: Suggestion accepted.
(g) no beneficiary to be denied access to benefits by that Provider without good reason;	Who decides what “good reason” is? Clearly define what constitutes “good reason”. NHI Response: Fraud would constitute good reason.
28. Functions of Providers.	
(b) to provide such information as the Authority or an Administrator may require; and	Too broad. This should be streamlined and defined to prevent phishing expeditions, breach of privacy or client confidentiality. The nature of information required by the NHIA should be defined and clarified to relate solely to those necessary for the performance of the duties of the NHIA under the Act. NHI Response: There is ongoing consultation with the Data Protection Commissioner and the IT department at the Secretariat.
29. Quality of Care	
Overall comment on #29	Will public hospitals, clinics and government healthcare facilities be subject to the same quality healthcare standard as their private sector counterparts? It should be clearly stated that all providers and health facilities (whether public or private) are required to meet established standards. NHI Response: All providers ,whether public or private will be subject to the same quality healthcare standards in order to participate in the NHI plan.
30. Duty to submit reports.	
Overall comment on #30	The ICB plays little to no role in the oversight and regulation of the NHI scheme. The soon to be created, unproven NHI Authority is being charged with the supervision of a major national initiative. This is not prudent. The existing legislative and regulatory framework should be leveraged. The significance of NHI warrants that an established and experienced regulatory body is responsible for oversight. NHI Response: The ICB will continue to be the regulator of insurance companies in The Bahamas.
31. Termination of Provider or Administrator.	
(1) Where a Provider —	This suggests arbitrary powers of the Authority to terminate the participation of Providers who have no recourse if not satisfied with the decision of the NHI Authority? Termination is the only form of remediation noted in the Bill. What about fines? Incorporate provisions that provide checks on the exercise of the extensive powers of

	the NHIA. An independent appeal process should be established under the legislation. NHI Response: A provider if he/she is not satisfied with the outcome of a matter that was before the NHIA can seek justice at the Tribunal level or the Supreme Court. There are fines included in the NHI draft Bill.
(d) fails to comply with any recommendation of an inspector pursuant to section 36;	A reasonable time frame must be granted to permit the Provider or Administrator to comply with the recommendation. Include a reasonable timeframe or grace period for compliance before penalty is applied. NHI Response: Timeframe will be provided in the relevant regulations.
(2) Where an Administrator —	This suggests arbitrary powers of the Authority to terminate the participation of Administrators. Administrators have no recourse if not satisfied with the decision of the NHI Authority? Termination is the only form of remediation noted in the Bill. What about fines? Incorporate provisions that provide checks on the exercise of the extensive powers of the NHIA. An independent appeal process should be established under the legislation. NHI Response: Was addressed earlier in section 31 (1) same as providers.
(a) commits any act of fraud in relation to the Plan;	What constitutes material information? Define materiality and material information. NHI Response: Material information may include relevant documentation of their company /business that may be needed to facilitate an objective of the plan.
(b) fails to disclose any material information requested by the Authority	Who sets the quality assurance requirements? What is the basis? An independent and competent body should set the quality assurance requirements with transparency. NHI Response: Information that is needed by the NHIA to facilitate the objectives of the plan.
(d) Without good reason fails to provide benefits to a beneficiary; (e) discloses confidential data or fails to protect confidential data; (f) breaches any material term of the agreement, the Authority may terminate participation of that Administrator in the Plan.	What is good reason? Define what constitutes good reason. NHI Response: A reason that is acceptable within the plan.
(3) The Authority may, at any time —	With the proposed NHI Authority governance structure and the major control the Government is expected to exert over the Authority, this section gives much room for victimization, political patronage and corruption. The NHIA's power to terminate must be balanced with the right to a fair and independent hearing as well as appeals process.

32. Withdrawal.	
Overall comment for #32	The Bill contains no details as to what the transition of care of beneficiaries will require. Insert provision to address the transition of care of beneficiaries. NHI Response :Details will be provided in the regulations.
Part 5	
33. Cooperation and information sharing.	
(1) The Authority may cooperate with any government agency, including, by sharing information that it has acquired in the course of its duties or in the exercise of its functions under this or any other law where the Authority considers that such cooperation or information may be relevant to the discharge of the statutory functions of the requesting agency, and, the requesting agency has reciprocal arrangements in place to facilitate a request from the Authority for information that may be relevant to the discharge of its statutory functions.	Why would the NHI Authority have to share information with any government agency? Prior to enactment of the NHI Bill/Act, these agencies would have functioned without any information from the Authority. This provision leaves room for abuse, misuse of information, invasion of privacy and breach of confidentiality. This provision should be removed in its entirety. Alternatively, it should be narrowed down significantly to protect the privacy and information of individuals and corporate entities. NHI Response : There will be information sharing between government agencies, e.g. NIB and ICB .
(2) Notwithstanding subsection (1), the Authority shall not share any information that relates to the medical history or medical status in respect of an individual.	This should go further and include other personal data, sensitive personal data and proprietary information. Additionally, the prior consent of the individuals or entities should be obtained before sharing. The provision should be amended to include personal and sensitive data as defined under the Data Protection Act as well as proprietary information. Prior consent of the subject of the data should be required with exceptions provided for in accordance with the Data Protection Act. NHI Response : The suggestions were agreed with by the legal team.
(5) For the purposes of this section, the Authority may enter into an appropriate information sharing agreement.	What does this mean and what is the intention? Define what constitutes an appropriate information sharing agreement. NHI Response : Information will have to be shared between government agencies to achieve the objectives of the NHIA ,e.g. ICB and NIB.
34. Power to require information.	
1 (a) require a Provider or an Administrator to supply such information as the Authority may reasonably require or to produce for examination such records that are required to be kept pursuant to	What constitutes reasonable requirement? Clarify what is deemed to be reasonably required. NHI Response : Any information that the NHIA deemed relevant and necessary to carry out its objectives.

section 35;	
(2) The Minister may, on the recommendation of the Authority, by Order amend the Third Schedule.	The Minister should not have the power to unilaterally amend the list of entities mentioned in the Third Schedule, who can be compelled under 34 (1) d to give information to the Authority. The section should be revised to restrict the powers of the Minister and institute appropriate checks (e.g. Parliament approval) to prevent abuse of power. NHI Response: A policy decision.
3 (a) any Provider or Administrator fails or refuses to produce any record or to supply any information as is required by subsection (1), such Provider or Administrator commits an offence and shall be liable on conviction to a fine not exceeding two hundred and fifty thousand dollars and may in addition be subject to termination from the Plan; or	A fine of \$250,000 is draconian for failure to provide information. Benchmark other jurisdictions' provisions and amend accordingly. NHI Response: The section was revisited and it was decided that the amount would remain unchanged.
35. Maintenance of records	
(e) Such other information as the Authority may require.	Such other information should be pre-determined, clarified and communicated to Administrators and Providers for consistency and to prevent phishing expeditions. Clarify nature and criteria for information request. NHI Response: These requirements will be outlined in the agreement between the providers, administrators and NHIA.
36. Routine inspection of Providers	
(2) The Authority may appoint suitably qualified and experienced persons to assist it or carry out an inspection on its behalf.	Details on criteria, qualifications, training and experience required for inspectors should be provided for proper feedback. Provide details in legislation or regulations on criteria, qualifications and requirements for inspectors. NHI Response: Details will be provided in the regulations.
38. Determination of questions and grievances.	
(1) Where any person —	The matter should not be determined by a person under any circumstance; rather, it should be determined by an independent body/tribunal that is comprised of professionals and free from political interference. The regulations should be released for review in conjunction with this section. Revise the provision and establish independent process as well as body to review. NHI Response: The draft Bill has provisions for a Patients Bill of Right and an Ombudsman.
39. Confidentiality.	
Overall comment for #39	This provision can act as a shield to protect corrupt authorities. Whistle-blowing protection is needed to ensure that corruption is revealed but the provision that

	anyone who “comes into contact with any data” not disclose that data is too restrictive. Institute whistleblower provisions within the legislation to prevent corruption. NHI Response: There is ongoing consultation with the Data Protection commissioner and the IT department of the Secretariat.
(ii) not disclose such data or information without the proper authorization; and	What constitutes proper authorization and by whom? Define the term to prevent breach of privacy and confidentiality .NHI Response: The proper authority will be NHIA.
40. Offences and penalties.	
(1) Any person who —	Defence should be provided in line with similar language in other legislation; e.g. good faith, unintentional conduct and proof that person was unaware of false nature of such declaration et al. Incorporate provisions to provide defence for innocence and good faith. NHI Response: Section was revisited; no changes were made to incorporate suggestions.
(c) wilfully attempts to use or uses funds for purposes other than those prescribed under the Act commits an offence and is liable on conviction in the case of —	How can this occur? What is the process for investigation? NHI Response: The process will be described in detail in the regulations.
(3) Where —	This seems excessive and goes against principles of corporate law and the doctrine of the corporate veil. Additionally, gross negligence should be the standard and this should go no further than the directors who have fiduciary duties only in instances where the piercing of the corporate veil is justified. This provision should be revised in line with established principles of corporate law and to remove any suspicion of a witch hunt. NHI Response: No changes were made to the section.
41. Review of Act.	
Overall comment for #41	There is no provision here for private sector or professional stakeholder involvement in the review of the Act. Revise provision to include members of the private sector and key stakeholders in the review of the NHI legislation. NHI Response: The private sector and stakeholders will be invited to review the draft Bill.
43. Regulations.	
(1) The Minister may, on the recommendations of the Authority, make regulations generally for the better carrying out of the provisions and objectives of the Act and without prejudice to the generality of the aforesaid, the Minister may make regulations —	The Minister seemingly without the consent of parliament can make regulations. Checks and balances are required to prevent abuse of power by the Minister. NHI Response: The Minister does not have the power to make regulations.

<i>(e) prescribing the categories of persons and the means of identifying them, who may be exempted from paying contributions, co-payments or other cost-sharing obligations under the Plan;</i>	Changing who pays contributions or co-pays could have material financial implications and the Minister should not have the unilateral ability to affect this. Changes to contribution rates and copays should be reviewed and endorsed by actuaries (and other professionals). Stakeholder consultation should also be held before such decisions are made. NHI Response: A policy decision.
<i>(f) prescribing matters related to privacy and data protection;</i>	This should be done in consultation with Data Protection Commissioner.
First Schedule	
1. Constitution of the Board	
<i>Overall comment on #1</i>	<p>The legislation ought to consider including "whistleblower protection" for the interest of the public. While most stakeholders are included as a class from which the board members should be drawn, the insurance industry is notable absent.</p> <p>The proposed structure has all voting members appointed by the Minister. This corporate governance structure is highly deficient and opens the flood gates for political interference, cronyism, nepotism, conflicts of interest and political patronage. We note further that the non-voting members are civil servants/government employees. The Minister has too many powers over governance of the Authority and composition of the Board. Revamp the composition of the board of the NHIA in line with corporate governance best practices and minimize opportunities for political interference and group think</p> <p>Independent board members are vital for good governance.</p> <p>All key stakeholders including the insurance industry should be represented on the board . NHI Response: The First Schedule was revisited and there were suggested changes made to include relevant stakeholders.</p>
<i>1. (a) seven of whom shall be appointed by the Minister from among those categories of persons that would be regarded as representative of the views of beneficiaries, the medical and nursing profession, and the religious, commercial and labour sectors;</i>	The appointment process is ministerial heavy. NHI Response: A policy decision.
<i>(b) the Director of the National Health Insurance Authority, Director of the National Insurance Board,</i>	Ex officio members should be allowed to vote. NHI Response: A policy decision.

<i>the Chief Medical Officer, the Superintendent of the Insurance Commission and the Director of Social Services who shall be ex-officio members with no right to vote, and not less than 40% of the members shall be female and not less than 40% shall be male.</i>	
3. Tenure of members of the Board.	
Overall comment on #3	There are two sets of clauses in schedule 1 numbered 3 – Tenure of members of the board & Vacancies. NHI Response: Observation noted.
(2) The tenure of office for members shall staggered as follows — (a) two board member shall have an initial term of one year;	Excluding the ex officio members, only 7 members remain. However, this section lists the initial terms of 8 members. HI Response: The First Schedule was revisited and relevant changes were made.
(3) An appointed member may at any time resign his office by notifying the Chairman in writing who shall forward the same to the Minister and upon the date of the receipt by the Chairman of such document such member shall cease to be a member.	The date of receipt of the document may not be the effective date stipulated in the resignation letter. In effect, this section requires that board members give no notice of their intention to resign. NHI Response: A policy decision.
(4) The Chairman may resign his office by notifying the Minister in writing and such resignation shall take effect upon the date of the receipt of such document by the Minister.	The date of receipt of the document may not be the effective date stipulated in the resignation letter. In effect, this section requires that Board members give no notice of their intention to resign. NHI Response: A policy decision.
(6) The appointment, removal, death or resignation of the Chairman, Deputy Chairman or an appointed member shall be published, by such means as the Authority deems fit.	Based on the vital role the NHI Authority is expected to play in the Bahamian society, changes in the Board composition should be published and gazette. NHI Response: A policy decision.
4. Vacancies.	
Overall comment on Vacancies	This provision vests too many powers in the Minister and overly involves the Minister in the operations of the NHI Authority. Based on the history of Board appointments in The Bahamian public sector and on statutory boards, 14 days may be too short a timeframe. NHI Response: A policy decision.
5. Termination of membership.	
Overall comment on #4	Why is the Chairman exempt from this requirement? The Chairman should not be above the law but rather should be subject to a standard and possibly a higher standard. NHI Response: A policy decision.

<i>The Minister shall terminate the appointment of a member of the Board where</i>	There should be exceptions to this section in the event of sickness, maternity and other special circumstances.
6. Remuneration.	
<i>(b) to the Chairman and to the Deputy Chairman in respect of their offices such remuneration and allowances, if any, in addition to any remuneration or allowances to which they may be entitled in respect of their offices as members; and</i>	It is not stated who determines the additional compensation of Chairman and Deputy Chairman. Provision should be revised to vest this power in the Cabinet but require the approval of Parliament. NHI Response: A policy decision.
8. Voting	
<i>(5) The Chairman of the Board may veto any motion passed at the time of the vote, but such veto can be overridden by a subsequent two-thirds vote by the Board.</i>	This section vests too many (unusual) powers in the Chairman of the Board and goes against the principle of collective responsibility of the Board. This provision is unorthodox in corporate governance and is even more disturbing when considered in the context of the enormous initiative of NHI. It encourages a culture of dictatorship, arbitrary decision making and abuse of office. This provision should be deleted and the powers of the Chairman in this regard removed. NHI Response: A policy decision.
9. Disclosure of interest.	
<i>(1) A member of the Board who has an interest in a matter for consideration—</i>	This section is weak in that it does not define related party nor have clear prohibitions requiring disclosure of related party interests. The Insurance regulations 34 should be considered as a guide in this regard. Related party should be properly defined. The wording of the Insurance .NHI Response: The suggestions noted. A policy decision.
<i>(a) shall immediately disclose to the Board, in writing, the nature of the interest and the disclosure shall form part of the record of the consideration of the matter; and</i>	Regulations should be adopted. NHI Response: Regulations will address this concern.
<i>(5) Where the Minister is satisfied, after due investigation and following receipt of a recommendation from the Board, that any member of the Board failed, at a material time, to disclose a relationship, he shall remove that person from membership of the Board in accordance with paragraph 3 and any person so removed shall not be eligible for appointment as a member of any committee.</i>	Who should conduct the investigation? NHI Response: A policy decision.

10. Confidentiality	
(2) Where allegations of a breach of confidentiality by a Board member arise, the matter shall be brought to the attention of the Minister at the earliest opportunity and the Minister shall cause to be carried out an investigation into the matter.	Who should conduct the investigation? NHI Response: A policy decision.
Second Schedule	
PRIMARY HEALTH CARE	This is broad and too vague to provide the public and stakeholders on specific information on what will be covered. Publish and incorporate a detailed schedule of benefit which outlines all services that will be covered. NHI Response: Currently a list of benefits are available on the NHI website.
Third Schedule	
N/A	

Bahamas Insurance Brokers Association

Overall feedback: The bill neglects to include the Intermediary market which can play a role in the implementation of NHI through assisting with the eligibility enrollment, plan education, wellness and management of records. Accordingly, the client relationship currently in existence will be maintained.

Sections In The Draft Bill	Feedback
Part 1	
(a) which is registered as a long-term insurance business in accordance with section 24 of the Insurance Act (Ch. 347); (b) which is certified as an Administrator by the Insurance Commission in accordance with the provisions of the Insurance Act (Ch. 347); and	The legislation fails to make any reference to intermediaries and has wholly excluded all other classes within the insurance industry save and except for the long term insurance business (who registers as an insurer with the Insurance Commission) NHI Response: The concerns were noted and discussions are ongoing with the relevant stakeholders.

<i>(c) which has entered into an agreement with the Authority pursuant to section 25</i>	
Part 2	
4. Establishment of National Health Insurance Authority.	
(4) The provisions of the First Schedule shall have effect as to the constitution and procedure of the Board and otherwise in relation thereto.	<p>The current Board structuring is inadequate and will not provide transparency. The Minister ought not to have any authority with board appointments because it creates an environment of political favoring and does not retain the image the NHI ought to brand internationally. The Board appointees should represent stakeholder consultative and technical bodies.</p> <p>-The Board should speak proportionately to specific roles and industry experience for example: Insurance 2, Intermediaries 1, Chamber 1, Religious 1, Physicians 2, Surgeons 1 Health Administrators 2 etc.</p>
(5) The Minister may by Order amend the First Schedule.	<p>The Minister should not have the power to amend the First Schedule without the consent of Parliament. NHI Response: A policy decision.</p>
7. Powers of Authority	
(e) to appoint officers and such other employees or agents as the Authority considers necessary;	<p>Reference it 'agent' needs clarification. Is it an agent as per the Insurance Commission? If so, inclusion must allow for other classes of intermediaries.</p> <p>The term “agent” should speak to intermediary</p> <p>NHI Response: There is a need for further clarification.</p> <p>NHI Response: Concern will be discussed with ICB.</p>
Overall comment on #7	<p>The definition of “intermediary” should be expanded</p> <p>NHI Response: The decision is a policy decision.</p> <p>NHI Response: A policy decision will have to be made.</p>
9. Minister may give directions in the public interest.	
Where it appears to the Minister to be requisite in the	If the Board is comprised of the Public Interest/Patient Representative it achieves the

<p><i>interest of the public, after consultation with the Authority, the Minister may give to the Authority such directions whether of a general or specific character regarding the discharge of the functions of the Authority and the Authority shall give effect to any such direction.</i></p>	<p>protection of the interest of the public. The Board reports and decisions suffice and there is no need for Ministerial intervention.</p> <p>NHI Response: The Act sets out to give the Minister the power to make decisions in an emergency situation that would be in the best interest of the public.</p> <p>NHI Response: Clarification was given and the group understood the provision as intended in the Act.</p>
<p>12. Accounts and audit</p>	
<p>(1) The Authority shall —</p>	<p>Should not be specific solely to the Authority. Alternative wording: The Authority and its Board shall....</p> <p>NHI Response: Explanation was given of the function as it relates to the Authority and the Board.</p> <p>NHI Response: Section revisited, and the necessary adjustments were made.</p>
<p>15. Reserve Fund</p>	
<p>(b) to use the Reserve Fund to increase the benefits under the Plan; and</p>	<p>Strict provisions ought to be implemented to address the changes in the benefits package, cost and premiums.</p>
<p>16. Power to Invest</p>	
<p>Overall comment on #16</p>	<p>There must be detailed criteria and standards governing how monies can and should be invested from the reserve fund.</p> <p>NHI Response: The criteria will be detailed in the Regulations.</p> <p>NHI Response: Discussions with technical working group.</p>
<p>17. Eligibility for National Health Insurance</p>	
<p>Overall comment for #17</p>	<p>The Authority should not be seen as having the power over an individual's enrolment process.</p>

	<p>NHI Response: The NHI Secretariat agreed with B.I.B.A that the selection would be random.</p> <p>NHI Response:: No further discussion required.</p>
Part 3	
18. Enrolment of beneficiaries.	
<p>5) Where a person — (a) fails to select a primary care provider or Administrator pursuant to subsection (2) for any reason — (i) an Administrator shall be assigned to that person by the Authority; or</p>	<p>"This process is in direct contravention of the individual's right to choose. The Authority should not be seen as having the Power of Attorney over an individual enrollment process unless sanctioned by said individual or their next of kin. IT SYSTEM WILL PROVIDE FOR CONSENT" NHI Response: The selection will be random.</p>
21. Coordination of Benefits	
Overall comment for #21	<p>The provision needed more concise detail</p> <p>NHI Response: The provision will be clearly defined to meet existing best practice and processes</p> <p>NHI Response:: Deferred for clarification.</p>
23. Contributions	
<p>23. Contributions. 1) Contributions shall be payable to the Plan on behalf of beneficiaries at such time and in such manner as may be determined by the Authority and prescribed in regulations by the Minister or as provided for in any other law. 2) Contributions for certain classes of persons, as may be prescribed in regulations, shall be paid out of the Consolidated Fund. 3) Where a beneficiary or his employer, if applicable, fails to pay any contribution due under</p>	<p>The contribution type, and expected time to commence should be stated in legislation.</p> <p>Monies should be held separately to ensure transparency</p> <p>NHI Response: Secretariat to confirm financial processes of NIB. Agreed with the point of transparency</p> <p>NHI Response: A policy decision will have to be made.</p>

<p><i>the Plan, such person shall be liable to pay the full cost of any medical services obtained by the beneficiary.</i></p> <p>4) <i>Regulations made pursuant to this section shall provide for the rates of contribution to be paid by different categories of beneficiaries and employers.</i></p>	<p>NHI Response: A policy decision.</p>
Part 4	
REGULATED HEALTH ADMINISTRATORS	<p>Funding for the RHA needs to be detailed and outlined, also threshold for reimbursing providers over the per patient annual fee.</p> <p>The RHA payment process needed full explanation</p> <p>NHI Response: The Secretariat suggested that B.I.B.A engage in discussions with ICB.</p> <p>NHI Response: Document in the B.I.B.A report to NHI Secretariat.</p>
25. Eligibility	
5 (c) the services to be rendered by the Administrator and the payment rates for such services;	<p>Legislation ought to include provisions that address the change in the benefits package, cost and premiums. NHI Response. Suggestions noted.</p>
Part 5	
38. Determination of questions and grievances.	
Overall comment for #38	<p>This section speaks primarily to the role of the intermediary. -This function can be removed from the Authority and placed with the intermediary.</p> <p>NHI Response: The format in which the provision is laid out in the provision, in practice, can pose a conflict of interest</p> <p>NHI Response: Section revisited, no adjustments were made.</p>

39. Confidentiality	
Overall comment for #39	<p>The provision can pose the risk of conflict of interest and that the NHIA considers B.I.B.A as a contingency.</p> <p>NHI Response: The NHI Secretariat is working closely with the Data Protection Commissioner and the IT department.</p> <p>NHI Response: Ongoing discussions with the Data Protection Commissioner and the IT department.</p>
43. Regulations.	
(1) The Minister may, on the recommendations of the Authority, make regulations generally for the better carrying out of the provisions and objectives of the Act and without prejudice to the generality of the aforesaid, the Minister may make regulations —	<p>The Minister and the NHIA should not set regulations that should govern them. Regulations should be prescribed by a special committee and/or the newly appointed Board.</p> <p>NHI Response: The NHI Secretariat recognizes the need for assistance from experts which will be sort through technical working groups.</p> <p>NHI Response: Discussions with technical working groups.</p>
First Schedule	
1. Constitution of Board.	
Overall comment on #1	<p>The Minister should not have any authority in board appointments. It creates an environment of political favor not retaining the image the NHI ought to brand. The Board appointees should represent stakeholder consultative and technical bodies. There should be specific role or industry experience for example: Insurance 2, Intermediaries 1, Chamber 1, Religious 1, Physicians 2, Surgeons 1 Health Administrators 2 Therapeutic care 2, Unions 3, Pharmaceuticals 2</p> <p>Members of the Board should be selected for among stakeholders, consultative and technical bodies. There should be specified roles or industry experience for members.</p> <p>NHI Response: B.I.B.A concerns as it relates to the Constitution of the Board which is</p>

	<p>shared by all of the other stakeholders. The Secretariat has looked at other Board structure both locally and internationally. The decision to change the constitution of the Board requires a policy decision.</p> <p>NHI Response: Policy decision will have to be made. No adjustments were made.</p>
(a) seven of whom shall be appointed by the Minister from among those categories of persons that would be regarded as representative of the views of beneficiaries, the medical and nursing profession, and the religious, commercial and labour sectors;	The appointment process is ministerial heavy. NHI Response: A policy decision.
(b) The Director of the National Health Insurance Authority, Director of the National Insurance Board, the Chief Medical Officer, the Superintendent of the Insurance Commission and the Director of Social Services who shall be ex-officio members with no right to vote, and not less than 40% of the members shall be female and not less than 40% shall be male.	Ex officio members should be allowed to vote. NHI Response: A policy decision.
(2) The Minister shall appoint a Chairman and Deputy Chairman from among the appointed members of the Board.	The Chairman and Deputy Chairman should be voted on from amongst the board members. Lacks democratic process and or corporate board due process. NHI Response: A policy decision.
3. Tenure of members of the Board.	
(1) All members of the Board, other than the ex officio members shall hold office for a period not exceeding three years and may be eligible for re-appointment for an additional period not exceeding three years, but in any event must not hold office for more than two consecutive terms.	All board members should be granted the same tenure timelines. The sliding scale for board member tenure builds lengthy timelines to make decisions. NHI Response: A policy decision.
Second Schedule	
2. Primary health care diagnostic, laboratory and other medical services, including care integration, counselling, home or residential care and population health services addressing the social and	The term 'other services' is too broad. Population health services extend beyond the primary health care model as well as social health services. The Bill does not speak to specialty providers outside of primary health care. Provisions must be made for secondary and tertiary care services. NHI Response: A list of the secondary and tertiary

other determinants of health	<p>benefits is provided on the NHI website. Specialty providers will be discussed in detail during the secondary and tertiary phase of the NHI plan.</p> <p>If the schedule is to address primary care then the Act should outline primary care. Also population health services (individual behavior, social environment, physical environment and genetics) extend beyond the primary health care model as well as social health services. The Act does not speak to specialty providers outside of the health care.</p> <p>NHI Response: The NHI Secretariat acknowledges the concern of B.I.B.A as it relates to primary care which was shared by other stakeholders. The first phase of the NHI plan is primary health care which is the focus of the Secretariat.</p> <p>There will be Regulations drafted which would detailed what is covered under the primary health care phase.</p> <p>NHI Response: The Schedule was revisited and no adjustments were made.</p>
Third Schedule	
N/A	
Fourth Schedule (Amendments)	
<p>"Data Protection (Privacy of Personal Information) Act (Ch.324A)" "In section 13 — (a) in paragraph (g), delete the word “or”; (b) in paragraph (h), delete the period appearing after the word “behalf” and substitute the words “; or”; and (c) insert immediately after paragraph (h) the following new paragraph (i)— “(i) required for the purposes of the implementation and management of national health insurance and the determining of eligibility and</p>	<p>This change will affect privacy laws in regard to personal data and information. NHI Response. There are ongoing discussions with the Data Protection Commissioner and the IT department at the secretariat.</p>

benefits thereunder. ". "	
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Bahamas Chamber of Commerce

Sections In The Draft Bill	Feedback
Part 1	
<i>"benefits" means the goods and services specified in the Second Schedule and available to beneficiaries under the Plan;</i>	The Second Schedule makes reference to primary care benefits only. Secondary and tertiary care definitions ought to be included in the draft in anticipation of Phase 4 and 5 of the roll out. NHI Response: Suggestion noted.
Part 2	
4. Establishment of National Health	
<i>(4) The provisions of the First Schedule shall have effect as to the constitution and procedure of the Board and otherwise in relation thereto.</i>	The Board lacks transparency and does not provide for proper governance. The Board must be revisited. Guidance should be taken from the NIB Board or URCA. Ministerial selection is too heavy. There should be criteria/qualifications that each Board member must meet. NHI Response: A policy decision.
<i>(5) The Minister may by Order amend the First Schedule.</i>	The Minister should not have the power to amend the First Schedule without the consent of Parliament. NHI Response: A policy decision.
7. Powers of Authority	
<i>(i) other bodies for the better administration of the Plan; (ii) Administrators for the purposes of managing and administering the benefits under the Plan in accordance with section 24; and (iii) Providers for the provision of the various benefits under the Plan;</i>	It may be necessary for the Authority to enter into agreement with international bodies. It may be necessary to expand the provision to allow the Authority to enter into those types of arrangements with a third party or international body/organization. NHI Response: A policy decision.
9. Minister may give directions in the public interest.	
<i>Where it appears to the Minister to be requisite in the interest of the public, after consultation with the Authority, the Minister may give to the Authority such directions whether of a general or specific</i>	The provision is too board and may allow the Minister to leverage his power to thwart the decisions of the Board. It is recognized that the power ought to be exercised by the Minister in the public's interest where certain circumstances arise. This power ought to be reflected in specific circumstances and not as a general discretion. NHI Response:

<i>character regarding the discharge of the functions of the Authority and the Authority shall give effect to any such direction.</i>	Suggestions noted. Review of URCA and FTRA may provide a more appropriate clause.
10. Establishment of a National Health Insurance Fund.	
(2) The Fund shall be under the control and management of the Authority.	Is this intended to refer to the Board or the Authority (Management)
11. Monies paid into or met out of Fund.	
(3) For the purposes of determining any sums to be paid into the Fund pursuant to subsection (1)(b), the Minister responsible for finance shall give consideration to any actuarial projections made and actuarial reviews conducted by an appointed actuary.	Too broad. Should read as ..."the Minister responsible for finance shall give consideration to any actuarial projections made and actuarial reviews conducted by an appointed actuary and the determination of sums shall be based on the reviews."
12. Accounts and audit.	
(2) The statement of accounts shall be audited annually by an independent auditor appointed by the Authority with the approval of the Minister.	Independent Auditor ought not to be appointed by the Minister. Delete the words "with the approval of the Minister"
15. Reserve Fund	
(1) All monies of the Fund not immediately required to be expended in meeting any of the obligations of the Authority or discharging any of its functions shall be paid into a Reserve Fund.	Queried whether or not it was intended to outsource the management of the Reserve Fund. If it was not intended it can perhaps be taken into careful consideration. NHI Response: Ongoing consultation with the policy makers. NHI Response: There has not been a policy decision on the management of the Reserve Fund.
Part 3	
17. Eligibility for national health insurance.	
1 A person shall be eligible to enrol to receive benefits under the Plan if he-	Provisions should be in place to prevent individuals from enrolling, relocating to live outside of The Bahamas and accessing benefits while ordinarily resident outside of the jurisdiction.
(a) is a citizen of The Bahamas and ordinarily resident in The Bahamas or lawfully residing in The Bahamas in accordance with the provisions of the Immigration Act (Ch. 191), having resided in The	Consideration should be given to 3 month period. Should be increased to 6 months.

<i>Bahamas for a period of not less than three months immediately preceding enrolment; and</i>	
2 <i>Notwithstanding any other law, for the purposes of subsection (1), “ordinarily resident” shall be construed to mean a person’s ordinary residence shall not be considered to have been interrupted by reason of the fact that the person is occasionally or temporarily absent from The Bahamas or is absent from The Bahamas because of his —</i>	<p>The provisions as drafted does not allow for the inclusion of persons actively involved in maritime duties away from shore.</p> <p>*MATTER TO BE PRESCRIBED BY REGULATIONS.</p>
17 & 18 Eligibility for national health insurance & Enrolment of beneficiaries.	
Overall comment on #17 & 18	<p>A beneficiary becomes ill while aboard, will he/she be entitled to care in The Bahamas?</p> <p>NHI Response: The relevant sections will be revisited.</p> <p>NHI Response: The relevant sections were revisited and the necessary adjustments were made.</p>
21. Coordination of benefits.	
<i>Where a beneficiary is covered by private health insurance for a benefit included in the Second Schedule, the private health insurance carrier shall be the primary payer in accordance with prescribed regulations.</i>	Provision may allow for a double-pay mechanism.
23. Contributions	
Overall comment for #23	<p>Contribution type and expected time of implementation.</p> <p>NHI Response: A decision for the policy makers.</p> <p>NHI Response: A policy decision has not been made as it relates to contributions</p>
Part 4	
N/A	
Part 5	
33. Cooperation and information sharing.	
Overall comment for #33	Specific arrangements must be incorporated to ensure that access, use and storage of

	sensitive data is heavily regulated and monitored. NHI Response: There are ongoing consultations with the Data Protection Commissioner and the IT department at the Secretariat.
39. Confidentiality.	
Overall comment for #39	Prescribed circumstances where employers can access and release employee information. NHI Response: In the event of a legal matter.
First Schedule	
1. Constitution of Board.	
Overall comment on #1	The schedule should include the criteria for persons to sit as members of the Board. The Board should have a similar makeup the NIB Board. NHI Response: A policy decision.
(a) seven of whom shall be appointed by the Minister from among those categories of persons that would be regarded as representative of the views of beneficiaries, the medical and nursing profession, and the religious, commercial and labour sectors;	The appointment process is ministerial heavy. NHI Response: A policy decision.
(b) The Director of the National Health Insurance Authority, Director of the National Insurance Board, the Chief Medical Officer, the Superintendent of the Insurance Commission and the Director of Social Services who shall be ex-officio members with no right to vote, and not less than 40% of the members shall be female and not less than 40% shall be male.	Ex officio members should be allowed to vote. NHI Response: A policy decision.
Second Schedule	
2. Primary health care diagnostic, laboratory and other medical services, including care integration, counselling, home or residential care and population health services addressing the social and other determinants of health	Reference should be made to secondary and tertiary care services. Primary care services ought to be specifically listed to avoid ambiguity. NHI Response: The definition of secondary and tertiary services have been included in the draft Bill.
Third Schedule	
N/A	

Bahamas Department of Immigration

Sections In The Draft Bill	Feedback
Part 2	
9. Minister may give directions in the public interest.	
<i>Where it appears to the Minister to be requisite in the interest of the public, after consultation with the Authority, the Minister may give to the Authority such directions whether of a general or specific character regarding the discharge of the functions of the Authority and the Authority shall give effect to any such direction.</i>	<p>Further explanation is needed on this section of the draft NHI Bill.</p> <p>NHI Response: The Act sets out to give the Minister the power to make decisions in an emergency situation that would be in the best interest of the public.</p> <p>NHI Response: An explanation was given and it was agreed that the section was needed. No further discussion is required.</p>
Part 3	
17. Eligibility for national health insurance.	
1 <i>A person shall be eligible to 37enroll to receive benefits under the Plan if he-</i>	<p>The NHI Secretariat should revisit the time frame for which a legal resident should have been residing in the jurisdiction 37enroll they are eligible to receive benefits under the plan. The criteria for legal resident should be outlined in the Act, maybe in the Regulations. The required length of time that a legal resident is required to reside in the jurisdiction before he/she can benefit under the plan is one year. The government should look into short term legal resident making payment to the plan before they can benefit.</p> <p>NHI Response: The Act sets out to give the Minister the power to make decisions in an emergency situation that would be in the best interest of the public.</p> <p>NHI Response: An explanation was given and it was agreed that the section was needed. No further discussion is required.</p>
18. Enrolment of beneficiaries.	
1) <i>In order to access any benefit under this Act, a person who is eligible under section 17 must 37enroll in the Plan in accordance with prescribed regulations.</i>	<p>Detail explanation of the enrollment process and how the Department of Immigration will be impacted. What will happen to persons that do not have access to a computer? There should be a system in place to make the enrollment as friendly as possible. The Department of Immigration is in the process of upgrading their IT system</p>

	<p>to assist with the NHI plan wherever it is needed.</p> <p>NHI Response: Detail explanation of the enrolment process was given. The NHI Secretariat will work closely with the Department of Immigrated with the hope of having an integrated IT system. NHI Secretariat will provide assistance for those persons who do not have access to a computer.</p> <p>NHI Response: The need for further discussion with the Department will continue. Policy decisions will have to be made.</p>
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Insurance Commission of the Bahamas

Overall feedback:

- Classification of information
- Who will regulate the Public Insurer and the RHAs?

Sections In The Draft Bill	Feedback
Part 1	
<i>“Insurance Commission” means the Insurance Commission of The Bahamas established pursuant to section 4 of the Insurance Act (Ch.347);</i>	<p>Section 4 if amended will become inapplicable Remove reference to Section 4</p>
<i>“regulated health administrator” or “Administrator” means a company carrying on insurance business</i>	<p>Removal of the word "regulated". NHIA does not share regulatory regime/power with the Insurance Commission. Use of the word regulated may cause ambiguity.</p> <p>NHI Response: The relevant sections of the draft NHI Bill will be revisited with ongoing consultation with ICB.</p> <p>NHI Response: The relevant sections were revisited. No adjustments were made.</p> <p>The need for a new department within the ICB to facilitate the need of the NHI</p>

	<p>Secretariat.</p> <p>NHI Response: This concern will be addressed with ongoing consultation with ICB.</p> <p>NHI Response: Concern was discussed with the ICB, no decision was made.</p> <p>The ICB will amend The Insurance Act to accommodate the changes to the NHI draft Bill, 2016.</p> <p>NHI Response: This is a policy decision that has not been made to date. Ongoing consultation with The Law Reform Commission and ICB.</p> <p>NHI Response: A policy decision has not been made.</p> <p>NHIA and the function of ICB as it relates to the Authority and the Public Health Insurer.</p> <p>NHI Response: The relevant sections in the draft NHI Bill will be revisited with ongoing consultation with ICB.</p> <p>NHI Response: Consultations with ICB are ongoing.</p> <p>Revisit the relevant section in The Insurance (Amendment) Bill, 2016. Revisit Section 22 of The Insurance Act Chapter 347,2010 (Page 3)</p> <p>NHI Response: This section addresses registration of insurance companies. All insurance companies operating within the Commonwealth of The Bahamas must register with the ICB.</p> <p>NHI Response: Relevant sections in the Insurance Amendment Bill and the Insurance Act were visited and the necessary adjustments made.</p>
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<p><i>(a) which is registered as a long-term insurance business in accordance with section 24 of the Insurance Act (Ch. 347);</i></p> <p><i>(b) which is certified as an Administrator by the Insurance Commission in accordance with the provisions of the Insurance Act (Ch. 347); and</i></p> <p><i>(c) Which has entered into an agreement with the Authority pursuant to section 25?</i></p>	<p>(a) Reference should be made to a long term insurance business namely sickness or health insurance business in accordance with the Insurance Act. (b) Section ought to refer to a long term insurer. NHI Response: The suggestion has been discussed with the ICB and the relevant changes will be made.</p>
Part 5	
33. Cooperation and information sharing.	
Overall comment for #33	Provision should incorporate international collaboration. NHI Response: Suggestion noted.
First Schedule	
N/A	
Second Schedule	
N/A	
Third Schedule	
N/A	

Section 24(1) in The Insurance Act Chapter 347, 2010.	Revisit the relevant section in The Insurance Act.	The section explains what is necessary for a foreign company to operate in The Bahamas.	Relevant section revisited.
Section 198C (1) The Insurance (Amendment) Bill, 2016.	Revisit the relevant section in The Insurance (Amendment) Bill.	This section outlines the requirements for certification by the ICB. Consultation with Law Reform Commission is ongoing.	The relevant section was visited in the Insurance (Amendment) Bill and the necessary adjustments were made.
Section 198C 2 (b) (c) The Insurance (Amendment) Bill,	Revisit the relevant sections in The Insurance	After consultation with the ICB it was suggested that this section can be	The relevant section was adjusted in the Insurance (Amendment) Bill

2016	(Amendment) Bill.2016.	eliminated from the Insurance (Amendment) Bill, 2016. Consultation with the Law Reform Commission will follow.	2016.
Section 198C 3 (a) (b) The Insurance (Amendment) Bill, 2016. Consultation with ICB.	Revisit the relevant section in the Insurance (Amendment) Bill, 2016. Consultation with ICB. Consultation with the Law Reform.	The section addresses the ICB certification of regulated health administrator.	Ongoing consultation with the ICB and Law Reform Commission.
Section 198 C (4) (5) The Insurance (Amendment) Bill, 2016.	Revisit the relevant subsection in The Insurance (Amendment) Bill, 2016.	The subsections after consultation with the ICB it was suggested that they can be combined to create a single subsection. Consultation with the Law Reform Commission will follow.	NHI Response: The relevant subsection was revisited and the necessary adjustments were made.
Section 24 (1) The Insurance Act 347, 2010.	Revisit the relevant Section in The Insurance Act 347, 2010. Consultation with the ICB and Law Reform Commission.	The section outlines the sale of insurance product and the process by which these products can be sold. Ongoing consultation with ICB.	NHI Response: The relevant section was revisited. No adjustments were made.
Section 25(2) The Insurance Act 347, 2010. Criteria for foreign company	Revisit the relevant Section in The Insurance Act 347, 2010. Consultation with the ICB and Law Reform.	The section speaks specifically to a deposit that has to be made with the ICB by a foreign company before registration can be	NHI Response: No adjustment was made to this section.

Bahamas Nurses Union

Sections In The Draft Bill	Feedback
Part 2	
17. Eligibility for National Health Insurance	
<i>Overall comment for #17</i>	<p>Will dental and vision be included as benefits under the NHI plan for senior citizens?</p> <p>NHI response: During the primary care phase of NHI, dental and vision benefits will only be afforded to school age children. During the fourth and fifth phases dental and vision will be available to all citizens and legal</p> <p>NHI Response: The coverage of dental and vision for seniors will require a policy decision.</p> <p>Will contract nurses be eligible to receive benefits under the plan?</p> <p>NHI response: Contract nurses are considered legal residents of The Bahamas, having met the requirements of the Department of Immigration and possessing a smart card issued by NIB.</p> <p>They are legal residents and therefore entitled to receive benefits under the plan.</p> <p>NHI Response: No further discussion required.</p>
Part 3	
19. Re-selection of Administrator or primary care provider.	
3) <i>Where the services of a primary care provider are no longer available to a beneficiary, a different primary care provider may with the written approval of the beneficiary or his legal guardian facilitate a re-selection of such primary care provider at the time of the person's visit with such primary</i>	<p>What type of contributions will be implemented to sustain the NHI plan? NHI Response: A policy decision.</p>

<i>care provider.</i>	
20. Entitlement to benefits.	
2) <i>A beneficiary shall make such co-payments or be subject to such other cost-sharing obligations for benefits in the amounts and manner as may be prescribed by the regulations.</i>	Will nurses that are currently enrolled in the Nurses health insurance, will have to give it up once NHI is implemented. NHI Response: A discussion need to be had with the Nurses Union.
23. Contributions	
Overall comment for #23	<p>What type of contributions will be implemented to sustain the NHI plan?</p> <p>NHI Response: The primary care phase of the NHI plan which is expected to be rolled out during the second quarter of the year is free to all persons who are eligible to receive benefits. There may be some form of taxes implemented later during the fourth and fifth phases; however it is unknown as to the type of tax that would be implemented. Some suggestions have been mentioned included a tax similar to VAT, a SIN tax and an employer/employee tax similar to NIB contributions.</p> <p>NHI Response: A policy decision will have to be made.</p>
Part 4	
REGULATED HEALTH ADMINISTRATORS	<p>Detailed explanation is needed as to who will be Regulated Health Administrators, their roles and functions.</p> <p>NHI Response: Detailed discussion and explanation given. Reference was made to the relevant section in the draft Bill for further reading.</p> <p>NHI Response: No further discussions required</p>
Part 5	
38. Determination of questions and grievances.	
Overall comment for #38	<p>The determination of questions and grievances should not be under the control of the Authority, but rather an independent body.</p> <p>NHI Response: Explanation was given of the creation of a Patient's Bill of Rights and an Ombudsman. The Tribunal will handle grievances until the establishment of an Ombudsman and the Patients' Bill of rights.</p>

	NHI Response: No further discussions required
39. Confidentiality	
Overall comment for #39	<p>The need for a secure IT system and employee who will be working with sensitive data.</p> <p>The draft Bill speaks about data sharing and reports being created, who will oversee beneficiaries sensitive data</p> <p>NHI Response: The NHI Secretariat is working closely with the Data Protection Commissioner and the IT department.</p> <p>NHI Response: Ongoing discussions with the Data Protection Commissioner and the IT department</p>
First Schedule	
1. Constitution of Board.	
Overall comment on #1	<p>Members of the Board should be selected from among stakeholders including unions, consultative and technical bodies. There should be specified roles or industry experience for members</p> <p>NHI Response: The NHI Secretariat acknowledged the Nurses Union and Council concerns as it relates to the Constitution of the Board which is shared by all of the other stakeholders. The Secretariat has looked at other Board structure both locally and internationally. The decision to change the constitution of the Board requires a policy decision.</p> <p>NHI Response: A Policy decision will have to be made.</p>
Second Schedule	
PRIMARY HEALTH CARE	<p>Dental and vision should be included as benefits for senior citizens because many seniors have problems with their vision and dental .Vision and dental are two very important parts of the body and if neglected it would result in their health deteriorating even more requiring more costly medicine and treatments. NHI Response: At the primary care phase they will not be included, but they will during the secondary and tertiary phases.</p>

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Bahamas Pharmacy Council

Sections In The Draft Bill	Feedback
Part 2	
4. Establishment of National Health Insurance Authority.	
<i>(4) The provisions of the First Schedule shall have effect as to the constitution and procedure of the Board and otherwise in relation thereto.</i>	Deferred.

Medical Physicians

Overall feedback:

- Health care facilities licensing boards are not in conflict with NHIA.
- The draft Bill excludes the individuals under the Health Professional Council who are not intended to give benefits and services.
- The Authority should have the power to extend and license without having to amend the Act each time.

Sections In The Draft Bill	Feedback
Part 1	
<i>“health care provider” or “Provider” means a natural person or anybody of persons, corporate or</i>	The definition of health care provider ought not to encompass all categories set out in the Health Professions Act.- Categories ought to be spelt out in the Third Schedule

<i>unincorporated, approved by the Authority to render benefits under the Plan;</i>	while allowing for provisions to amend. NHI Response: The definition has been revisited and the necessary changes were made.
Part 2	
4. Establishment of National Health Insurance Authority.	
(4) The provisions of the First Schedule shall have effect as to the constitution and procedure of the Board and otherwise in relation thereto.	<p>The current Board excludes critical representation from the medical profession. There ought to be mandatory provisions for the inclusion and designation of:</p> <p>MAB Nursing Association Allied Health</p> <p>Additionally, the BIA ought to have a similar designation. The named bodies/designations ought to have voting powers/rights. NHI Response: The relevant section was revisited and the necessary adjustments were made.</p>
6. Functions of Authority	
(a) to establish and implement a national health insurance plan (hereinafter referred to as "the Plan") to facilitate the provision of accessible, affordable, equitable and quality health care services to all eligible persons;	<p>In order for the functions listed to be carried out there must be adequate representation on the Board by key professional and industry groupings. Consideration in this regard must be given to individuals who are a part of entities currently governed by regulatory bodies or legislation. For example, BIA, ICB, MAB</p> <p>Must include persons who are regulated by legislation. NHI Response: The relevant section has been revisited and the necessary changes were made.</p> <p>NHI Response: The powers of The Board will be governed by The Authority and consultation with the Minister responsible for NHI Bahamas.</p> <p>NHI Response: No adjustments were made to the relevant sections.</p>
7. Powers of Authority.	
Overall comment for #7	In order for the functions listed to be carried out there must be adequate representation on the Board by key professional and industry groupings. Consideration in this regard must be given to individuals who are a part of entities currently governed by regulatory bodies or legislation. For example, BIA, ICB, MAB
(b) to set the payment rate and establish and administer the risk adjustment mechanism for Administrators for the benefits under the Plan;	<p>Extensive regulations ought to govern this function.</p> <p>There should be a schedule incorporated to list the statutory committees and each committee ought to have defined statutory function and objective.</p>

	<p>NHI Response: Statutory committees fixed time for committees to meet quarterly and review of fees. Problem with contractual arrangement to set fees, to increase addendum, provided it does not affect the rate of and lower profit.</p> <p>NHI Response: Consultation will continue with the relevant stakeholders. Regulations will be drafted to address the concern of contractual arrangement between the medical physicians and NHIA.</p>
Part 5	
27. Eligibility	
(2)(c)	<p>This section of the draft Bill needs to be revisited. There should be consultations with The department of Immigration.</p> <p>NHI Response: The relevant sections were revisited.</p> <p>NHI Response: The relevant sections on eligibility have been revisited and the necessary adjustment made. The NHI Secretariat has been in Consultation with the department of Immigration.</p> <p>All relevant health/disease material must be disclosed.</p> <p>NHI Response: Revisit the relevant sections of the draft Bill e.g. Confidentiality, data sharing, fines and penalties. (Part 4, General Provisions)</p> <p>NHI Adjustment: The relevant sections in the draft Bill were visited and the necessary adjustments made. Consultation with the Data Protection Commissioner and relevant stakeholders is ongoing.</p>
36. Routine inspection of Providers.	
Overall comment for #36	<p>Regulations must be established to support this and speak specifically to the relationship between the NHIA-RHA-Inspector. NHI Response: Regulations will be drafted to address this concern.</p>

39. Confidentiality.	
(ii) not disclose such data or information without the proper authorisation; and	Provision should be adjusted to provide for exceptions; for example where consent is received. NHI Response: Suggestion noted.
First Schedule	
1. Constitution of Board.	
Overall comment on #1	<p>Statutory Committees must be incorporated. Legislation should include provisions to create and establish statutory committees who will advise the Board and further the Board will be bound to consult with these committees. Committees should be mandated to meet quarterly and or as necessary for the purposes of review. Board must include representation from MAB, Nursing, and BIA. 1/3 of the Board should be representative of the medical profession. Civil Society should replace the words religious, commercial, and labour sectors.</p> <p>Include a Chairman and deputy Chairman Exclude officer Build in declaration of interests Rules should assess Board members, disclosure, relative, family and assets. Create a fiduciary duty/responsibility to the Board through an ethical condition.</p> <p>Ex-officio member without the right to vote. Representative and designation of three defined bodies MAB, Nursing Association and the BIA. Civil Society, a larger portion of the board. Director not to vote. Chairman not to have executive power. Total lifetime maintained of two years or two co-consecutive terms.</p> <p>NHI Response: Revisit relevant section in the draft Bill. Consultation with the policy makers.</p> <p>NHI Adjustment: The constitution of the Board is governed by the NHIA in consultation with the Minister responsible for NHI Bahamas. A policy decision will have to be made.</p>
(a) seven of whom shall be appointed by the	The appointment process is ministerial heavy. NHI Response: A discussion for the

<i>Minister from among those categories of persons that would be regarded as representative of the views of beneficiaries, the medical and nursing profession, and the religious, commercial and labour sectors;</i>	policy makers.
<i>(b) the Director of the National Health Insurance Authority, Director of the National Insurance Board, the Chief Medical Officer, the Superintendent of the Insurance Commission and the Director of Social Services who shall be ex-officio members with no right to vote, and not less than 40% of the members shall be female and not less than 40% shall be male.</i>	Ex officio members should be allowed to vote. NHI Response: Their position on the board is consultative. A policy decision.
<i>(2) The Minister shall appoint a Chairman and Deputy Chairman from among the appointed members of the Board.</i>	The Chairman should not have executive power. NHI Response: A policy decision.
3. Tenure of members of the Board.	
<i>Overall comment on #3</i>	There should be a total lifetime maximum of two years or two consecutive terms served. NHI Response: A policy decision.
<i>(1) All members of the Board, other than the ex officio members shall hold office for a period not exceeding three years and may be eligible for re-appointment for an additional period not exceeding three years, but in any event must not hold office for more than two consecutive terms.</i>	Staggered tenure should not be relevant to Chairman and Deputy Chairman. NHI Response: Suggestion noted.
<i>(2) The tenure of office for members shall staggered as follows — (a) two board member shall have an initial term of one year;</i>	Delete initial from before the word term at 2(a). Place the word initial before tenure in the first line of 2. NHI Response: The relevant section was revisited and no adjustments were made.
9. Disclosure of interest.	
<i>Overall comment on #9</i>	Rules ought to be created to assess a Board members (conflicting) interest prior to appointment. Board member should disclose family ties as well as pecuniary interest NHI Response: Suggestions noted.
Second Schedule	
<i>2. Primary health care diagnostic, laboratory and other medical services, including care integration,</i>	Not all providers licensed by the Health Professions Council are intended to provide services under NHI. - Classes must be clearly identified and listed leaving room for

<i>counselling, home or residential care and population health services addressing the social and other determinants of health</i>	expansion. NHI Response: Detailed regulations will be drafted to address this concern.
Third Schedule	
"Bahamas Dental Council - Established by section 3 of the Dental Act (Ch.226) Health Professionals Council - Established under section 3 of the Health Professions Act (Ch.233) Hospitals and Health Care Facilities Licensing Board – Established under section 4 of the Hospitals and Health Care Facilities Act (Ch.235)"	Not all providers licensed by the Health Professions Council are intended to provide services under NHI. - Classes must be clearly identified and listed leaving room for expansion. NHI Response: Detailed regulations will be drafted to address this concern.

KPMG

Sections In The Draft Bill	Feedback
Interpretation 1.Primary Health Care	This definition could be construed to include far more than primary care. "All essential health needs" could be construed to include far more than primary care. We note also the Second Schedule includes a list of broad categories of what Primary Care includes which it is very broad. NHI Response: The relevant section was revisited and the necessary adjustments were made.
The term "outpatient"	No definition of "outpatient" included which should be defined in the Legislation. It is also not defined in the legislation referenced below. NHI Response: Suggestion noted.
The term "Universal Health"	No definition of "universal health "included which should be defined in the Legislation. It is also not defined in legislation referenced below. NHI Response: NHI is a financing mechanism and not UHC.
"Health Care Provider" or "Provider"	The term "Health Care Provider" not defined in any other legislation related to healthcare in The Bahamas (for e.g. The term "healthcare Provider" not referenced in the Medical Act, Health Professions Act, Public Hospital Authority Act, Health Professions (Complaints and Disciplinary

	<p>Proceedings Regulations) Act, Health Professions (General Regulations), Hospital Rules, The Public Hospitals Authority (Medical Staff) Byelaw. There needs to be consistency of terms used. NHI</p> <p>Response: The definition is listed in section 2 of the draft Bill.</p>
"Minister responsible for National Health Insurance"	<p>It should be made clear if this post is distinct from the Minister of Health, section 6(k) of the NHI Act refers to submitting a report to "the Minister and where relevant the Minister responsible for Health...". This indicates that the roles are for two different persons. This need to be clarified. NHI</p> <p>Response: The Minister for NHI has not been selected. A policy decision.</p>
No definition of "Beneficiary health outcome data"	<p>This is not defined in the draft legislation neither was it found in any other related Act. NHI Response: Suggestion noted.</p>
Section 3-"The Objectives for this Act"	<p>Propose that these objectives be reviewed for consistency with the draft Policy document. NHI</p> <p>Response: Suggestions noted.</p>
Section 3(a)-No timeline is provided for the Objectives	<p>It can be inferred that the objectives are for immediate action as opposed to being realized over time. Can be revised to state, "over time....to enable the provision of..." NHI Response: The relevant section was revisited and the necessary adjustments were made.</p>
Section 44- Refers to person carrying on a business as a registered long-term insurer or practicing as a "licensed health practitioner" or "health care facility"	<p>(1) The term "long-term insurer" is not defined in this Act. Will the term have the meaning as defined in the Insurance Act, Chapter 233, Section 3 (1) (b): namely, one that carries on "industrial life insurance business, ordinary life insurance business, variable life insurance business, sickness or health insurance business including group health, pension fund management, annuities; or variable annuity business." If the intent is to use this definition, then the Act should expressly state that the meaning of long term insurance business", pursuant to the definition in the Insurance Act.</p> <p>(2) Health practitioner or health care facility is defined in this Act, however will other legislation such as The Hospitals and Health Care Facilities Act (HHCFA), which defines, "health professional", "health professional's office" and "facility" be amended to include these new terms. Also the terms "medical practitioner" is defined in the Health Services Act but not reference in NHI Act. There needs to be consistency with respect to these various terms and the NHI Act and other related legislation. NHI</p> <p>Response: Ongoing consultation with ICB continues.</p>
Section 4(5) -The Minister has	<p>It is recommended that any amendment to the Governance structure of the constitution and</p>

powers to amend the First Schedule by an Order	procedures of the Board as laid out in Schedule 1 would be required by means of an amendment of the Act and not subject to powers of the Minister only. NHI Response: A policy decision.
Health sector integration	If the intent is to have NHIA, DOH and PHA under the Ministry of Health, this is not made clear in the draft legislation. NHI Response: A policy decision.
Section 6(b) and (c) -Refers to "implementing mechanisms for quality assurance in health care provision and promote improved methods and levels of efficiency in the delivery of health care"	How does this interplay with the current role of the Ministry of Health. NHI Response: There will be collaborative consultation with the Ministry of Health.
Section 6(d) – Refers to NHIA consulting with the Insurance Commission of The Bahamas (ICB) to establish the criteria for certification by the ICB, for purposes of the Insurance Act, of Regulated Health Administrators (RHA)	It is not clear that NHIA is the "Regulator of the RHA", this can be construed to have some cross over with the Insurance Commission, and the regulatory objectives are different. NHI Response: The ICB is the regulatory body for insurance companies in the Bahamas and will regulate the RHA.
Section 6(k)-NHIA to submit to the Minister and Minister of Health (where relevant) a report on the plan and policies relating to health care according to the Regulations	Recommend that NHIA should be <u>required</u> to produce and publish for the General Public an Annual Plan and Annual Report. The plan would include NHIA objectives for the coming year, a review of its activities in the prior year, a summary of its strategic priorities, focus areas and key priorities for 2016, key projects for the coming year, including its planned consultation schedule, key performance indicators measuring its performance and its budget for the forthcoming year.(<u>same as URCA Act</u>) NHI Response: Suggestion noted.
Consultation, publication and other functions for Section 6	Recommend that (also as per the URCA Act): (1) NHIA should have a Duty to Consult on matters of public significance, key issues and lays down approaches and timelines etc. for consultation. (2) NHIA should have a duty to publish documents of public significance, including its own accounts, should be published on its website, and be available for inspection. (3) NHIA functions should expressly state:

	<p>NHIA shall have such functions as are conferred on it by this Act or under any other law and in performance of its function, NHIA shall have power to issue all regulatory and other measures including, to make determinations, adjudications, impose conditions and penalties by order, to issue regulations, to issue protocols prescribing quality care to be maintained by providers, to institute prosecutions for the purpose of enforcing compliance with this Act, to issue rules and standards, to enter into agreements, suspend or terminate benefits and to conduct inquiries and investigation et al.</p> <p>NHI Response: Suggestions noted.</p>
<p>Section 7(1)-NHIA has powers to do the following:</p> <p>(a) To establish the benefits to be provided under the Plan.</p> <p>(b) To set up payments rates, administer risk adjustment mechanism for Administrators, for the benefits under the Plan;</p> <p>(c) To fix fee schedules, set payments rates and establish and administer the risk adjustments mechanisms for Providers, for the benefits under the Plan.</p>	<p>Should consider clarifying extent to which these powers are from a regulatory perspective .NHI Response: Clarification provided.</p>
<p>Section 8-Gives the Minister Power to do the following:</p> <p>(a) approve salaries (to any post) which is above the highest level of that governed by any industrial agreement;</p> <p>(b) approve an appointment to any post to which the above salary is mentioned;</p> <p>(c) approve the appointment of a legal advisor to or medical officer of the board to terminate the</p>	<p>If the reform is to be widely accepted and successful, there needs to be a high level of trust in the transparency and lack of potential for political influence over NHIA activities. Recommend that The Board should be free from Ministerial involvement in the establishment of remuneration practices. The Board should be appointed under strict governance requirements as further detailed below .NHI Response: Suggestions noted. A policy decision.</p>

employment of any person who holds such a post or (d) approve for making the provision for the payment of any pensions or gratuities or other like benefits to any officer or employees of the board by reference to their service.	
Section 7(k) and (l)-NHIA to appoint committees of the Board and determine the constitution of the board.	These are principles of good governance. This should not be included in this section. Further this section seems to have a mixture of governance functions, insurance functions and other provisions. NHI Response: Suggestions noted. The relevant sections were revisited.
Section 8(1) and (2) – The Board of NHIA employs a Director (who will be the CEO) with the approval of the Minister.	(1) The director cannot be a CEO. This person should be defined as the CEO and not as a Director, who reports to the Board. Furthermore, recommend that the Minister should not have a direct line into the workings of the organization by having to approve the employment of a CEO, such appointment being a function of the Board. NHI Response: The constitution of the board has been revisited and a suggested or recommended board has been infused into the draft Bill.
Section 8(2) The director may delegate any function to an employee as he/she sees fit and such function can be revocable	The executive director should not be able to delegate to any employee as described here as this is not consistent with good governance practice. NHI Response: Suggestion noted.
Section 9-Minister has power to require NHIA to discharge functions and may do so in the public interest	To build public trust in the governance structure the Minister should not have such wide discretionary power over the NHIA. The Minister should not be involved in giving directions as to the discharge of the NHIA activities. NHI Response: Suggestions noted. A policy decision.
Section 10 and 11-Refers to the NHI Fund and monies paid into or met out of the fund	This section appears to address the overall fund to fund the activities of the NHIA, but does not reference the proposed Catastrophic Care Fund during the Phase 1 roll out. This fund, and the appropriate very strong governance around it, should be included in the Act as a segregated fund with its own governance structure. NHI Response: The suggestions were noted. A policy decision.

Section 12 (1)(b)-NHIA to cause preparation of statement of accounts conforming to governing principles and practices of BICA	This should read that annual accounts shall be prepared in accordance with <u>International Financial Reporting Standards</u> . NHI Response : The relevant section was revisited and the necessary adjustments were made.
Section 12 (2)-Minister approves the independent Auditor to be appointed by the Authority	To build public trust in the governance structure the Minister should not have power to approve an independent Auditor of NHIA, such approval should be a function of a Board Audit Committee. NHI Response : A policy decision.
Missing from Section 12 (2)	(1) The independent auditor should be a “firm whose partner(s) is/are licensed members of the Bahamas Institute of Chartered Accountants” (2) there should be fixed timeline for completion of the audit – 90 days is appropriate (3) there should be a duty to publish, however should probably be definitive here that the audited accounts shall be published on the NHIA website and available for inspection. NHI Response : The relevant section was revisited and the necessary adjustments were made.
Section 13(2)- the Minister can approve any borrowing of the Authority.	To build public trust in the governance structure the Minister should not have the final say on NHIA borrowing of funds. Any borrowing could be subject to policies approved by the Ministry of Finance, and not subject to any other conditions. NHI Response : A policy decision.
Section 15-Refers to the Reserve Fund	This section requires more specificity – what is “immediately” – 6 months? 12 months? How is the reserve Fund governed? NHI Response : A policy decision.
Section 16(1)(b)(ii)-The Minister can authorize the investment of other securities, real estate, financial contracts, agreements and investments with collaboration with the Authority.	To build public trust in the governance structure the Minister should not have the final say on NHIA investments. There should be a requirement for an investment policy to be established by the Board and perhaps again this should be subject to approval by the Ministry of Finance. NHI Response : Suggestions were noted. A policy decision.
Section 16(3)-The Minister may approve investment other than	To build public trust in the governance structure the Minister should not have the final say on NHIA investments without approval of the Minister of Finance. NHI Response : Suggestions noted. A policy

those mentioned in section 16(1)(b)(ii) which requires approval of the Minister of Finance.	decision.
Missing from Section 17	The eligibility of a legal resident who is unemployed and not registered with the National Insurance Board does not appear to be provided for in this section. According to the National Insurance Act (NIA), section 13, persons above the upper limit of compulsory school age, who are employed and self-employed persons, are insured under NIA. If a person ceases to be employed or self-employed, they can be insured as a voluntarily insured person under the NIA. Section 17 of NIA, provides for such persons to make contributions on a voluntary basis during unemployment. Will there be a voluntary or mandatory enrollment and contributions requirement for unemployed legal residents for national health insurance? NHI Response: The relevant section was revisited and the necessary adjustments were made.
Section 18(3) - Refers to enrollment of beneficiaries.	The Act does not reference what happens with an individual who is part of an employment plan, are they able to go outside the provider selected by the Employer? NHI Response: Enrollment will be on an individual basis.
Section 18 (5) - NHIA can assign a Primary Care Provider or Administrator where a person has failed to select one.	The legislation here indicates that once a person is eligible to be a beneficiary of the Plan, that his/her participation is mandatory. If mandatory enrollment will be the approach the legislation should make this clear. NHI Response: Suggestion noted. To receive benefit under the NHI Plan, a person must enroll.
Section 22(2) (c)-Refers to a beneficiary benefits may be suspended for failing to consent to disclose information to the NHIA.	What about the obligations of insurer to keep information confidential? NHI Response: There is ongoing discussions with the Data Protection commissioner and the IT department of the secretariat.
Section 25(3)-HIA can enter into agreements with any Administrator for management and administration services with respect to the Plan.	There should be a requirement for best practice procurement practices to be followed, with RFPs to be published and the results of the procurement process also to be published. NHI Response: Suggestions noted.

Section 25(4)(d)-Refers to beneficiaries not precluded or denied access to benefits by that Administrator "without good reason".	The phrase "without good reason" is vague. Will the Regulations provide a non-exhaustive list to relay what qualifies as an impediment from a beneficiary being able to gain access to the benefits? NHI Response : Detailed regulations will address this concern.
Section 31(1)-Refers to termination or Provider	Termination should also result where a Provider does not have or loses medical license to practice. Also where Provider is in breach of any other acts of The Bahamas, and where Provider is in default of payment of any taxes of The Bahamas without remedy within a reasonable period. NHI Response : Suggestions noted.
Section 31(2)-Refers to termination of Administrator	Generally bankruptcy and fraud should be grounds for termination of an Administrator. Also where Administrator is in breach of any other acts of The Bahamas loses its license under any other laws or regulations, and where Administrator is in default of payment of any taxes of The Bahamas without remedy within a reasonable period. NHI Response : Suggestions noted.
Section 33(1)-Refers to Cooperation and Information sharing	There is no mention here of compliance with the Data Protection (Privacy of personal information) Act, 2003.
Section 32-Refers to withdrawal of Administrator or Provider	If the Act will not expressly state what the "transition of care of beneficiaries " consist of, then this section should indicate that the Regulations will address those measures in addition to it being included in the Agreements with the Administrators or Providers .NHI Response : Detail regulations will address this concern.
Section 37(2)-Refers to Report	In addition to the Report being tabled in Parliament it should be published by the NHIA. NHI Response : Suggestion noted.
Section 40-Refers to Penalties and Offences	Where fraud could entail the use of services fraudulently or the fraudulent misappropriation of funds, should the fine not also include the amounts fraudulently obtained? NHI Response : Suggestion noted.
Section 40(-2)-Refers to "duly certified Inspector"	The Act does not specify the type of certification an inspector must possess. This should be expressly stated in the Act. NHI Response : Detail regulations will address this concern.

Missing from section 40	Provisions which speak to penalties for destroying or falsifying documents, falsely pretending to be an employee of NHIA, obstructing NHIA in the performance of their duties. NHI Response: Suggestions noted.
Section 43-Refers to Regulations	Should NHIA be able to make its own regulations without the involvement of the Minister? NHI Response: The relevant section was revisited ,the Minister's input would be consultative.
Section 43(1)-Refers to Regulations	
Paragraph 1(3)-Refers to no person is eligible to serve as Chairman, Deputy Chairman or board member if he is a Director or officer of any business that offers a service in accordance with the Plan.	The phrase "service in accordance with the Plan" need to be clarified is this referring to service as a healthcare provider or Administrator. Further will the Act prohibit persons who are Shareholders of a healthcare provider from serving as a Chairman, Deputy Chairman or board member of NHIA? NHI Response: Suggestions noted. A discussion for the policy makers.
FIRST SCHEDULE BOARD GOVERNANCE	Recommend that the Board governance requirements and qualifications be designed in the same way as the URCA ACT. NHI Response: A policy decision.
Paragraph 1, (1) through (4)	These provisions should be consistent with good governance practice. NHI Response: Suggestion noted.

<p>GENERAL COMMENTS</p>	<ol style="list-style-type: none"> 1. The draft NHI Bill lacks a governance structure that will build public trust in National Health Insurance. 2. The NHI Authority (NHIA) is structured like a traditional Government corporation and does not offer any modern transparency measures. 3. The structure allows for heavy political control, with board appointments, staffing decisions, and other key decisions being ultimately at the direction of the “Minister”. This will create immediate distrust with providers, insurance companies and administrators that the entity will be politically managed. Powers of the Minister should be largely removed, except as relates to the establishment of the national healthcare policy with the input of the NHIA. 4. The need for a non-political structure is enhanced by the fact that the NHIA will have responsibility for the NHI Fund for catastrophic care and with noise already in the market that such care will be doled out on an impartial and political affiliation basis, this structure will only serve to fuel the noise. <p>NHI Response: Concerns and suggestions noted.</p>
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