



SINT MAARTEN

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Central Committee of the Parliament of
 Sint Maarten
 President of Parliament,
 The Honorable Mr. L.J. Richardson, MD
 Wilhelminastraat # 1
 Philipsburg

Gelieve bij beantwoording datum en nummer te vermelden en in elke brief slechts ÉÉN onderwerp

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Onderwerp: Answers to questions Central Committee meeting September 2nd, 2015

Philipsburg, **OCT 28 2015**

Bijlagen: Q&A's Central Committee meeting of September 2nd, 2015, including annexes


Honorable President of Parliament,

On September 2nd, 2015, a second Central Committee meeting was held on the draft Public Health Ordinance. By means of this letter I would like to provide the Central Committee with the answers to the questions that have been asked during this meeting.

I kindly refer you to the attached list of questions and answers, including annexes.

Hoping to have informed you sufficiently,

Kind Regards,



Mr. R.A. Boasman

Minister of Public Health,
 Social Development and Labour

Q & A's Central Committee meeting of September 2nd, 2015

Answers by the Minister of Public Health, Social Development and Labour

Elucidations on Q&A's of the Central Committee meeting of August 5th, 2015

It came to the attention of the Ministry that the Annex to the answers to the questions of the Central Committee of the meeting of August 5th, 2015, might not have reached the Central Committee. Therefore this Annex will be re-attached, named "Health Situation in the Americas Basic Indicators 2014, as answer to a question of MP Silveria Jacobs on the current statistics of infectious diseases.

MP Maurice Lake

1. The biggest hurdle is the enforcement of the legislation. It is important for all ministries to have written protocols in place, in order for all ministries to be on the same page when it comes to outbreaks.

Collaboration between ministries is indeed important. A Disaster Management Plan for all ministries is currently being drafted.

MP Cornelius de Weever

2. Who is working on the patient Bill of Rights?

This task is assigned to the Department of Public Health.

MP Silveria Jacobs

3. Is there a policy in place for forensic laboratories or is such policy to be established?

A laboratory policy for medical laboratories has been established. Institutions that apply for a health care institution permit to establish themselves as laboratory are made aware of this policy. However, forensic laboratories do not qualify as medical laboratory.

By decree the Sint Maarten Laboratory Services N.V. is appointed as forensic laboratory (Landsbesluit, houdende aanwijzing van de naamloze vennootschap Sint Maarten Laboratory Services N.V. als rechtspersoon, bedoeld in artikel 1, eerste lid, van de Gezondheidslandsverordening).

Additional questions

MP Leona Marlin

1. Why is neonatal screening not included in the draft Public Health Ordinance, as this relates to an important aspect of preventative care?

During the drafting of the Public Health Ordinance the feasibility study of the neonatal screening was not yet finalized. Considering the international obligations that prescribe Sint Maarten to have the regulations laid down in the Public Health Ordinance in place by June 2016, it was decided to finalize the draft ordinance without the inclusion of neonatal screening.

However, the inclusion of the neonatal screening in the Public Health Ordinance can be arranged, if Parliament wishes to do so. The Government is preparing a Memorandum of Amendment (*nota van wijziging*) to include the neonatal screening in the Public Health Ordinance, which will be sent to Parliament.

2. Can updated financial statistics related to the growing population be provided, showing the financial situation of the country, to give an insight in what needs to be done and what we can afford?

Because of the complex nature of this matter, these statistics and the relevant analysis of the data cannot be provided promptly. The requested data will be provided within short term, after the required analysis has been completed.

MP Sarah Wescot Williams

3. What is the current status of the Hospital Care Tripartite, is this a committee or an official body?

The Hospital Care Tripartite is a communication platform with the task of defining a hospital care business plan with the aim of securing accessibility to affordable hospital care.

4. Is the Hospital Care Tripartite also seeking financing possibilities for the Sint Maarten Medical Center (SMMC)?

The Hospital Care Tripartite is not aimed at seeking financing possibilities for the Sint Maarten Medical Center.

5. Is the government still on track to acquire 5 million guilders for the upgrading of SMMC?

Government has NAf 3 million reserved at the Central Bank of Curaçao and Sint Maarten and another NAf 2 million in the Budget 2015. However, the funds on the Budget 2015 cannot be loaned as yet because of the recent instruction of the Kingdom Council of Ministers.

6. Is the 35 million guilders still reserved at the Central Bank of Curaçao and Sint Maarten for the SMMC?

No. The NAf 35 million have other destinations and are used for all ministries.

7. Are there any plans or proposals of the government on medical tourism? If yes, from whom, and have they been analysed already? Does this topic fall under the Tripartite Committee?

There are no plans or proposals of the government on medical tourism. This topic does not fall under the Hospital Care Tripartite.

8. Can an update be given on the status of the ordinance which will adjust multiple ordinances, as the initial phase of the phased implementation of a national health insurance? Is there a draft of this ordinance which differs from the draft which was presented to Parliament in 2013?

The work on the said draft ordinance is in progress. There is no draft ready for parliamentary scrutiny. When such draft will be ready, it will be presented to parliament via the established procedures.

9. What is the issue of persons not able to receive medication of French origin in the pharmacies? Is this a result of new guidelines or are people only now becoming aware of this policy?

According to article 5 of the *Landsverordening op de geneesmiddelenvoorziening* (AB 2013, GT No. 749) pharmaceuticals imported and sold on Sint Maarten must first be registered. The purpose of registration is the evaluation of pharmaceuticals based on quality, efficacy and safety before they are marketed. See registration conditions in articles 13 to 21 of the *Landsbesluit verpakte geneesmiddelen* (AB 2013, GT No. 198). Pharmaceuticals sold on the French side have not been registered on the Dutch side of the island as is required. The *Landsverordening op de geneesmiddelenvoorziening* states in article 5 paragraph 4 that it is forbidden to import and dispense unregistered pharmaceuticals.

Also many of the patient information of French pharmaceuticals is not written in English or Dutch, which are the basic safety requirements of the SZV to the clients.

Only persons or businesses with a license (pharmaceutical wholesaler's license) according to article 3 paragraph 1d may import registered pharmaceuticals.

Unregistered pharmaceuticals may only be imported in certain cases which are stated in article 5 paragraph 5 of the *Landsverordening op de geneesmiddelenvoorziening* and article 2 of the *Landsbesluit verpakte geneesmiddelen*.

According to article 2 paragraph 2 of the *Landsbesluit verpakte geneesmiddelen* pharmacists may be granted written permission from the Inspector General in special cases to import and dispense unregistered pharmaceuticals.

The policy of the Inspectorate of Public Health, Social Development and Labour concerning unregistered French pharmaceuticals:

Permission for import of unregistered French pharmaceuticals by pharmacists are granted in the following cases:

- If French pharmaceuticals are prescribed by French specialists working on the Dutch side of the island.
- If a patient has been using French pharmaceuticals for a chronic condition prescribed by physicians for which there is no local equivalent or which cannot be substituted based on the active ingredient (s) by a pharmaceutical registered on the Dutch side or in the Netherlands.
- All other French pharmaceuticals prescribed by physicians for which there is no local equivalent or which cannot be substituted based on the active ingredient (s) by a pharmaceutical registered on the Dutch side or in the Netherlands.

Furthermore the French medications are not covered under the Sickness Insurance nor does care package for civil servants (article 3, sub 1a and 1b, 5, 8, 10, *Lvo vergoeding kosten geneesmiddelen*, AB 2013, GT no. 536 also attached appendixes "Prescription medication & pricelist and BZV (government care costs' regulations) guidelines. Based on these articles and documents the SZV has the authority to determine and make publicly known which dispensed medications will/can be compensated for as well the exceptions that can be made.

Exceptions will/can be made taking into consideration e.g. if a generic exists instead of brand name, if an equivalent to the (French) medication exist and so forth. Exceptions will be made in a case per case basis, see below (also attachment 20140221, Brief voor apotheken, bijlage 2 punt 2) as to the policy regarding French medication that is in possession of all pharmacies and physicians.

"Beleid vergoeding Franse geneesmiddelen

Een groot deel van de geneesmiddelen die nu geïmporteerd worden vanuit Frans Sint Maarten kunnen vervangen worden door geneesmiddelen afkomstig vanuit Nederland. Het beleid is om Franse geneesmiddelen die vervangen kunnen worden door geneesmiddelen afkomstig uit Nederland niet te vergoeden. Echter, Franse geneesmiddelen die niet vervangen kunnen worden door geneesmiddelen afkomstig uit Nederland zullen wel vergoed worden. Welke geneesmiddelen dit betreft zal worden vastgelegd en gecommuniceerd naar de apotheken. Voor deze Franse geneesmiddelen geldt dat de patiënt vooraf toestemming dient te vragen aan SZV. De apotheek wordt geacht in het bezit te zijn van een vergunning afgegeven door de Inspectie, SZV kan hier naar vragen. Alleen wanneer de apotheek de machtiging afgegeven door SZV aan de patiënt inclusief een kopie van het recept of het recept voorzien van een stempel 'akkoord' overlegt krijgt de apotheek de kosten vergoed.

De kosten van Franse geneesmiddelen zal SZV vergoeden op basis van de prijs uit de VIDAL, een mark-up factor van 1.323 en de wisselkoers. Geneesmiddelen waarvan de prijs niet in de VIDAL voorkomt zullen alleen vergoed worden indien de bon overlegt wordt. De transportkosten zijn in deze gevallen niet van toepassing."

10 a. Can an updated overview be provided of the costs involved with referring patients out of Sint Maarten?

Below you will find an overview of the costs involved with the medical treatment abroad, as received from SZV. For 2015, the data of the first 6 months are included.

Medische uitzendkosten (ZV/OV, FZOG en OZR)	2015*	2014	2013
Bemiddelingskosten Curacao	241,986	700,800	601,987
Medische uitzending Curacao	1,132,414	1,350,484	1,831,465
Medische Uitzending Martinique	5,125	96,390	3,287
Medische Uitzending Dominikaanse Republiek	4,681,199	6,913,204	5,272,554
Medische Uitzending Nederland	202,187	1,292,436	1,606,405
Medische Uitzending Guadeloupe	52,959	14,168	15,848
Medische Uitzending Colombia	2,836,784	8,141,701	10,167,437
Medische Uitzending Puerto Rico	27,300	8,457	44,258
Medische Uitzending Overigen	-	-	7,512
Daggeldvergoeding Medische Uitzending	1,540,699	2,483,065	2,059,908
Repatrieringskosten #	37,619	38,769	30,571
Transport Ambulance	30,268	35,220	202,362
Transport Reis Tickets	2,044,022	2,742,368	2,814,801
Transport Air Ambulance	1,855,478	3,149,489	1,217,808
Restituties	169,105	431,754	272,940
Overigen Ziekenhuizenzorg	370,725	1,673,161	1,554,283
Totaal	15,227,870	29,071,466	27,703,426
Gextrapoleerd	30,455,740		

* Eerste halfjaar 2015

lijks transport

10 b. Can this overview include the number of patients who are abroad and the reasons why they are still abroad?

Below you will see as of September 10, 2015 how many patients of the SZV were presently abroad for medical treatment. In total there are presently 136 patients insured under the different coverage ZV/OV, FZOG and OZR (Gov) abroad.

As you can see in table one they in five different destinations for different specialist treatment. In total 95% are in three destinations split as follows 50% or 68 are in Colombia, 28% in the Dominican Republic and 17% in Curaçao. As to the top five specialist treatment we can see that 80% these five namely Orthopedics 21%, Neurology 18%, Neurosurgery 15%, Cardiology 13% and Oncology 13%. To be clear all persons are sent abroad for specialist treatment that can be obtained d in St. Maarten.

As to the length of stay abroad we have categorized the stay in the following categories less than one week, more than one week but less than two weeks, two weeks but less than three weeks and more than three weeks. In table 2 we can see than 46% of patients are aboard three weeks or more. The reasons for the longer stay can be depending on the specialist treatment, the complexity, the kind of treatment and possible complications that may arise. Some reasons for longer stay are but not limited to e.g.:

- Oncology Radiotherapy is standard minimal 6 – 8 weeks
- Gyn/OB usually pregnant women that have complicated pregnancy and have stay until the delivery date and some weeks after before returning this can be months.
- Orthopedics pretreatment, test, operation and observation/control after operation
- Neurosurgery is depending the type of intervention and complexity

Total abroad per 100915	DOM	COL	CUR	NED	ARU	PUR	Total	Perc.
Orthopedie	5	16	6		1		28	21%
Neurologie	16	8					24	18%
Neurchirurgie	5	15			1		21	15%
Cardiologie	5	9	4				18	13%
Oncologie	3	7	7	1			18	13%
Interne		2	2	3			7	5%
Gyn/OB	4	2					6	4%
Ophamologie		6					6	4%
Urologie			4				4	3%
Plastic Surgeon		3					3	2%
Other						1	1	1%
Total	38	68	23	4	2	1	136	100%
Perc.	28%	50%	17%	3%	1%	1%	100%	

Table 1

Total abroad per 100915	Perc.	Tot.	<= 1wk	>= 1 wk	>= 2 wks	>= 3 wks
Orthopedie	21%	28	3	1	11	13
Neurologie	18%	24	5	8	6	5
Neurchirurgie	15%	21	1	4	8	8
Cardiologie	13%	18	0	7	4	7
Oncologie	13%	18	1	0	0	17
Interne	5%	7	2	0	2	3
Gyn/OB	4%	6	0	0	0	6
Ophamologie	4%	6	0	0	6	0
Urologie	3%	4	4	0	0	0
Plastic Surgeon	2%	3	0	0	0	3
Other	1%	1	1	0	0	0
Total	100%	136	17	20	37	62
Perc.		100%	13%	15%	27%	46%

MP Silveria Jacobs

11. Despite a poverty line not being established as yet, what is currently done for vulnerable people, such as people in the age group 45 to 60 who lost their job? Are we getting their registration for medical coverage?

Age discrimination remains a serious challenge, and efforts are ongoing with our partners in the business community to re-train/re-tool and recruit persons between the age of 45 – 60. As it regards medical coverage, this group can come into consideration for Medical Aid, once the assessment is completed per ordinance (Medical Aid Ordinance), to determine their eligibility.

It is important to note that the aid provided by Social Services is neither ‘ a right of the individual based on age’, nor an automatic obligation of Government – and is solely based on the assessment to determine if the individual is unable to meet /foresee for their basic needs.