



**MINISTER FOR FINANCE & ECONOMIC DEVELOPMENT'S STATEMENT
ON GOVERNMENT'S HOME HEALTHCARE PROGRAMME**

10 March 2026

Mister Speaker, I rise today to address this Honourable House on the matter of the Government's Home Healthcare, or HHC, programme.

Background

Home Healthcare should be in respect to medical or health-related services delivered to persons in their homes as an alternative to hospital care, or during a defined recovery period following hospitalisation. The purpose of this service is to allow persons who require medical supervision, nursing care, therapy or related support to receive that care in a home environment when hospital-level care is no longer necessary. In principle, the programme is intended to support recovery, reduce hospital admissions, and deliver medically necessary care in a more appropriate and cost-effective setting.

The HHC benefit provides limited financial assistance for medically necessary care delivered in the home, where such care is prescribed by a physician, approved by the Chief Medical Officer or CMO, and provided in lieu of hospital confinement or during recovery following hospitalisation.

The programme is administered through the Cayman Islands National Insurance Company, or CINICO.

Levels of Benefit

The Home Healthcare benefit is structured across three levels of caregiver support, determined by the level of medical care required and the qualifications of the caregiver. The applicable level and reimbursement amount are assessed on a case-by-case basis and approved by CINICO, based on the physician's treatment plan and confirmation of medical necessity by the CMO.

Maximum reimbursement amounts apply per caregiver per month, with up to two caregivers permitted for an approved case.

Mister Speaker, the three levels of support are as follows:

1. Level 1 represents the highest level of care and provides a maximum allowance of \$3,000 per month, per caregiver. This level applies where care must be delivered by a Registered Nurse or Licensed Practical Nurse, typically for patients with significant medical needs such as post-operative recovery or specialised treatment in the home;
2. Level 2 provides a maximum allowance of \$2,000 per month, per caregiver and applies where care is delivered by a Nursing Assistant or similarly trained caregiver capable of providing basic nursing support, including assisting with mobility, hygiene, feeding and monitoring vital signs; and
3. Level 3 represents the lowest tier of support and provides a maximum allowance of \$1,200 per month per caregiver. This level generally applies to Care Assistants who provide basic supervision and support with daily living activities in the home. Mister Speaker, up to 97 percent of all the HHC claims and reimbursements fall within this Level 3 category.

Growing Costs

Mister Speaker, the data in the below table shows that the HHC costs have increased by an average of 21% since 2018 or 27% over the past three years:

Year	Total HHC Cost	Year on Year Cost Increase	Average Increase
2018	\$3,053,710		21%
2019	\$3,934,509	29%	
2020	\$4,144,664	5%	
2021	\$5,120,565	24%	
2022	\$5,700,924	11%	
2023	\$7,925,110	39%	
2024	\$9,552,286	21%	
2025	\$11,461,274	20%	

If the Level 3 allowance was increased from \$1,200 to \$1,700 per month (a 41.7% increase, which would be close to the recent 45.8% increase in the national minimum wage), and this were coupled with an annual 20% growth rate, the resulting HHC costs could reach \$19.5 million in 2026, \$23.4 million in 2027, and \$28.1 million in 2028.

Using the 27% growth rate observed over the past three years (2023 – 2025), costs could reach \$20.6 million in 2026, \$26.2 million in 2027, and \$33.3 million in 2028.

Mister Speaker, these projections should concern every Member of this Honourable House.

If these trends continue unchecked, the HHC programme could become one of the fastest-growing public expenditures.

At its current rate of growth, the HHC programme could eventually surpass the cost of the NGS 55 programme – which was \$55.5 million for 2025 - placing extraordinary pressure on the sustainability of public finances.

At a growth rate of 27% per annum, HHC costs could reach this same level of \$55.5 million in just four years – which is in 2030.

Indeed, Mister Speaker, we must recognise the seriousness of the situation. The growth trajectory of this programme represents not merely a fiscal challenge, but potentially a national crisis - even a generational crisis - if left unaddressed.

Reported Abuse

Further Mister Speaker, the Government is aware that the programme, in its current form, is being used in many cases as a social support mechanism for elderly care, rather than strictly for medical necessity as originally intended. This is unaffordable and not sustainable. Colleagues we have persons who can cook, clean and care for themselves but the misdirection of this programme has led Caymanians to believe it is to provide a care giver in practically every home. We have cases where the sole concern is for an older person to take their medication daily! Colleagues we cannot continue to threaten the public purse for items that a relative or a doctor should be checking in on a relative for!

We are aware of cases where assistance is being provided for individuals whose needs are not medical in nature but relate to general caregiving and supervision. We are also aware that there is currently no “means test” to determine whether an applicant has the financial capacity to provide such support themselves.

As a result, persons with significant financial means may be receiving the same non-medical support as persons who genuinely require assistance.

In addition, the Government has received credible reports of fraud and abuse within the programme. Ministers of Government are aware of situations where domestic helpers are reportedly being paid approximately \$800 per month, while the HHC allowance of \$1,200 per month is being claimed, with the \$400 difference being pocketed. Such practices, if proven, are unacceptable and undermine the integrity of the programme.

Mister Speaker, the expenditure and utilisation projections demonstrate clearly that the HHC programme is experiencing rapid and sustained growth, and that any policy decisions regarding the programme must carefully consider the long-term financial sustainability of these trends.

If these trends continue unchecked, the cost of the HHC programme could rise significantly in the coming years. With demand increasing at more than 20 percent per year, expenditure could potentially double within a relatively short period of time. This level of growth would place increasing pressure on public finances and on the Government's ability to sustain the programme in its current form.

For these reasons, Mister Speaker, it is essential that the Government ensure that the HHC programme remains properly targeted, financially sustainable, and reserved for those with genuine medical need. Public resources must be directed to those who truly require assistance, and the programme must be managed in a way that protects both vulnerable persons and the long-term stability of the public finances.

Review of the Programme

Mister Speaker, over time the programme has evolved beyond its original intent as a strictly medical benefit. In many cases, it now functions more as a social support programme for elderly care and general supervision, rather than for medical necessity following hospitalisation.

As a result, the programme has placed significant operational and financial pressure on CINICO, which is fundamentally a health insurance provider rather than another more suited agency.

Accordingly, the Government will undertake a comprehensive review of the HHC programme. This review will examine current practices, eligibility criteria and oversight mechanisms with the objective of eliminating abuse and ensuring that the programme operates as intended.

To support this process and in the spirit of transparency and collaboration, the Government will establish a committee of Parliament - to include Members of the Opposition - to review the programme.

Mister Speaker, the Government intends to establish this committee by the April 2026 Meeting of this Honourable House, so that work on the review can commence without delay. In the meantime my Ministry will be working closely with all members to develop the terms of reference, gather critical data and develop some preliminary amendments so that come April we can dispose of this matter with haste and accuracy.

Mister Speaker, the Government's objective is to protect it so that addresses the original purpose — so that it remains available, sustainable, and properly targeted for those who truly need it.

Thank you, Mister Speaker.