



# Parliament of Sint Maarten

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## Staten van Sint Maarten

To the Hon. Minister of Public Health, Social Development and Labor  
Mr. O.E.C. Ottley  
Government Administration Building  
**Philipsburg**

UV/277/2020-2021

Philipsburg, June 22, 2021

Re: Request from MP M.D. Gumbs and MP R.A. Peterson regarding request advice GVS insurance coverage contraceptives

Hon. Minister Ottley,

Herewith I submit to you a request by Members of Parliament, Ms. M.D. Gumbs and Mr. R.A. Peterson, pursuant to article 62 of the Constitution and Article 69 of the Rules of Order of the Parliament of Sint Maarten.

The letter is self-explanatory.

Yours truly,

R. Brison  
President of Parliament



## PFP Faction

# Members of the Parliament of Sint Maarten

Sint Maarten, 15 June 2021

President of Parliament  
Mr. Rolando Brison  
Wilhelminastraat 1  
Philipsburg, St. Maarten

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| STATEN VAN SINT MAARTEN |              |    |
| Ingek. 15 JUN 2021      |              |    |
| Volgnr.                 | 15/746/20-21 |    |
| Par.                    | JW           | GR |

Subject: PFP Request to Minister VSA for GVS advice

Mr. Chairman:

Pursuant to article 69 of the Rules of Order, I request your assistance with forwarding a letter containing a request to the Minister of VSA, the Honorable Mr. Omar Ottley. Thank you in advance for your assistance with this matter.

Respectfully,

Melissa D. Gumbs, M.I.B.  
Member of Parliament  
Faction Leader, Party for Progress

Raeyhon A. Peterson, LLM  
Member of Parliament



## PFP Faction

# Members of the Parliament of Sint Maarten

Sint Maarten, 15 June 2021

Minister of Health, Labor and Social Affairs  
Mr. Omar Ottley  
Soualiga Road 1  
Philipsburg, St. Maarten

Subject: Request for Minister to request advice from GVS regarding insurance coverage of contraceptives

Honorable Minister Ottley:

Earlier in this Parliamentary year, the Party for Progress faction began conducting research on the possibility of amending the national ordinance for the Uitvoeringsorgaan Sociale- en Ziekteverzekering (hereinafter: 'SZV'). Our primary goal was to identify whether or not contraceptive methods such as birth control and intra-uterine devices (IUDs) were covered by SZV. When it was revealed that these methods are not covered, the PFP faction identified the urgency to update an overlooked area of St. Maarten's healthcare system and began investigating to determine the best way forward.

The primary reason women utilize contraceptives is to prevent (unwanted) pregnancies and for family-planning purposes. As medical research has expanded, the use of contraceptives has also grown to include treating irregular menstrual cycles, painful menstrual cramps, acne and, most importantly, endometriosis and hormonal imbalances that can cause Polycystic Ovarian Syndrome (PCOS). These medical conditions can hamper a woman's ability to live a normal, active and healthy life. Appendix A outlines several potential consequences to not having access to contraceptive methods for managing these health conditions.

In Sint Maarten, birth control is an over-the-counter medication. Some patients visit their doctor for information prior to buying birth control. The healthcare provider does not cover these costs. According to law<sup>1</sup>, healthcare providers only cover substances deemed as medication. Birth control and other female contraceptives are not considered medication but as 'aiding' substances ('hulpmiddelen'). Part of our research involved determining if this consideration is legislated or if there is another avenue to adding certain items to the list of covered medications. It became clear that legislation was not necessary, as Country St. Maarten established a committee to handle the review, addition and removal of substances to the coverage list for health insurance providers.

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<sup>1</sup> - Landsverordening ziekteverzekering (AB 2013, GT no. 802 and AB 2015, GT no. 9);  
- Regeling vergoeding behandelings- en verplegingskosten overheidsdienaren (AB 2013, GT no. 649);  
- Landsbesluit medisch tarief sociale verzekering (AB 2014, GT no. 69)

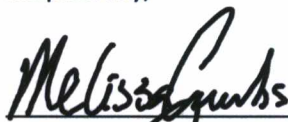
In 2018, the 'Commissie Geneesmiddelenvergoedingsysteem' (hereinafter: 'GVS') was established in accordance with article 20 of the 'Landsbesluit vergoeding kosten geneesmiddelen'<sup>2</sup>. The GVS is tasked to review requests that amends the Annex<sup>3</sup> attached to the same landsbesluit. This annex is the list of all medication that is and is not covered by SZV. The GVS advises the Minister of the request.<sup>4</sup> Once the Minister has approved or declined the advice from the GVS, it is then further processed by notifying SZV (or other health providers) to amend the Annex.

We are hereby requesting through you, Minister, to request the advice of the GVS for adding the following contraceptive options to the SZV coverage list due to the medical reasons we have outlined in this letter and in Appendices A, B and C:

- Cyproteronacetaat/Ethinylestradio
- Diane
- Yasmin
- Mirena (IUD)

It is our hope that the GVS reviews the request and, after conducting their own research, advises positively to add these critical medications to the coverage Annex. We thank you for your attention and your urgent assistance to this matter.

Respectfully,



Ms. Melissa D. Gumbs, MIB  
Member of Parliament  
PFP Faction Leader



Mr. Raeyhon A. Peterson, LLM  
Member of Parliament

<sup>2</sup> (AB 2013, GT no. 536)

<sup>3</sup> Herziene bijlage bij het Landsbesluit vergoeding kosten geneesmiddelen (P.B. 2009, no. 42)

<sup>4</sup> Article 21 Landsbesluit vergoeding kosten geneesmiddelen

## Appendix A – Contraceptives & Managing PCOS, Endometriosis

Most women begin taking birth control in their teens and continue for decades after. However, universal access to safe, effective, and affordable contraception continues to be a point of contention.<sup>5</sup>

### Hormonal Birth Control

1. *Birth control pill*: The pill is 91% effective with regular use (99% with perfect use) and prices vary depending on insurance. One pack of birth control pills lasts for one month, costing between \$0 to \$50 for none brand pills without insurance coverage.
2. *Hormonal IUDs*: Hormonal IUDs are 99.5% effective and can last between three to five years. It cost between \$0 and \$1300 which includes the cost of the IUD, doctor visit and the surgery. In the United States, the IUDs must be covered through the insurance plans under the Affordable Care Act, but plans will vary based on which brand they cover. In the Netherlands, hormonal IUDs, such as Mirena, is covered by the healthcare provider through the *basisverzekering* and is partially paid with *eigen risico* for women between 17-21 years. Women younger than 17 years do not have to pay *eigen risico*.
3. *Birth Control Patch*: With perfect use, the patch is 99% effective. The patch lasts for one week and is switched out weekly for three weeks, followed by one week without the patch. The patch itself cost between \$30 and \$35, excluding the cost of office visits to obtain patches which can range from \$35 to \$250 depending on insurance coverage and provider choice.
4. *Birth Control Implants*: At more than 99% effective, the implant is one of the most effective forms of birth control. It last, for up to three years with little to no maintenance and comes in the form of a small rod implanted into your arm. This method of birth control is good for those who do not want to have to remember to take their birth control periodically, as well as for those who cannot take birth control continuing estrogen. The implant can cost between \$0 and \$1300 but it's usually free or inexpensive with most insurance plans or through government assistance programs. Getting on implant removed can cost between \$0 and \$300.
5. *Birth Control Rings*: The vaginal ring cost between \$30 and \$200 per month. In the United States the ring is usually covered by insurance or government assistance programs under the Affordable Care Act. In the Netherlands, the ring is covered through the *basisverzekering* for women younger than 21.

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<sup>5</sup> <https://www.pandiahealth.com/resources/how-much-does-birth-control-cost/>



### **Non-Hormonal and Barrier Methods**

1. *Copper IUD*: The copper IUD is 99.5% effective and can cost between \$0 to \$1300. It is usually covered by insurance or government assistance for free or at a lower cost.
2. *Barrier Methods*: Male and female condoms cost around \$0.50 to \$1 each, are readily available at most convenience stores, and are highly effective with correct use. Barrier methods like condoms also prevent the risk of contracting sexual transmitted diseases (STI's). Cervical caps and diaphragms, which last up to two years, can cost several hundred dollars and can cost up to \$18 per package. Cervical caps are also only 71% effective as a barrier method.

## Contraceptive use in Latin America and the Caribbean with a focus on long-acting reversible contraceptives: prevalence and inequalities in 23 countries



Rodolfo Gomez Ponce de Leon, Fernanda Ewering, Suzanne Jacob Servyn, Mariangela F S Wong, Antonio Sanhueza, Ari Moazzam, Francisco Becerra-Panada, Carolina V N Coll, Francisca Helwig, Cesar G Victoria, Abilio J D Barros



### Summary

**Background** The rise in contraceptive use has largely been driven by short-acting methods of contraception, despite the high effectiveness of long-acting reversible contraceptives. Several countries in Latin America and the Caribbean have made important progress increasing the use of modern contraceptives, but important inequalities remain. We assessed the prevalence and demand for modern contraceptive use in Latin America and the Caribbean with data from national health surveys.

**Methods** Our data sources included demographic and health surveys, multiple indicator cluster surveys, and reproductive health surveys carried out since 2004 in 23 countries of Latin America and the Caribbean. Analyses were based on sexually active women aged 15–49 years irrespective of marital status, except in Argentina and Brazil, where analyses were restricted to women who were married or in a union. We calculated contraceptive prevalence and demand for family planning satisfied. Contraceptive prevalence was defined as the percentage of sexually active women aged 15–49 years who (or whose partners) were using a contraceptive method at the time of the survey. Demand for family planning satisfied was defined as the proportion of women in need of contraception who were using a contraceptive method at the time of the survey. We separated survey data for modern contraceptive use by type of contraception used (long-acting, short-acting, or permanent). We also stratified survey data by wealth, area of residence, education, ethnicity, age, and a combination of wealth and area of residence. Wealth-related absolute and relative inequalities were estimated both for contraceptive prevalence and demand for family planning satisfied.

**Findings** We report on surveys from 23 countries in Latin America and the Caribbean, analyzing a sample of 212 573 women. The lowest modern contraceptive prevalence was observed in Haiti (31–39%) and Bolivia (34–57%); inequalities were wide in Bolivia, but almost non-existent in Haiti, Brazil, Colombia, Costa Rica, Cuba, and Paraguay had over 70% of modern contraceptive prevalence with low absolute inequalities. Use of long-acting reversible contraceptives was below 10% in 17 of the 23 countries. Only Cuba, Colombia, Mexico, Ecuador, Paraguay, and Trinidad and Tobago had more than 10% of women adopting long-acting contraceptive methods. Mexico was the only country in which long-acting contraceptive methods were more frequently used than short-acting methods. Young women aged 15–17 years, indigenous women, those in lower wealth quintiles, those living in rural areas, and those without education showed particularly low use of long-acting reversible contraceptives.

**Interpretation** Long-acting reversible contraceptives are seldom used in Latin America and the Caribbean. Because of their high effectiveness, convenience, and ease of continuation, availability of long-acting reversible contraceptives should be expanded and their use promoted, including among young and multiparous women. In addition to suitable family planning services, information and counselling should be provided to women on a personal basis.

**Funding** Wellcome Trust, Pan American Health Organization.

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### Introduction

To achieve the goal of not leaving anyone behind, measurement of social inequalities is essential. Health inequalities are related to social determinants, and Latin America and the Caribbean are still characterised by wide income and social inequalities, despite having made progress.<sup>1</sup> In contrast with the Millennium Development Goals, health inequalities are central to the Sustainable Development Goals (SDGs), which recommend that

assessment of health interventions at national level should be accompanied by stratified analyses to explore inequalities across subgroups.

Several countries in Latin America and the Caribbean have made important progress increasing the use of modern contraceptives, but important inequalities remain between and within countries.<sup>2–4</sup> A study in ten countries covering the period from 1992 to 2012 has shown that the rise in contraceptive use was largely

Lancet Glob Health 2019; 7:e1027–35

See Correspondence page 1029

Latin American Center for Perinatal and Women's Health and Reproductive Health of the Pan American Health Organization (CIBJ/OPS-MH/2019/001), Washington, DC, USA (RGP, FHE, SJS, SSV, MFC, MFS, MFD); International Center for Equity in Health (ICEH), Federal University of Pelotas, Pelotas, RS, Brazil (FHE, MFD, CVN, CGV, FHE, MFC, MFD); Prof A J D Barros PhD, Faculty of Medicine, Federal University of Pelotas, Pelotas, RS, Brazil (FHE, MFC, MFD); Prof M F Silva, CV N Coll, F Helwig, CG Victoria, Prof J D Barros; Pan American Health Organization (PAHO), Washington, DC, USA (A Sanhueza); F Becerra-Panada PhD, and Department of Reproductive Health and Research (RHR), World Health Organization, Geneva, Switzerland (A Moazzam PhD)

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<sup>6</sup> Double-click image to access full file.

## Appendix C – Treating PCOS and Endometriosis with Contraceptive Methods

### Endometriosis<sup>7</sup>

#### Overview

Endometriosis (en-doe-me-tree-O-sis) is an often painful disorder in which tissue similar to the tissue that normally lines the inside of your uterus — the endometrium — grows outside your uterus. Endometriosis most commonly involves your ovaries, fallopian tubes and the tissue lining your pelvis. Rarely, endometrial tissue may spread beyond pelvic organs.

With endometriosis, the endometrial-like tissue acts as endometrial tissue would — it thickens, breaks down and bleeds with each menstrual cycle. But because this tissue has no way to exit your body, it becomes trapped. When endometriosis involves the ovaries, cysts called endometriomas may form. Surrounding tissue can become irritated, eventually developing scar tissue and adhesions — abnormal bands of fibrous tissue that can cause pelvic tissues and organs to stick to each other.

Endometriosis can cause pain — sometimes severe — especially during menstrual periods. Fertility problems also may develop. Fortunately, effective treatments are available.

#### Symptoms

The primary symptom of endometriosis is pelvic pain, often associated with menstrual periods. Although many experience cramping during their menstrual periods, those with endometriosis typically describe menstrual pain that's far worse than usual. Pain also may increase over time.

Common signs and symptoms of endometriosis include:

- **Painful periods (dysmenorrhea).** Pelvic pain and cramping may begin before and extend several days into a menstrual period. You may also have lower back and abdominal pain.
- **Pain with intercourse.** Pain during or after sex is common with endometriosis.
- **Pain with bowel movements or urination.** You're most likely to experience these symptoms during a menstrual period.
- **Excessive bleeding.** You may experience occasional heavy menstrual periods or bleeding between periods (intermenstrual bleeding).
- **Infertility.** Sometimes, endometriosis is first diagnosed in those seeking treatment for infertility.
- **Other signs and symptoms.** You may experience fatigue, diarrhea, constipation, bloating or nausea, especially during menstrual periods.

The severity of your pain isn't necessarily a reliable indicator of the extent of the condition. You could have mild endometriosis with severe pain, or you could have advanced endometriosis with little or no pain.

Endometriosis is sometimes mistaken for other conditions that can cause pelvic pain, such as pelvic inflammatory disease (PID) or ovarian cysts. It may be confused with irritable bowel syndrome (IBS), a

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<sup>7</sup> The Mayo Foundation for Medical Education and Research. <https://www.mayoclinic.org/diseases-conditions/endometriosis/symptoms-causes/syc-20354656?p=1>. 2021.



condition that causes bouts of diarrhea, constipation and abdominal cramping. IBS can accompany endometriosis, which can complicate the diagnosis.

### When to see a doctor

See your doctor if you have signs and symptoms that may indicate endometriosis.

Endometriosis can be a challenging condition to manage. An early diagnosis, a multidisciplinary medical team and an understanding of your diagnosis may result in better management of your symptoms.

### Causes

Although the exact cause of endometriosis is not certain, possible explanations include:

- **Retrograde menstruation.** In retrograde menstruation, menstrual blood containing endometrial cells flows back through the fallopian tubes and into the pelvic cavity instead of out of the body. These endometrial cells stick to the pelvic walls and surfaces of pelvic organs, where they grow and continue to thicken and bleed over the course of each menstrual cycle.
- **Transformation of peritoneal cells.** In what's known as the "induction theory," experts propose that hormones or immune factors promote transformation of peritoneal cells — cells that line the inner side of your abdomen — into endometrial-like cells.
- **Embryonic cell transformation.** Hormones such as estrogen may transform embryonic cells — cells in the earliest stages of development — into endometrial-like cell implants during puberty.
- **Surgical scar implantation.** After a surgery, such as a hysterectomy or C-section, endometrial cells may attach to a surgical incision.
- **Endometrial cell transport.** The blood vessels or tissue fluid (lymphatic) system may transport endometrial cells to other parts of the body.
- **Immune system disorder.** A problem with the immune system may make the body unable to recognize and destroy endometrial-like tissue that's growing outside the uterus.

### Risk factors

Several factors place you at greater risk of developing endometriosis, such as:

- Never giving birth
- Starting your period at an early age
- Going through menopause at an older age
- Short menstrual cycles — for instance, less than 27 days
- Heavy menstrual periods that last longer than seven days
- Having higher levels of estrogen in your body or a greater lifetime exposure to estrogen your body produces
- Low body mass index
- One or more relatives (mother, aunt or sister) with endometriosis

- Any medical condition that prevents the normal passage of menstrual flow out of the body
- Reproductive tract abnormalities

Endometriosis usually develops several years after the onset of menstruation (menarche). Signs and symptoms of endometriosis may temporarily improve with pregnancy and may go away completely with menopause, unless you're taking estrogen.

### **Complications**

#### **Infertility**

The main complication of endometriosis is impaired fertility. Approximately one-third to one-half of women with endometriosis have difficulty getting pregnant.

For pregnancy to occur, an egg must be released from an ovary, travel through the neighboring fallopian tube, become fertilized by a sperm cell and attach itself to the uterine wall to begin development. Endometriosis may obstruct the tube and keep the egg and sperm from uniting. But the condition also seems to affect fertility in less-direct ways, such as by damaging the sperm or egg.

Even so, many with mild to moderate endometriosis can still conceive and carry a pregnancy to term. Doctors sometimes advise those with endometriosis not to delay having children because the condition may worsen with time.

#### **Cancer**

Ovarian cancer does occur at higher than expected rates in those with endometriosis. But the overall lifetime risk of ovarian cancer is low to begin with. Some studies suggest that endometriosis increases that risk, but it's still relatively low. Although rare, another type of cancer — endometriosis-associated adenocarcinoma — can develop later in life in those who have had endometriosis.

## Polycystic ovary syndrome (PCOS)<sup>8</sup>

### Overview

Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels. The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs.

The exact cause of PCOS is unknown. Early diagnosis and treatment along with weight loss may reduce the risk of long-term complications such as type 2 diabetes and heart disease.

### Symptoms

Signs and symptoms of PCOS often develop around the time of the first menstrual period during puberty. Sometimes PCOS develops later, for example, in response to substantial weight gain.

Signs and symptoms of PCOS vary. A diagnosis of PCOS is made when you experience at least two of these signs:

- **Irregular periods.** Infrequent, irregular or prolonged menstrual cycles are the most common sign of PCOS. For example, you might have fewer than nine periods a year, more than 35 days between periods and abnormally heavy periods.
- **Excess androgen.** Elevated levels of male hormones may result in physical signs, such as excess facial and body hair (hirsutism), and occasionally severe acne and male-pattern baldness.
- **Polycystic ovaries.** Your ovaries might be enlarged and contain follicles that surround the eggs. As a result, the ovaries might fail to function regularly.

PCOS signs and symptoms are typically more severe if you're obese.

### When to see a doctor

See your doctor if you have concerns about your menstrual periods, if you're experiencing infertility or if you have signs of excess androgen such as worsening hirsutism, acne and male-pattern baldness.

### Causes

The exact cause of PCOS isn't known. Factors that might play a role include:

- **Excess insulin.** Insulin is the hormone produced in the pancreas that allows cells to use sugar, your body's primary energy supply. If your cells become resistant to the action of insulin, then your blood sugar levels can rise and your body might produce more insulin. Excess insulin might increase androgen production, causing difficulty with ovulation.
- **Low-grade inflammation.** This term is used to describe white blood cells' production of substances to fight infection. Research has shown that women with PCOS have a type of low-grade inflammation that stimulates polycystic ovaries to produce androgens, which can lead to heart and blood vessel problems.
- **Heredity.** Research suggests that certain genes might be linked to PCOS.

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<sup>8</sup> Mayo Foundation for Medical Education and Research: <https://www.mayoclinic.org/diseases-conditions/pcos/symptoms-causes/syc-20353439?p=1>. 2021.

- **Excess androgen.** The ovaries produce abnormally high levels of androgen, resulting in hirsutism and acne.

### **Complications**

Complications of PCOS can include:

- Infertility
- Gestational diabetes or pregnancy-induced high blood pressure
- Miscarriage or premature birth
- Nonalcoholic steatohepatitis — a severe liver inflammation caused by fat accumulation in the liver
- Metabolic syndrome — a cluster of conditions including high blood pressure, high blood sugar, and abnormal cholesterol or triglyceride levels that significantly increase your risk of cardiovascular disease
- Type 2 diabetes or prediabetes
- Sleep apnea
- Depression, anxiety and eating disorders
- Abnormal uterine bleeding
- Cancer of the uterine lining (endometrial cancer)

Obesity is associated with PCOS and can worsen complications of the disorder.

### **Final Thoughts:**

Throughout Latin America and the Caribbean, endometriosis has thrived as a highly undiagnosed cause of serious pelvic pain and infertility in women. While the main treatment is surgery, hormones (contraceptives) and other drugs are used to treat and manage symptoms so that sufferers can experience some semblance of normal life.

PCOS has risen exponentially both in this region and in the United States, and has been fueled and made worse by the Year of COVID: sedentary lifestyles, closed gyms and larger health issues, all of which pose a direct threat, both short term and in the long run to any country's healthcare agenda. The use of hormones (contraceptives) have been proven to ease the symptoms and effects of PCOS on women, allowing them relief they wouldn't otherwise receive.