ANGUILLA

DEPARTMENT OF HEALTH SERVICES ACT, 2024

Published by Authority

DEPARTMENT OF HEALTH SERVICES ACT, 2024

TABLE OF CONTENTS

SECTION

I Assent

Julia Crouch, OBE
Governor

28th March 2024
Date

ANGUILLA

NO. 9/2024

DEPARTMENT OF HEALTH SERVICES ACT, 2024

[Gazette Dated: 28th March, 2024] [Commencement: Section 34]

An Act to provide for the dissolution of the statutory body called the "Health Authority of Anguilla", to integrate personnel of the Authority into the Anguilla Public Service and to vest all personal and real assets and interests of the Health Authority into the Crown and replace it with the "Department of Health Services" under the Ministry of Health in the Government while also continuing to provide for the same efficient administration of health care services that existed under the Authority and to provide for other incidental and connected matters.

ENACTED by the Legislature of Anguilla

PART 1
PRELIMINARY

Interpretation

1. In this Act—

"Authority" means the now defunct Health Authority of Anguilla;

"dental service" means a service that is provided to an individual for the purpose of evaluating, diagnosing and treating, surgically and non-surgically, diseases, disorders and conditions of mouth.

"Department" means the Department of Health Services under the Ministry of Health;

"health information" means information respecting—

(a) a health service provided to an individual; and

(b) any other information prescribed for the purpose of this definition;

and includes health information that, immediately before the coming into force of this Act, was in the custody or under the control of the Department and that, on the coming into force of this Act, came into the custody or under the control of the Government;

"health professional" means a health professional as defined in the regulations;

"health service" means a service provided by the Department to an individual—

(a) for the purpose of—

(i) protecting, promoting or maintaining physical or mental health,

(ii) preventing illness,

(iii) diagnosing and treating illness,

(iv) rehabilitation, or

(v) caring for the health needs of the ill, disabled, injured or dying;

(b) by an emergency medical technician or paramedic; or

(c) for a purpose or by a person prescribed for the purpose of this definition;

(d) including the provision of any device, product, equipment or item or other thing, such as the administration, prescription or provision of an anaesthetic, drug or medicine or the provision of blood or plasma, and any service in relation to any device, product, equipment or item or other thing; and

(e) including the provision of dental services;

"health services provider" means—

(a) a health professional; or

(b) any other individual;

who is employed by, or has a contract with, the Government for the provision of health services on behalf of the Department;

"Minister" means the Minister with responsibility for health;

"Ministry" means the Ministry that is responsible for health;

"personal care service" means a service provided to an individual for the purpose of care in any facility operated by the Department for the aged or infirmed or for persons who are not able to care properly for themselves;

"prescribed health service fee or charge" means a fee or charge prescribed in respect of a health service provided by the Department but does not include a fee or charge payable to a health professional whose services are not paid for by the Department; and

"prescribed personal care service fee or charge" means the fee or charge prescribed in respect of a personal care service.

PART 2

ROLE AND FUNCTION OF THE MINISTRY AND DEPARTMENT

Dissolution of Health Authority and replacement by the Department

2. The statutory body called the "Health Authority of Anguilla" is dissolved and replaced by the "Department of Health Services" under the Ministry of Health.

Responsibilities of Ministry

3. (1) Subject to subsection (2), the responsibilities of the Ministry are—

(a) to promote and protect the health of persons in Anguilla and to work toward the prevention of disease and injury in Anguilla;

(b) to provide an integrated scheme of health care to persons in Anguilla;

(c) to assess on an ongoing basis the health needs of persons in Anguilla;

(d) to ensure that reasonable access to quality health services is provided to persons in Anguilla;

(e) in an efficient and cost-effective manner, to operate, equip, repair, maintain, extend and replace the facilities operated by the Department;

(f) to collaborate with educational institutions in providing education, training and research in health care;

(g) to assess on an ongoing basis the need for personal care of persons in Anguilla;

(h) to keep abreast of technological advancement that can be incorporated to improve the delivery of health care; and

(i) to ensure that the business and affairs of the Department are conducted according to this Act.

(2) The Department is not required at any time to provide any—

(a) health service or level of health service; or

(b) personal care service or level of personal care service;

that is not specified, or that is above the level specified, in the regulations.

General powers of the Minister

4. The Minister has the power to do all things necessary for, or ancillary or incidental to, the carrying out of his or her responsibilities under this Act, including the power to publish, in a manner as he or she considers appropriate, information relating to his or her functions.

Strategic Plan for Health

5. (1) On the recommendation of the Minister, the Executive Council may establish a Strategic Plan for Health for Anguilla.

(2) The Minister is responsible under this Act for the implementation of the Strategic Plan for Health.

Appointment of Health Services Commissioner and staff

6. (1) Under the direction of the Ministry, the Department shall be administered by a Health Services Commissioner who shall be supported by a Deputy Health Services Commissioner and other staff.

(2) In addition to the administration of the Department, the Health Services Commissioner is responsible for providing technical advice and guidance to the Ministry on matters of policy.

Staff who are not public officers

7. (1) The Health Services Commissioner may, after consultation with the Permanent Secretary, employ and manage staff who are not public officers where there is a short term need to temporarily recruit staff—

(a) for emergency purposes;

(b) to perform specialized functions including consultancies;

(c) to fill positions temporarily vacated; or

(d) to fill positions where officers are on leave.

(2) The staff members employed under subsection (1) shall be governed by the Labour (Relations) Act and may be offered a contract which does not exceed 6 months but each contract may be renewed.

(3) The Health Services Commissioner shall keep a register in electronic form of all staff hired in accordance with this section.

Committees of the Ministry

8. (1) The Minister may appoint a Committee to assist him or her in the performance of any of his or her functions relating to health services and the performance of members of staff including—

(a) the development of the health care system of the Department;

(b) developing and strengthening the human resource capacity of health care staff to ensure optimal performance within a health care system;

(c) conducting internal audits or internal investigations regarding staff complaints and any other issues arising relating to staff conduct;

(d) conducting clinical audits;

(e) granting, amending and revoking privileges to health workers or health professionals;

(f) considering complaints by members of the public respecting health services and personal care services provided by the Department for the purpose of taking corrective administrative action;

(g) conducting appeals as provided for in accordance with Part 4; and

(h) any other matter that the Minister considers fit.

(2) Each Committee shall—

(a) comprise of no more than 5 members who shall be remunerated for services performed;

(b) contain at least one person versed in health care services; and

(c) produce a report of its findings and recommendations.

(3) Except for appeals, the Permanent Secretary of Health shall oversee the work of each Committee and shall provide the terms of reference or the rules of engagement regarding the conduct of each Committee.

(4) Notwithstanding subsections (1) to (3) the Minister may establish a Committee by Regulations.

Immunity of Committees

9. No action for damages or other proceeding may be commenced against a Committee member for anything done or omitted to be done in good faith by the member while carrying out his or her responsibilities or exercising his or her powers at a meeting of the Committee or at a meeting or activity approved by the Permanent Secretary of Health.

PART 3

ACCESS TO CONFIDENTIALITY OF HEALTH INFORMATION

Individual's right of access to his or her own health information

10. (1) An individual has a right of access to any record containing health information about the individual that is in the custody or under the control of the Department.

(2) The right of access to a record does not extend to information in respect of which the Department is authorised or required to refuse access under section 14, but if that information can

reasonably be severed from a record, an individual has a right of access to the remainder of the record.

(3) In order to receive access to the record, the individual must pay the prescribed fee.

How to make a request

11. (1) To obtain access to a record, an individual must make a request to the Department.

(2) The Department may require the applicant to submit the request in writing.

(3) In a request, the applicant may ask—

(a) for a copy of the record; or

(b) to examine the record.

Abandoned request

12. When the Department contacts an applicant in writing respecting the applicant's request, including—

(a) seeking further information from the applicant that is necessary to process the request; or

(b) requesting the applicant to pay the prescribed fee or to agree to pay the prescribed fee;

and the applicant fails to respond in the manner requested within 30 days after being contacted, the Department may, by notice in writing, declare the request abandoned.

Duty to assist applicants

13. The Department shall—

(a) make every reasonable effort to assist the applicant and to respond to each applicant openly, accurately and completely;

(b) create a record for an applicant if—

(i) the record can be created from information that is in electronic form and is in the custody or under the control of the Department, using its normal computer hardware and software and technical expertise, and

(ii) creating the record would not unreasonably interfere with the operations of the Department; and

(c) provide, at the request of an applicant and if reasonably practicable, an explanation of any term, code or abbreviation used in the record.

Right to refuse access to health information

14. (1) The Department may refuse to disclose health information to an applicant if the disclosure could reasonably—

(a) be expected to result in immediate and grave harm to the applicant's mental or physical health or safety;

(b) threaten the mental or physical health or safety of another individual; or

(c) pose a threat to public safety; or

(d) lead to the identification of a person who provided health information to the Department explicitly or implicitly in confidence and in circumstances in which it was appropriate that the name of the person who provided the information be kept confidential.

(2) The Department shall refuse to disclose health information to an applicant if the—

(a) health information is about an individual other than the applicant, unless the health information was originally provided by the applicant in the context of a health service being provided to the applicant;

(b) health information sets out procedures or contains results of an investigation, a disciplinary matter, an inspection or other similar matter relating to a health service provider; or

(c) disclosure is prohibited by another Act, regulation or law.

Time limit for responding to a request for access

15. (1) The Department must make every reasonable effort to make a decision on a request under section 11 within 30 days after receiving the request or within any extended period under section 18.

(2) In a decision under subsection (1), the Department must tell the applicant—

(a) whether access to a record or part of it is granted or refused;

(b) if access to the record or part of it is granted, where, when and how access will be given; and

(c) if access to the record or part of it is refused—

(i) the reasons for the refusal and the provision of this Act on which the refusal is based, and

(ii) that the applicant may appeal the decision to the Appeals Committee.

(3) The failure of the Department to respond to a request under section 11 within the 30-day period or any extended period referred to in subsection (1) is to be treated as a decision to refuse access to the record.

Correction or amendment of health information

16. (1) An individual who believes there is an error or omission in the individual's health information in the custody or under the control of the Department may in writing request the Department to correct or amend the information.

(2) Within 30 days after receiving a request under subsection (1) or within any extended period under section 18, the Department must decide whether it will make or refuse to make the correction or amendment.

(3) If the Department agrees to make the correction or amendment, the Department must within the 30-day period or any extended period—

(a) make the correction or amendment;

(b) give written notice to the applicant that the correction or amendment has been made; and

(c) notify any person to whom that information has been disclosed during the 1 year period before the correction or amendment was requested that the correction or amendment has been made.

(4) The Department is not required to provide the notification referred to in paragraph (3)(c) where—

(a) the Department agrees to make the correction or amendment but believes that the applicant will not be harmed if the notification under paragraph (3)(c) is not provided; and

(b) the applicant agrees.

(5) If the Department refuses to make the correction or amendment, the Department must within the 30-day period or any extended period give written notice to the applicant—

(a) that the Department refuses to make the correction or amendment;

(b) of the reasons for the refusal and the provision of this Act on which the refusal is based; and

(c) that the applicant may submit a statement of disagreement or appeal the decision to the Appeals Committee.

(6) The Authority may refuse to make a correction or amendment that has been requested in respect of—

(a) a professional opinion or observation made by a health professional about the applicant; or

(b) a record that was not originally created by the Department.

(7) Notwithstanding subsection (5), the failure of the Department to respond to a request in accordance with this section within the 30-day period or any extended period is to be treated as a decision to refuse to make the correction or amendment.

Statement of disagreement

17. (1) A statement of disagreement must—

(a) set out the requested correction or amendment and the applicant's reasons for disagreeing with the decision of the Department; and

(b) be submitted to the Department within 30 days after the written notice of refusal has been given to the applicant or within any extended period.

(2) On receiving the statement of disagreement, the Department must—

(a) consider whether to maintain or reverse its decision and provide an answer to the applicant within 30 days of receiving the statement;

(b) if reasonably practicable, attach the statement to the record that is the subject of the requested correction or amendment; and

(c) provide a copy of the statement of disagreement to any person to whom the Department has disclosed the record in the year preceding the applicant's request for the correction or amendment.

(3) Where an applicant is dissatisfied with the decision of the Department in accordance with subsection (2)(a) and 90 days have passed, the applicant may appeal the decision to the Appeals Committee.

Extending time

18. (1) The Department may extend the time for responding to a request under this Part for an additional period of up to 30 days, if—

(a) the request does not give enough detail to enable the Department to identify the record that is requested or to be corrected or amended; or

(b) a large number of records are involved in the request and responding within the period set out in sections 15, 16 or 17 would unreasonably interfere with the operations of the Department;

before deciding whether to grant access to a record or to make the correction or amendment requested.

(2) If the time is extended, the Department shall tell the applicant—

(a) the reason for the extension; and

(b) when a response can be expected.

Confidentiality of health information

19. (1) In this section—

"individually identifying", when used to describe health information, means that the identity of the individual who is the subject of the information can be readily ascertained from the information;

"non-identifying", when used to describe health information, means that the identity of the individual who is the subject of the information cannot be readily ascertained from the information.

(2) The Department shall not disclose health information except in accordance with this section.

(3) The Department may disclose non-identifying health information for any purpose.

(4) The Department may disclose individually identifying health information to the individual who is the subject of the health information or to one of the following persons if that person is entitled to exercise the rights or powers of the individual in any of the following circumstances—

(a) if the individual is under 18 years of age, to the parent or guardian of the individual;

(b) if the individual is deceased and was 18 years of age or over immediately before his or her death, to the individual's personal representative, if the disclosure relates to the administration of the individual's estate;

(c) if the individual is 18 years of age or over and a licensee or other person has been appointed to care for or act for the individual under any Act of the Legislature or otherwise, to the guardian or representative, if the disclosure relates to the rights or powers of the guardian or representative;

(d) if a power of attorney has been granted by the individual to the attorney, if the disclosure relates to the powers conferred by the power of attorney;

(e) to a person with the written authorisation of the individual to act on the individual's behalf;

(f) if regulations prescribed by Executive Council allow for this.

(5) The Department may disclose individually identifying health information to a person other than the individual who is the subject of the information if the individual has consented to the disclosure to that person in writing signed by the individual and the disclosure is in accordance with the consent.

(6) The Department may disclose health information without the consent of the individual who is the subject of the information—

(a) to a person for—

(i) the purpose of determining or verifying the category of payment of health services, the eligibility for insurance coverage for health services, the exemption from payment or from full payment of health services, for enforcing the payment of health services or for any other similar purpose,

(ii) the purpose of conducting investigations, discipline proceedings, inspections or other similar proceedings relating to a health service provider,

(iii) internal management purposes, including resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, or for other similar purposes,

(iv) for the purposes of verifying the identification of a person,

(v) carrying out any purpose authorised by any Act or regulation or other law in force in Anguilla, including without limitation any Act or regulation or other law respecting public or environmental health, or

(vi) a purpose permitted, and subject to such conditions as are imposed, by regulation;

(b) to a person who is responsible for providing continuing treatment and care to the individual if the individual is unable to consent;

(c) to family members of the individual or to another person with whom the person is believed to have a close personal relationship, if the information is given in general terms and concerns the presence, location, condition, diagnosis, progress and prognosis of the individual on the day the information is disclosed and the disclosure is not contrary to the express request of the individual;

(d) where the individual is injured, ill or deceased, so that family members of the individual or another person with whom the individual is believed to have a close personal relationship or a friend of the individual can be contacted if the disclosure is not contrary to the express request of the individual;

(e) to an official of a prison or other similar official of a custodial institution in which the individual is being lawfully detained if the purpose of the disclosure is to allow the provision of health services to the individual;

(f) to a person authorised to conduct an audit of the information if the person agrees not to disclose it except as required to accomplish the audit;

(g) for the purpose of a court proceeding or a proceeding before a quasi-judicial tribunal to which the Department is a party;

(h) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body having jurisdiction to compel the production of information or of complying with a rule of court that relates to the production of the information;

(i) when authorised by the Governor in Council under section 6 of the Statistics Act and subject to that Act, for the purpose of collecting statistics;

(j) to any person if the Department believes, on reasonable grounds, that the disclosure will avert or minimize an imminent danger to the health or safety of a person or the public;

(k) if the individual lacks the mental capacity to consent and, in the opinion of the Department, the disclosure is in the best interests of the individual;

(l) to the descendant of a deceased person or a person who is acting on behalf of a descendant or a person providing health services to the descendent, if the disclosure is reasonably necessary, in the Departments' opinion, to provide health services to the descendant;

(m) if the disclosure is authorised or required by an Act, regulation or other law; or

(n) to any prescribed person or in any prescribed circumstances.

Administration of sections 10 to 19

20. The Minister shall by Rules published in the *Gazette* establish a scheme for the administration of sections 10 to 19, which shall include—

(a) appointing a member of staff of the Department who, or a committee of the Department which, is entitled to exercise on behalf of the Department, the responsibilities and powers of the Department under those sections; and

(b) establishing a system for making a record of what was done to comply with those sections and when it was done.

Offences and punishment

21. Any person who discloses health information contrary to section 19 without reasonable excuse and any person to whom the information is disclosed who uses it contrary to a condition or agreement referred in section 19(6) commits an offence and is liable on summary conviction to a fine of $5,000.

PART 4

APPEALS COMMITTEE

Definitions

22. In this Part "member" means a member of the Appeals Committee.

Appeals Committee

23. (1) There is established an Appeals Committee.

(2) The Appeals Committee shall consist of 5 members who shall be appointed by the Minister for such term as he or she considers appropriate.

(3) In appointing the members under subsection (2) the Minister shall endeavour to ensure that they are appointed from each of the following categories—

(a) an attorney-at-law with no less than 2 years experience;

(b) two health care professionals or persons who have experience in, or were formerly engaged in health care work;

(c) two members of the general public.

(4) A previous appointment as a member does not affect a person's eligibility to be re-appointed as a member.

(5) The Appeals Committee is deemed to be properly constituted notwithstanding that there is a vacancy on the Committee or a defect in the appointment of a member.

(6) If a member is—

(a) absent from Anguilla; or

(b) unable to act;

the Minister may appoint any person to act during the member's absence or inability.

Immunity of members of Appeals Committee

24. No action for damages or other proceeding may be commenced against a member of the Appeals Committee for anything done or not done in good faith by the member while carrying out his or her responsibilities or exercising his or her powers under this Act.

Chairperson, Deputy Chairperson and interim chairperson

25. (1) The Minister shall designate one member to be Chairperson and another member to be Deputy Chairperson of the Appeals Committee.

(2) The Deputy Chairperson may act in place of the Chairperson if the Chairperson is absent or unable to act or the office of Chairperson is vacant.

(3) If, by reason of the absence or incapacity of the Chairperson or Deputy Chairperson or a vacancy in either of those offices, the Appeals Committee does not have a chairperson, the Committee may designate one of its members as an interim chairperson.

Appeals

26. (1) The following persons may appeal to the Appeals Committee—

(a) a health professional who is aggrieved by a decision regarding his or her application for privileges, an alteration in his or her privileges or the cancellation of his or her privileges;

(b) a member of the public who is aggrieved by a decision regarding a complaint;

(c) an individual who makes a request to the Department for access to health information and who is aggrieved by the decision of the Department to refuse access to a record or part of a record; or

(d) an individual who makes a request to the Department for the correction or amendment of his or her health information, who is aggrieved by the decision of the Department to make the correction or amendment and who elects to appeal the decision to refuse the request.

(2) An appeal shall be commenced by filing a notice of appeal in writing with the Chairperson setting out the grounds of the appeal within 30 days after the person receives notice in writing of the decision or within such later time, which shall not be more than 6 months after the person's receipt of notice in writing of the decision, as the Appeals Committee permits.

(3) The Chairperson of the Appeals Committee shall without delay give a copy of the notice of appeal to the Health Services Commissioner.

Records and documents to be forwarded

27. The Department shall without delay forward to the Appeals Committee any records and documents or copies of records and documents that the Appeals Committee requests in relation to the appeal and shall return them to the Department without delay after the hearing is concluded.

Hearings

28. (1) The Appeals Committee shall conduct a hearing respecting the matter for which a notice of appeal is filed.

(2) The Health Services Commissioner shall give reasonable notice of the hearing to the appellant.

(3) The Appeals Committee shall determine its own practice and procedure, but shall give a full opportunity to the appellant and the Department to present evidence and make submissions.

(4) The hearing shall be held in private unless the Appeals Committee is of the opinion that all or part of the hearing should be held in public.

Investigation

29. The Appeals Committee may, before or during a hearing, carry out any investigation or inspection that it considers necessary.

Evidence

30. Evidence may be given before the Appeals Committee in any manner that the Appeals Committee considers appropriate and the Appeals Committee is not bound by the rules of law applicable in judicial proceedings.

Right to examine filed material

31. The Appeals Committee shall give the appellant and the Department a reasonable opportunity to examine all material filed with the Appeal Committee that is relevant to the appeal.

Decisions of Appeals Committee

32. (1) After holding a hearing, the Appeals Committee may—

(a) confirm, vary or rescind the decision appealed against; or

(b) make any decision that the committee or the Department, as the case may be, could have made.

(2) Three members of the Appeals Committee is a quorum.

(3) A decision of the majority of the Appeals Committee present and voting is the decision of the Appeals Committee.

(4) In the event of a tie vote on a matter, the Chairperson, Deputy Chairperson or interim chairperson presiding at the hearing has a second or casting vote.

(5) The decision of the Appeals Committee shall be in writing and shall set out its reasons for coming to the decision.

(6) A copy of the decision shall as soon as reasonably practicable be given to the appellant and the Department.

PART 5

REGULATIONS

Regulations by Executive Council

33. (1) The Executive Council may make regulations for the better carrying out of this Act and more particularly regulations—

(a) governing the health services and level of health services required or permitted to be provided by the Department;

(b) prescribing the health services fees and charges to be paid by persons or classes of persons to the Department for health services provided by the Department and the persons or classes of persons exempt or partially exempt from payment of those fees and charges and the conditions, if any, upon which persons are entitled to an exemption or partial exemption;

(c) prescribing personal care services fees and charges to be paid by persons or classes of persons to the Department for personal care services provided by the Department and the persons or classes of persons exempt or partially exempt from payment of those fees and charges and the conditions, if any, upon which persons are entitled to an exemption or partial exemption;

(d) providing for how, when and by whom prescribed health service fees and charges and prescribed personal care service fees and charges are to be paid including the provision of security for the payment of any or all of those fees and charges and the imposition of interest on late payment and determining how that interest is calculated and compounded;

(e) prescribing anything that may be prescribed under this Act;

(f) permitting disclosure for a purpose referred to in section 19(6)(a)(v) and imposing conditions on the disclosure;

(g) imposing a fine of not more than $1,500 for a contravention of the regulations.

(2) A regulation prescribing a fee or charge may be made retroactive to 1st January of the financial year in which it is payable.

(3) Without limiting paragraph (1)(b), prescribed health service fees and charges may be different for health services depending on the facility where, or on the time of day when, the prescribed health service or charge is rendered or on any other factor.

PART 6

CITATION, SAVINGS, TRANSITIONAL PROVISIONS, REPEAL AND CONSEQUENTIAL AMENDMENTS

Citation and Commencement

34. This Act may be cited as the Department of Health Services Act, 2024 and shall come into force on a date the Governor appoints by Notice in the *Gazette*.

Savings

35. The regulations made under the Health Authority of Anguilla Act, now repealed by this Act and in force immediately before the coming into force of this Act, so far as it is not inconsistent with the provisions of this Act, continues in force as if made under this Act.

Transitional provisions: regulations

36. The Executive Council may make regulations—

(a) providing for any transitional matter not dealt with or not sufficiently dealt with by this Act; and

(b) clarifying the personal property that vests in the Department under section 37(1)(b).

Transitional provisions: land, personal property and contracts

37. (1) On the coming into force of this Act—

(a) any lease between the Authority and the Government regarding the land occupied by the Authority is terminated and the land vests in the Crown;

(b) the personal property of the Authority vests in the Crown; and

(c) the contracts for the supply of goods and services to Authority are assigned to the Government and shall be enforceable as fully and effectually as if the Government had been a party to that contract instead of the Authority.

(2) The Department shall as soon as possible prepare an inventory of personal property and contracts referred to respectively in subsections (1)(b) and (c) and, when it is published in the *Gazette*, it is conclusive evidence of the effect of those paragraphs.

Transitional provisions: employees of the Authority

38. On the commencement of this Act, a person who is employed by the Authority immediately before such commencement shall be deemed to be a public officer within the meaning of section 73 of the Anguilla Constitution Order 1982, and such officers shall be subject to General Orders and the Public Service Commission Regulations.

Transitional provisions (applications and disputes)

39. (1) Every application or request made under the repealed Health Authority of Anguilla Act which were received by the Authority and which were pending when this Act comes into force is to be taken to be an application or request made under this Act and this Act applies accordingly.

(2) Every dispute (legal, disciplinary or otherwise) that arose under the repealed Health Authority of Anguilla Act and which has—

(a) been wholly or partly heard by a Court, Tribunal, Committee or person when this Act comes into force is to be continued and completed as if the repealed Health Authority of Anguilla Act was still in force; or

(b) not been wholly or partly heard by a Court, Tribunal, Committee or person when this Act comes into force is to be taken to be a dispute made under this Act and this Act applies accordingly.

Repeal

40. The Health Authority of Anguilla Act is repealed.

Barbara Webster-Bourne
Speaker

Passed by the House of Assembly this 26th day of March, 2024

Lenox J. Proctor
Clerk of the House of Assembly

OBJECTS AND REASONS

(The objects and reasons do not form part of the Bill)

This Act provides for the dissolution of the statutory structure called the **Health Authority of Anguilla** and replaces this structure with that of a **Department of Health Services** in the Ministry of Health. In accordance with this Act, Health Services in Anguilla will once again be governed and administered under Central Government by a Department of Government. This statutory change targets the administrative structure and does not impact on the substantial operation and delivery of health services in Anguilla.

The principal change in this Act is that it removes the Board as the governing body and replaces it with the Ministry and the administrative structure within a government department. Therefore, the position of 'Chief Executive Officer' which existed under the previous Act, has been replaced by a Health Services Commissioner and a Deputy Health Services Commissioner under this Act but the functions of this office in terms of administering health services in Anguilla and providing technical advice and guidance on matters of policy remain the same. The financial provisions that existed under the previous Act will now be subsumed and regulated by the procedures of the Ministry in accordance with the Financial Administration and Audit Act.

This Act is divided as follows—

Part 1 – Preliminary Provisions

Part 2 – Role and Function of the Ministry and the Department

Part 3 – Access to and Confidentiality of Health Information

Part 4 – Appeals Committee

Part 5 – Regulations

Part 6 – Transitional Measures.