



**NATIONAL INSURANCE (CHRONIC
DISEASES PRESCRIPTION DRUG FUND)
BILL, 2009**

**DRUG PLAN ADDRESS
HOUSE OF ASSEMBLY**

SEPTEMBER 2009

*HON. DR. HUBERT MINNIS M.P.
MINISTER*

MINISTRY OF HEALTH

Mr. Speaker,

It is the fundamental right for each and every Bahamian to have access to healthcare regardless of their religion, creed, race or financial status. It is the role of Government to ensure the basic rights of individuals are met, it is the goal of my Government to ensure that the Bahamian people have full access to quality and affordable healthcare.

In today's world, due to the rising costs associated with healthcare many individuals find themselves in a financial nightmare and in fact health related expenses can result in bankruptcy and poverty. Funding of these health-related

expenses can bring about an erosion in the Bahamian middleclass.

Mr. Speaker, My Government similar to the former Government believes in the introduction of a National Health Insurance Plan. However, it is essential to introduce a plan that is affordable and sustainable – manageable yet attainable. As we traverse these tough economic times we find it necessary to still proceed with the health initiatives that bring relief to the many Bahamians that are unduly suffering.

Suffering because of lack of finances or suffering due to insufficient health coverage. I say to you – you have suffered long enough.

Many Bahamians seek relief by donations from family, churches and friends. Many Bahamians have to resort to cook-outs and steak-outs to assist in their medical expenses, though many of the medical care can be obtained locally however, for what ever the reason these individuals prefer medical treatment abroad.

Food Vending Permit (Cook-outs) Issued for the Period 2005 - 2007				
Year	2005	2006	2007	Total
Cook-outs	136	139	119	394
For Medical Expenses	31	15	26	72
	22.7%	10.7%	21.8%	18.2%

Total Average of 18.3% between 2005 – 2007.

Mr. Speaker, no one should have to wait for days to receive medication. No one should have to wait months for a surgical procedure. No one should have to travel from the Family Islands to be told that their surgical procedure or their clinic appointment has been cancelled. No one should have to endure these types of undignified events. However, I can say with certainty that plans are already in progress to resolve these issues. Many of these have been addressed during my budget communication of June 2009 – and will remain priority items for my ministry.

Mr. Speaker, the statistics have shown that many of the illnesses that we refer to today are related to chronic non-communicable diseases and or their consequences.

TODAY – statistics show that approximately 120 women per year suffer from breast cancer.

TODAY – statistics show that diabetes and hypertension are increasing.

TODAY - 80 – 100 men annually suffer from prostate cancer.

Can you believe that our children who suffer relentlessly from diabetes can develop blindness, kidney failure and even cardiac arrest?

Should we not protect our children? Our future and our nation?

Mr. Speaker, there are several types of National Health Insurance Plans.

1. National Health Insurance for primary care
2. National Health Insurance for hospitalization
3. National Health Insurance for emergency room
4. National Health Insurance for catastrophic illnesses
5. National Health Insurance for diagnostic purposes

6. National Health Insurance for pharmaceuticals (medication)
7. Comprehensive National Health Insurance

National Health Insurance has been talked about and publicized since the 1980's and in fact the approach at that time was in a phased manner. This garnered agreement from the medical community however, National Health Insurance was not introduced.

Mr. Speaker, I am certain that the member for Bain & Grants Town truly believes in a National Health Insurance Program. Like me - he believes in uplifting the poor, like me - he

believes in healthcare for all, like me - he too believes that no one should have to endure the unpleasantries of the current system. (Long waiting time at the emergency room, delayed surgery, insufficient beds, poor staff communication and surgical postponements for family island patients).

I have worked with the member for Bain & Grants Town in the healthcare industry for a number of years. I have learned many things from and about him.

Mr. Speaker, I find it difficult to believe that HE has sanctioned the National Health Insurance Plan as was tabled in THIS Honorable House in

2007 by the former government in its comprehensive manner.

This Comprehensive National Health Insurance Plan was not supported by the very consultant groups they commissioned to review and advise of the feasibility therein. California, Wisconsin, Illinois and Pennsylvania have all attempted to introduce a universal health plan. However, this was withdrawn after legislators realized its unsustainability due to cost. The control of cost is considered the lynchpin to the success of any national health insurance program.

The former government was advised that their plan was very ambitious. They were advised that

the sustainability of this plan would depend greatly on its flexibility for modification to the number of services by reducing the services offered and/or by the introduction of charges for these services in addition to increasing the contributions from the same Bahamians that would have bought into the “hope” of a Comprehensive National Health Insurance Plan. I am here today to help, help alleviate our existing health problems, help to educate our people in the health care, help to deliver proper medication in a timely manner and to deliver what I can truly sustain.

The former government was advised by their consultants that the cost was grossly underestimated. Yet, they convinced the Bahamian people that help and hope was on the way. The former government was advised that this health plan was unsustainable in the long term. And in fact, advised that many of the services started would have to be rescinded thus removing the help so promised to our Bahamian people.

The former government was advised that not only was this program even more ambitious than any OECD country has ever attempted but we would have been the **first** and most definitely

the **last** to try such a comprehensive health insurance plan. (What a record!)

They were advised that the package was more generous than their Consultants' have ever seen.

Mr. Speaker, the former government was advised further that promotion of private health insurance for national security (police and defense force, nurses and public servants) contradicts the goal of their national health insurance and recommended to them to take steps to prevent them from receiving any private independent insurance. So Mr. Speaker, it makes you wonder how it is that the former government is now insisting that the nurses for

one receive private independent insurance? So, in 2005 when they signed the nurses current industrial agreement promising private health insurance were they sabotaging their own Comprehensive National Health Insurance Plan? Mr. Speaker, sabotage – I think not! But critical to their success was this final quote from the Consultants stating “Public relations should be stepped up as soon as possible through the requested additional staff and other resources and focused on the benefits of National Health Insurance, possibly using real life stories of Bahamians who faced serious financial difficulties in receiving healthcare. In the

immediate period before national elections it may also be useful for the Public Relations to focus on the work of pre-implementation tasks, to convey the message of progress following passage of the NHI Act.”

So I ask was the NHI Plan a Public Relations ploy? Was the NHI Plan an election tool? Was the NHI Plan not to come?

As I stand here today, representing the great constituency of Killarney, I would not be affiliated with any political organization that engages in tactics that appear to overtly mislead the Bahamian populous to win an election.

Mr. Speaker, these same Consultants recommended that the NHI Plan be introduced in a phased wise approach rather than comprehensively and this Mr, Speaker is what we are tabling with our Drug Plan.

Another recommendation that is noteworthy in this report is that our existing healthcare system needs strengthening and further enhancement of our Information Technology systems so that our entire network obtains interconnectivity – which we term our health bridge to the future.

This bridge will lead us finally to the new state of the art hospital which is still in progress.

The Consultants have stated that under our existing system – problems will be exacerbated and in fact new ones will develop. They have recommended infrastructural development – this is what we are doing;

- i. Electrical upgrading
- ii. Emergency room renovations and changes
- iii. Three additional new operating theatres
- iv. Infrastructural repair – eg. Plumbing upgrade

They have recommended that we prepare our healthcare system for tomorrow – this is what we are doing;

- i. Pharmacy integrated system

- ii. Telemedicine and IPHIS
- iii. New hospital (final leg of health bridge to the future)

They have recommended that we concentrate on improving our services – this is what we are doing;

We have introduced nurse co-ordinators to improve communication within our emergency room department

And finally they have recommended that A National Health Insurance Plan should be introduced in a phased manner (approach) – this is what we are doing by introducing here today which represents phase 1.

After completing our Drug Plan we will move to the next phase, scientifically driven, and not politically driven. Decisions would be based upon what is best for the nation and not what is best to win an election nor best for my personal ego. Times are changing Mr. Speaker, policies must change with the times – we are facing a new world and new directions. The Bible speaks of a new world, we must prepare today for tomorrow, look forward and if we are to succeed, our country must always be considered first.

Mr. Speaker during this debate we will hear many social and emotional arguments by the opposition especially the member for Farm Road

but I can recall the election of 2002 when our then leader, member for Mount Moriah, and the member for Farm Road entered the first ever leadership national debate. The present Prime Minister, the member for North Abaco, was travelling at that time and asked for me to listen tentatively to the debate and report my impression of the outcome to him.

Mr. Speaker, when asked by him, how was the debate? I informed him that Mount Moriah did well. However, I could not say exactly what the member for Farm Road had said. In fact, I mentioned that if I were in school and my teacher had asked me to write a summation of

what the member of Farm Road said, I would not be able to write the first line but, he sounded great. I then informed the member for North Abaco, that if I had to vote solely based on the debate I would have voted for Farm Road. The member for North Abaco then asked, how could I vote for the member for Farm Road after stating that I did not know what he said. I reminded the member for North Abaco, that the member for Farm Road – sounded great.

Mr. Speaker, I consider myself an individual of average intellect, yet I felt that many average Bahamians would have felt similarly like myself. Based on this, I then informed the Member for

North Abaco that the FNM Government was about to lose the election...so said, so done.

I learned a valuable lesson that day that I wish to share with my fellow Bahamians; to carefully listen to content rather than conjecture.

DRUG PLAN

Mr. Speaker, it has been highly recommended that a comprehensive national health insurance plan is not sustainable as I have previously outlined, however, the recommendation by all professionals both internal and external was the introduction of a plan in a phased wise manner, scientifically driven to ensure that the

population needs are met and not politically motivated.

Today, 60% of our population die from CNCDs, at any given time 48.5% of our medical wards are occupied by CNCDs, our emergency rooms are bombarded by patients suffering from CNCDs and their suquele inclusive of trauma and motor vehicle accidents, all to be addressed with our soon to be introduced drug plan.

This drug plan being introduced today would assist in the promotion of healthy lifestyles, improved health status, decrease the burden of payment for medical conditions and thus increasing readily disposable cash which can

have great positive economic impact on our society. This plan would assist in improving the quality of life (decrease blindness, decrease amputations, decrease the need for dialysis, decrease number of strokes, decrease number of heart attacks and improve fertility outcome). It would also result in less sickness, more time spent in the workplace and better work performance. By decreasing disability and premature death, more human capital is available for more social and national developmental programs.

Mr. Speaker, though the plan I speak about is extensive, Section 1 Subsection 2 speaks of the

plan being introduced in sections at different times and the plan we speak of today will be introduced as follows:

CDPD – PHASED APPROACH	
PHASE I COVERAGE – Est. 32,000 beneficiaries	FUTURE PHASE(S) – Est.48,000 beneficiaries
1. NIB Pensioners <ul style="list-style-type: none"> – Contributory (retirees) – Non-contributory (OANCPS) 	1. Employed and self-employed persons
2. NIB Invalids <ul style="list-style-type: none"> – Invalidity benefits – Invalidity assistance 	2. Voluntary contributing persons
3. Children under 18 yrs of age, if pursuing full-time studies at an educational institution, under 25 yrs of age.	3. Indigent persons 4. Persons in government institutions

6.7% of our population or approximately 22,700 are estimated to be 65 years or older and statistics have shown that approximately each one will have some form of disease or illness related to the diseases that are being covered here today - notably arthritis, asthma, breast cancer, diabetes mellitus, glaucoma, high cholesterol, hypertension, ischaemic heart disease, major depression, prostate cancer and psychosis - and therefore will benefit from this program.

Mr. Speaker, today there are still complaints from individuals who have gone to our various government pharmacies and were not able to

obtain their medications. This still happens because occasionally prescriptions are written for medications that are not provided within our institutions. In other words the physicians rather than adhering to a drug formulary, write medications that may have recently been introduced and thus not available in our drug listing. This gives the impression that our institutions suffer from a shortage of medication when in fact this is not the case. Just last week, I visited my Godmother who lives in Bain Town (West Street and Dunmore Street) where she explained the issues she currently faces with obtaining her medications spending up to an

additional \$50 per month because some of her medications are not available in our government pharmacies. While visiting my Aunt in Peter Street East, she expressed similar problems with obtaining her much needed medication. This plan would provide a listing of approximately 93 medications for the chronic diseases that I have mentioned previously. The physicians will be provided with a formulary or listing of these medications from which the prescriptions would be written. Once followed, individuals like my Aunt, my Godmother and many other senior citizens would have their medication available

when prescribed thus increasing their disposable cash to be utilized on whatever entity they chose.

Mr. Speaker, contracts will be drawn up between private pharmacies who are presently waiting to become apart of this program so that our patients can obtain their medications from other sources than the government pharmacies – enabling our citizens more flexibility in where they can fill prescriptions e.g. Lowe’s, Wilmacs, Heaven Scent, Prescription Parlor to name a few.

Mr. Speaker, once the program has been enacted a registration drive would subsequently commence, allowing individuals with any of the

disease entities to be registered by their physicians after which the registration forms would be taken to National Insurance where a crypted card would be generated. This card would allow you to access the medication at all participating pharmacies. Please note, that the medication will be dispensed at “no charge” to the patients. We are all aware that patients may develop at a later date, new disease entities and again these new entities will be registered by their physicians thus allowing update to their card. The card will also assist with the pharmacist receiving their payments online in a more efficient system.

Mr. Speaker, at this time I must stress that the funding for the plan will be obtained from the Medical Benefit Branch of the National Insurance Fund and any sums approved by Parliament for payment into this fund. At this time no additional charges will be introduced to the Bahamian tax payers.

Mr. Speaker, at this time it is essential to note that the plan covers both breast and prostate cancer prescriptions. These two illnesses have great impact on our society, as approximately 8 men are diagnosed with prostate cancer per month with a total of 1153 diagnosed today. As for the other illness that rocks our society today

approximately 10 women are diagnosed with breast cancer monthly. As we speak 1530 women in our community has been diagnosed with breast cancer.

Women form the foundation of our society as they are responsible in many instances for rearing our children sometimes alone. Our children represent our future and if our foundation is weakened so will our future. 67% of our births are to single mothers and therefore it is essential that we do everything possible to ensure that our foundation is solid and totally unshakable.

The plan provides not only medication for diseases but an educational component. All diabetics can be categorized, hypertensive's can be categorized and so can all other illnesses enabling us to utilize our tele-notification programs, or in some cases email, informing all patients both in New Providence and Family Islands of information vital to maintaining their healthcare needs.

Mr. Speaker, other components of the plan;

- a) Healthy lifestyles
 - i. Diet
 - ii. Exercise
 - iii. Nutrition

- iv. Podiatry
 - b) Compliance
 - c) Grants (NGOs, churches, unions, & other organizations)
 - d) Education – Email, telenotification, text messages (TV, etc), video conferencing
 - i. Crime
 - ii. Violence
 - iii. Cancer screening
 - e) Monitoring & Evaluation
 - f) Provisions for disability

To ensure the continuity and viability of this program, it will entail the creation of a benefits

committee whose responsibility would be the annual review of the existing medication and the introduction of newly approved medication. A strategic planning and evaluation committee will be formed, whose responsibility would be to assess the drug program and its performance, conduct annual review of program, make recommendations to improve effectiveness and efficiency, receive and review proposals for modifications and finally to evaluate return on investment (ROI).

Mr. Speaker, the plan I have presented is quite extensive and is in keeping with the recommendation of all professionals, both

locally and internationally. It is a plan the Bahamians have been yearning for, and will only be the commencement of our further advancement of additional health plans which would be added utilizing a more scientific approach and in keeping with the needs of the Bahamian populous.

Further consultation with non-government organizations, Medical Association of The Bahamas (MAB), Nurses Association, churches, insurance companies and other stakeholders are to be continued.

Mr. Speaker, I recall the former Government under our late Prime Minister, Lynden Pindling

was eager to introduce a health plan but this would have been done in a phased manner.

I speak today of unity for one Bahamas.

I extend my hand to you in solidarity.

Help me build this health bridge to the future.

The people of the Bahamas want a National health insurance plan. The nation's former Prime Minister, Lynden Pindling, a man for the people wanted a National Health Insurance Plan, the plan he presented in 1987 was one of stages (step-wise)— a plan like I spoke of today.

Our leader, our Prime Minister, wants a National Health Insurance Plan. The former leader of our great political party, Sir Cecil

Wallace-Whitfield wanted a National Health Insurance Plan. They, like Pindling, wanted a plan that is created for the people, a plan that is sustainable, a plan that would uplift all. Let us not look after the greedy but the needy.

As a product and descendant of poverty, help me uplift our people, help me to deliver to the people what the people need, want and deserve.

Let's do the right thing. There is no room for mistakes, no room for error. Let us fulfill Pindling's dream – let us fulfill Ingraham's dream – let us fulfill Wallace-Whitfield's dream – let us fulfill my dream – let us fulfill the people's dream. Forward, upward, onward and

together we can fulfill all dreams. Together we can move mountains; together we can build a better Bahamas. We must work together to improve this nation.

Mr. Speaker, I so move.