FAQ for Public Consultation

Section 1: General questions about the NHI Program

Q1: What is the purpose of the NHI Act 2022? Why do we need a new act?

A1: The NHI Act 2022 is a modernization of the existing NHI Act. The bill seeks to improve access to primary care, limit public sector costs by eliminating duplication and continuing the path towards universal health coverage (UHC). This Act establishes the Standard Health Benefit (SHB) as the minimum standard of coverage for all health insurance plans in country, mirroring the basic benefits package provided by NHI.

Q2: How will this program be funded by the Government? Does the public need to pay higher taxes?

A2: At this time, no new taxes or increases to existing taxes are required to implement the provisions of the NHI Act 2022. In fact, the integration of NHI into the primary health clinics (enabled through the Act) is expected to drive system savings over the coming years by decreasing duplication in costs while ensuring high-quality care.

Q3: How will this new legislation impact service quality?

A3: It is expected that the rollout of the Primary Care Transformation Initiative (PCTI) across country will continue to improve primary care quality by standardizing care delivery across public clinics. NHI is also committed to implementing an Electronic Health Record at all clinics, which will provide critical health data to support better decision-making and identification of possible gaps in care. Furthermore, NHIA is working to identify and address possible gaps in care by tracking patient experiences and quality concerns. These measures have been taken with the overall goal of standardizing care delivery across clinics and improving resource allocation and infrastructure standards.

Q4: Is NHI and the PCTI supported by the Bahamian population?

A4: NHI is strongly supported by the Bahamian public. In 2020, a consultation survey was done to gather feedback on the current primary health landscape in The Bahamas. The poll found that 95% of respondents strongly agree that Bahamians should have access to Universal Health Coverage and 92% agree that private health insurance offerings are too expensive. 90% of respondents also believe the PCTI will result in better access to, and quality of, healthcare.

Q5: What services are currently included in the Standard Health Benefit?

A5: The Standard Health Benefit currently provides primary care coverage. Please note that as NHIA continues to grow, we intend to further expand the services offered under the SHB with the long-term goal of catastrophic care coverage. This would include coverage for cancer treatment, surgery, and other acute care treatments. The services below comprise the Standard Health Benefit:

(i) Primary Health Care Services
(ii) Health Education and Promotion
(iii) Early Detection and Preventative Care
(iv) Diagnostic Imaging
(v) Paediatric and Maternity Care
(vi) Screening Programs for Cancer and Other Specified Conditions

Q6: Why is the SHB needed in medical health insurance policies across country?

A6: The SHB creates a minimum standard of coverage for all health insurance plans in country, mirroring the requirements for public and private plans. Whether beneficiaries receive private insurance coverage or are covered by NHIA, their health insurance plans must include the services under the SHB as the minimum. This baseline for primary care coverage will improve health outcomes nationally and enable future expansion towards acute coverage.

Q7: What type of consultation has been done?

A7: A critical component of the legislative consultation is the public consultation period, where we seek your feedback on the incoming legislative changes. In addition to our public consultation process, we have engaged several stakeholder groups individually to inform them of the impacts of the draft legislation. This includes numerous consultations with the following groups:

- The Insurance Commission of the Bahamas (ICB)
- The Bahamas Insurance Association (BIA)
- The Medical Association of The Bahamas (MAB)
- The Bahamas Chamber of Commerce (BCCEC)

Section 2: Targeted questions from the public and beneficiaries

Q1: Why should I pay for private health insurance if I can receive coverage from NHI free of charge?

A1: Most private insurance plans contain coverage outside the scope of services provided in the Standard Health Benefit including comprehensive medical care, prescription drugs, physical therapy, surgical expenses, and overseas care. Additionally, many private health insurance plans are covered by employers which reduces the cost burden on individuals or families to pay for private health insurance. What we want to ensure is that those who do purchase private insurance

have access to accessible primary care driving towards earlier and preventative interventions.

Q2: What happens if I lose private health insurance coverage? Am I eligible to receive coverage through NHI?

A2: Yes, if an individual loses private health insurance coverage, they will receive the Standard Health Benefit from NHI. Through the ongoing collaboration between NHIA and private insurers, we will ensure a seamless coordination of coverage so there are no lapses in care.

Q3: Will I have to change providers to select a provider within the NHI network?

A3: No, you will not be mandated to select a provider within the NHI network. In fact, providers will be given the choice to opt-into NHI's network for SHB services. However, for providers who fail to enter into agreements with the Authority, their services will be deemed outside the scope of the SHB. As a result, insurers may include co-pays and deductibles at their discretion for services delivered outside the network.

Q4: Will I be limited to a maximum number of primary care visits through the new bill?

A4: No, as a beneficiary receiving SHB coverage you are entitled to as many primary care visits as deemed necessary by your primary care provider. The level of visits will vary among beneficiaries, depending on the different needs of individuals and the physician's discretion.