

BELIZE:

NATIONAL HEALTH INSURANCE AUTHORITY BILL, 2024

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SCHEDULE II

BELIZE

BILL

for

AN ACT to establish the administrative framework and other necessary mechanisms to enable the provision of equitable, accessible, affordable and quality healthcare services to all eligible persons for the attainment of universal health coverage; to facilitate people centred healthcare that meets the needs of the population; to promote efficiency in healthcare administrative operations; to enable sustainability through appropriate allocation of resources in healthcare, in collaboration with the Ministry of Health; and to provide for matters connected therewith or incidental thereto.

(Gazetted2024).

BE IT ENACTED, by and with the advice and consent of the House of Representatives and Senate of Belize and by the authority of the same, as follows:

PART I

Preliminary

1. This Act may be cited as the

Short title.

NATIONAL HEALTH INSURANCE AUTHORITY BILL, 2024.

2. In this Act, unless the context otherwise requires–

Interpretation.

“Act” means the National Health Insurance Authority Act, 2024;

“Actuary” means a person who satisfies the National Health Insurance Authority that the person is a fellow in good standing of a professional body of actuaries that is internationally recognized;

“Authority” means the National Health Insurance authority established under section 4;

“beneficiary” means a person who is enrolled in the NHI Scheme;

“benefits” means the goods and services available to beneficiaries under the NHI Scheme;

“Board” means the Board of Directors of the Authority established under section 5; “Chair” means the Chair of the Board of Directors;

“enrollment” means the process of enlisting persons as NHI beneficiaries under section 15;

“fit and proper person” means a person who is of good character and reputation, not adjudged a bankrupt and not convicted of any offence involving fraud or dishonesty;

“National Health Insurance Fund” or “NHI Fund” means the Fund established under section 17;

“indigent” means a person who has no visible means of income, or whose income is insufficient for the subsistence of his family, as determined by the Board and based on specific criteria set by the Board;

CAP. 44.. “insurable employment” includes self-employed persons and any employment specified in Part I of Schedule I of the Social Security Act;

“Minister” means the Minister responsible for finance;

“NHI contribution” means a monetary sum paid by an employee, employer, self-employed person or, in the case of indigents, the Government, for NHI coverage in accordance with this Act; and “NHI contributor” shall be construed accordingly;

“NHI healthcare provider” or “provider” means a healthcare professional or medical practitioner or healthcare institution duly contracted to provide healthcare and related services to beneficiaries;

“NHI healthcare services” means healthcare services offered under the NHI Scheme to beneficiaries; and

“NHI Scheme” means the National Health Insurance Scheme continued under section 13.

Act 30 of 2023.

Objectives.

3. Any determination made, decision taken or policy measure implemented under this Act shall be in accordance with the following objectives—

- (a) to develop the administrative framework and other necessary mechanisms to enable the provision of equitable, accessible, affordable and quality healthcare services to all eligible persons for the attainment of universal health coverage;
- (b) to facilitate people centred healthcare that meets the needs of the population;
- (c) to provide plurality in the healthcare system with equal opportunity for public and private sector or NGO participation;

- (d) to promote efficiency in healthcare administrative operations;
- (e) to enable sustainability through appropriate allocation of resources in healthcare, in collaboration with the Ministry of Health.
- (f) to facilitate the provision of modern, affordable and accessible healthcare services to eligible and actively enrolled persons in the NHI Scheme;
- (g) to establish a minimum standard of coverage of all NHI healthcare providers; and
- (h) to improve overall population health in Belize.

PART II

Establishment, Functions, Powers, Etc of the of National Health Insurance Authority.

4.—(1) There is hereby established a body to be known as the National Health Insurance Authority, which has the powers and discharge the functions conferred on it pursuant to this Act.

Establishment of National Health Insurance Authority.

(2) The Authority shall be a corporation sole with power to acquire, hold and dispose of property, enter into contracts, sue and be sued and do all things necessary for the purposes of this Act or any other law related to this Act.

(3) The Minister may by Order amend Schedule I with the approval of the Board.

Schedule I.

5.—(1) For the purposes of this Act, there shall be established a Board of Directors of the Authority, which shall be a body corporate with perpetual succession and a common seal, and which may acquire, hold and dispose of real and personal property and shall be capable of suing and being sued in its corporate name.

Establishment of Board of Directors.

(2) The Board shall be the governing body of the Authority and shall perform the functions and exercise the powers of the Authority.

(3) The constitution and procedure of the Board shall be as prescribed in Schedule I.

Schedule I.

(4) The Board shall be responsible to the Minister for the administration of this Act, and shall consider and advise upon all matters which may from time to time be referred to it by the Minister, and shall furnish to the Minister such information as he may reasonably require about the operation of the Act.

(5) The head office of the Board shall be established at such place in the City of Belmopan as the Minister on the recommendation of the Board may appoint and for the efficient and proper performance of its functions and duties it may establish branch offices in any part of Belize.

(6) If at any time the Board is not functioning, all the powers, rights, authorities and functions conferred upon the Board by this Act shall be exercised by the Minister who shall be charged with all the duties and obligations with which the Board is charged.

Seal of
Authority.

6.—(1) The seal of the Authority—

- (a) shall be kept in the custody of the Chair or Deputy Chair or such other person as the Board may direct;
- (b) pursuant to a resolution of the Authority, may be affixed by the Secretary to the Board to instruments in the presence of the Chair or a member of the Board designated by the Chair and one other member of the Board;
- (c) shall be authenticated by the signature of the Chair or Deputy Chair and the Secretary to the Board.

(2) All courts and judges and persons acting judicially shall take judicial notice of the seal of the Board when affixed to any document or notice, and it shall be presumed, without further proof, that the seal was duly affixed by the proper authority and be conclusive evidence of the authenticity of the document or notice bearing the seal.

Functions of
Authority.

7. The functions of the Authority are—

- (a) to administer the National Health Insurance Scheme in accordance with this Act;
- (b) to provide benefits under the NHI Scheme and conduct periodic reviews thereof, to make modification to the scope of coverage, in consultation with the Minister and the Minister responsible for health;
- (c) to establish a minimum standard of coverage;
- (d) to establish and implement mechanisms for—
 - (i) quality assurance in the delivery of healthcare and services delivered under the standard health benefit;
 - (ii) the delivery of wellness services and initiatives;
- (e) to promote improved methods and levels of efficiency in the delivery of healthcare and wellness benefits and services;

- (f) to establish the criteria for registration of a NHI healthcare provider;
- (g) to enroll all persons eligible to receive benefits under the NHI Scheme;
- (h) to maintain a register of all NHI healthcare providers participating in the NHI Scheme and from time to time to publish an approved list of NHI healthcare providers;
- (i) to ensure appropriate coverage of providers and services delivered through the NHI healthcare services equitably across Belize;
- (j) oversee the NHI healthcare providers and to ensure quality standards and compliance with the terms of the agreement;
- (k) manage, control and keep under constant review the NHI Fund and supervise and control expenditures therefrom;
- (l) produce an annual report outlining the Authority's impact on health insurance coverage and health service delivery;
- (m) cause a review of the provisions of this Act to be conducted at least once every two years and publish a report with recommendations, if any, to the Minister;
- (n) investigate any breach of any provision of this Act and to take such action as the Authority considers appropriate;
- (o) develop relevant guidelines, protocols, policies or procedures specifying the quality of care to be maintained and implemented by providers under the standard health benefit;
- (p) inspect the premises, equipment, procedures and information technology systems of a provider and any documents related thereto;
- (q) examine the data and accounting records in the possession of a provider, as determined necessary by the Board;
- (r) make such enquiries as may be necessary to ascertain whether the provisions of this Act are being or have been complied with in any such premises or place of the provider;
- (s) to ensure adherence to national standards of care established by the Ministry responsible for health; or

- (t) do or cause to be done such other things as may be conferred by this Act or any other written law or that is considered necessary to enable the Authority to carry out its functions.

Powers of Authority.

8.—(1) The Authority shall have power to—

- (a) establish and cause amendments to be made to benefits provided under the NHI Scheme;
- (b) fix fee schedules and payment rates for NHI healthcare providers;
- (c) enter into agreements for the provision of the NHI healthcare services for the Authority;
- (d) regulate the maximum price by providers for benefits rendered under the NHI healthcare services;
- (e) utilize the monies in the NHI Fund to deliver benefits under the NHI Scheme and to invest any available funds thereof;
- (f) appoint officers, employees and agents as the Authority considers necessary;
 - (i) entities for the administration of the NHI Scheme;
 - (ii) NHI healthcare providers for the provision of benefits under the NHI Scheme; or
 - (iii) any other entity for any purpose deemed necessary by the Authority for the administration of this Act;
- (h) conduct investigations and regular audits, and cause on-site inspections of providers to be conducted in accordance with section 48;
- (i) require a person to produce information in accordance with section 9;
- (j) to appoint committees constituting such number of persons as the Board thinks fit but the persons need not be members of the Board;
- (k) outsource any power or function upon terms and conditions to be agreed, except that where the expenditure to outsource is likely to exceed one per cent of the annual budget of the NHI Fund, such outsourcing shall be subject to the approval of the Minister;

- (l) to develop standards of care for implementation by providers; or
- (m) do or cause to be done, such other things as may be conferred by this Act or any other written law or that is deemed necessary to enable the Authority to carry out its functions.

(2) Subject to the provisions of this Act, any power or function which the Authority may exercise or perform under this Act may be delegated in writing to any member of the Board, committee appointed under this Act or an employee, subject to such terms, conditions or restrictions as the Board may determine and the delegation of the exercise of a power or the performance of a function shall not preclude its exercise or performance by the Board.

(3) A committee appointed pursuant to sub-section (1) shall regulate its own procedures.

9.—(1) In the performance of its duties under this Act, the Authority may at all reasonable times require—

Power of Authority to require information.

- (a) a provider to supply such information as the Authority may reasonably require, or to produce for examination any record that is required to be kept pursuant to section 46; or
- (b) a beneficiary to supply any information as the Authority may reasonably require for the purpose of enabling the Authority to perform its functions under this Act.

(2) Any provider who fails or refuses to produce any record or to supply any information as required by sub-section (1) commits an offence.

(3) Any beneficiary who fails or refuses to produce any record or to supply any information as required by sub-section (1) is liable to pay the full cost of any medical services rendered.

PART III

Management of Authority

10.—(1) There shall be a Chair of the Authority appointed by the Minister who shall—

Appointment of Executive Chair.

- (a) have responsibility for the day to day operations of the Authority; and
- (b) perform such duties as are assigned by the Board or under any other written law.

(2) The Chair shall hold office on such terms and conditions as the Minister may approve.

(3) The Board may employ such other officers, employees and agents on such remuneration and on the terms and conditions as it considers necessary or appropriate for the proper conduct of its business.

Appointment and functions of Monitoring and Evaluation Officer.

11.—(1) The Board shall, in consultation with the General Manager, appoint a Monitoring and Evaluation Officer—

- (a) to investigate any potential violation of this Act or any regulations made thereunder and to refer such violation to the respective regulator or body; and
- (b) to educate relevant parties on their responsibilities under this Act.

(2) The Monitoring and Evaluation Officer may—

- (a) without notice during business hours, enter and have access to any premises, where he has reasonable grounds to believe that any book, paper, document, thing or electronically stored data are kept that relate to any matter associated with the potential violation of this Act;
- (b) make investigations and inquiries, and take, remove, require and copy the production of any book, paper, document, thing or electronically stored data that relate to any matter under this Act or any regulations;
- (c) commence and determine disciplinary proceedings against providers in relation to contraventions of this Act;
- (d) recommend the termination of any provider or primary care provider where there has been a violation of this Act or the agreement;
- (e) delegate his authority in writing to any other authorized person; and
- (f) exercise such other powers as may be reasonably necessary.

(2) The functions of a Monitoring and Evaluation Officer shall be determined in regulations made under this Act.

Powers of Minister in the interest of public health.

12.—(1) If a public health emergency is declared under any written law, the Minister after consultation with the Authority may give directives, whether of a general or specific character to address the public health emergency.

(2) In order to address the public health emergency, the Minister, in consultation with the Board, may—

(a) by order, temporarily amend Schedule II; or

Schedule II.

(b) temporarily utilize the services of an NHI healthcare provider.

(3) An order made pursuant to sub-section (2) shall state the duration thereof and the order may be extended where the Minister considers it necessary in the public interest.

PART IV

National Health Insurance Scheme

13.—(1) The National Health Insurance Scheme established under the repealed Part VII of the Social Security Act shall continue under this Act and operate in accordance with provisions of this Act as though that Scheme was established under this Act.

Continuation of
the NHI Scheme.
CAP. 44.

(2) For the purposes of this Act, the National Health Insurance Scheme hereinafter referred to as the “NHI Scheme” continued under sub-section (1), shall be a financing and health service purchasing mechanism for ensuring affordable and acceptable healthcare services to all NHI beneficiaries in accordance with the provisions of this Part.

(3) Critical within the operations of the NHI Scheme shall include the following tasks—

(a) planning;

(b) monitoring and evaluation;

(c) quality assurance;

(d) customer relations;

(e) budgeting and financial management; and

(f) internal audit.

(4) The General Manager appointed under section 70A of the Social Security Act shall continue as the General Manager of the NHI Scheme as though that person was appointed under this Act.

CAP. 44.

(5) The Board may appoint a person as the General Manager of the NHI Scheme who shall be—

- (a) a fit and proper person;
- (b) appointed for a period of three years; and
- (c) eligible for reappointment.

(6) The General Manager, may, in writing, delegate to any employee of the Authority any of the responsibilities, powers or functions of the General Manager, unless such delegation is prohibited by this Act.

Contributions.

14.—(1) Subject to the provisions of this section, all persons who are—

- (a) in insurable employment;
- (b) employers of persons in insurable employment;
- (c) self-employed; or
- (d) retired persons in receipt of a pension or annuity,

may be required by the Board with the approval of the Minister to pay contributions towards the NHI Scheme in accordance with regulations made under this Act.

(2) Where contributions are levied under sub-section (1), the contributions for the following categories of persons shall be paid on their behalf by the Government—

- (a) indigents; and
- (b) retired persons whose only source of income is a pension or annuity not exceeding \$5,000.00 per annum or such other sum as the Minister may from time to time prescribe, provided that such contribution shall not exceed the minimum contribution prescribed for NHI contributions.

(3) The Board may, with the approval of the Minister by regulations made under this Act—

- (a) fix the rates for NHI contributions for different classes of persons based on a reasonable, equitable and progressive system; and
- (b) prescribe the method of payment and collection of the contributions.

(4) All regulations made by the Board under this section shall be laid before the National Assembly as soon as may be after the making thereof and be subject to negative resolution.

15.—(1) The following persons shall be eligible for enrollment in the NHI Scheme—

Enrollment and identification.

- (a) nationals of Belize; and
- (b) all persons legally resident in Belize.

(2) Every person eligible for enrollment in the NHI Scheme under subsection (1) shall, if the person wishes to receive benefits under the Scheme, enroll in the NHI Scheme by producing appropriate documentation establishing their eligibility for enrollment.

(3) The Board may issue a NHI identification card, or a combined social security card and NHI identification card, to all persons enrolled in the NHI Scheme and all such beneficiaries shall be informed of their rights, privileges and obligations under the NHI Scheme.

16.—(1) Subject to this Part, the following healthcare services shall be provided by NHI healthcare providers to NHI beneficiaries

Services and access to services.

- (a) primary healthcare services including general medical or clinical practice services from public health centres or polyclinics or from private premises in Belize, as identified by the Ministry of Health and as recognised by the Board for the provision of such services;
- (b) hospital outpatient and inpatient services at public or private healthcare facilities including the services of healthcare professionals, diagnosis, treatment and emergency services;
- (c) diagnostic, laboratory and other medical examination services at public or private health facilities;
- (d) prescription drugs and biologicals; or
- (e) any other healthcare services which may be approved by the Board for the NHI Scheme.

(2) Access to other NHI healthcare services shall be by way of referral to those services by registered NHI healthcare providers who offer general medical or clinical practice services and who are contracted to provide these services,

Provided that in emergency cases, the services may be provided by any other registered NHI health care provider as the case may be, as determined by the Authority.

(3) The Board may with the approval of the Minister from time to time exclude from the NHI Scheme any non-prescription or prescription drugs,

devices, and NHI healthcare services which is determined by the Board as not cost effective or not financially feasible. Schedule II.

(4) The list of services to be provided under sub-section (1) are more particularly described in Schedule II.

17.—(1) For the purpose of this Part, there shall be established under the control and overall management of the Board, a Fund called the National Health Insurance Fund which shall be a separate fund for the NHI Scheme.

NHI Fund.

(2) The NHI Fund shall consist of—

- (a) all NHI contributions, if levied by the Board under section 14;
- (b) all interests, and other income derived from the assets of the NHI Fund;
- (c) all sums recovered by the NHI Fund under this Part;
- (d) all sums properly accruing to the NHI Fund under this Part including any donations and grants;
- (e) any sums approved by the National Assembly for the purposes of the NHI Scheme only; and
- (f) any other moneys to be legitimately applied for the implementation of the NHI Scheme.

(3) There shall be paid or met out of the NHI Fund—

- (a) moneys solely for the purchasing and financing of NHI healthcare services for NHI beneficiaries; and
- (b) all costs and expenses properly incurred in the management of the NHI Scheme.

(4) The Minister may, on the recommendation of the Authority Board make regulations to provide for the financial organisation of the moneys of the NHI Fund by—

- (a) the establishment and maintenance of different autonomous branches for different purposes; or
- (b) the establishment and maintenance within such branches of different reserve funds.

(5) Subject to the provisions of this Part, the use, disposition, investment, disbursement, administration and management of the NHI Fund,

including any subsidy, grant or donation received for programme operations shall be governed by resolution of the Board.

(6) Any portion of the reserve fund may be invested for short term periods only, to yield interest at the prevailing rates.

(7) The Board shall regularly submit to the Ministry responsible for health annual reviews on the performance of the NHI Scheme.

18.—(1) All NHI healthcare providers shall at all times be licensed by the Ministry responsible for health and be registered by the Board as NHI healthcare providers.

Registration of
NHI health care
providers.

(2) NHI healthcare providers shall be eligible to—

- (a) negotiate with the Board to provide specific type or types of healthcare services in specified quantity and quality to NHI beneficiaries for an agreed fee; and
- (b) negotiate with the Board for the provision of specific healthcare services to NHI beneficiaries for an agreed rate of payment from the Board for every service provided.

(3) The Board shall by statutory instrument make rules to establish minimum registration requirements in keeping with nationally established standards and norms for healthcare providers which may require them to—

- (a) possess relevant acceptable professional qualifications and experience as may be required by the Ministry responsible for health;
- (b) offer services in facilities of an appropriate size and with adequate and acceptable standards of physical structure and equipment;
- (c) accept appropriate payment from the Board for services provided to NHI beneficiaries;
- (d) keep adequate and acceptable patient information and accounting records;
- (e) recognise the rights of patients; or
- (f) adopt referral protocols to other healthcare services.

19. A beneficiary or NHI healthcare provider who is aggrieved by the act or omission of any person operating under the NHI Scheme may seek redress of the Tribunal on the following grounds—

Grievances.

- (a) any violation of the rights of a patient;

- (b) a willful neglect of duties by the Board or NHI healthcare provider which results in the loss or non- enjoyment of benefits by beneficiaries;
- (c) exclusion from registering as a NHI healthcare provider; or
- (d) any act or omission that undermines or defeats the purpose of the NHI Scheme.

Regulations.

20.—(1) The Minister may, on the recommendation of the Board make regulations for the better carrying out of the provisions of this Part and for prescribing anything that requires to be prescribed.

(2) All regulations made by the Board pursuant to sub-section (1) are subject to negative resolution.

PART V

Financial Provisions

Application of
Finance and
Audit Reform
Act.
CAP.15.

21.—(1) The relevant provisions of the Finance and Audit Reform Act applicable to an agency, shall apply to the Authority with respect to—

- (a) accounting standards;
- (b) annual plans;
- (c) reporting;
- (d) public investments; and
- (e) projects and borrowing.

Funds and
resources of the
Authority.

22.—(1) The funds and resources of the Authority shall consist of—

- (a) any monies as from time to time are provided by the National Assembly;
- (b) any monies as from time to time accrue to the Authority from its operations;
- (c) any monies as from time to time are borrowed by the Authority pursuant to section 24;
- (d) any donations made to the Authority;
- (e) any monies payable by an employer of an insured person for NHI healthcare services rendered under this Act; or

(f) any other monies and property as from time to time may in any manner be lawfully paid to or vested in the Authority.

(2) The funds and resources of the Authority shall be utilised in accordance with regulations made under this Act.

23.—(1) The Authority shall cause to be kept proper books and records of accounts of income, expenditure, assets and liabilities of the Authority in relation to its affairs.

Books and records of accounts to be kept.

(2) The books and records of accounts shall be audited annually by an independent auditor appointed by the Authority .

(3) The Auditor-General shall, at any time, be entitled to inspect and audit the accounts and records of financial transactions of the Authority and records relating to assets of, or in the custody of, the Authority.

24.—(1) Subject to this section, the Authority may borrow sums required by it for meeting any of its obligations or discharging any of its functions and may in respect of such borrowing, issue debentures or other securities in such form as the Authority may determine.

Borrowing powers.

(2) Any borrowing by the Authority pursuant to subsection (1) shall be approved by the Minister.

25.—(1) Subject to sub-section (2), the Minister may, on behalf of the Government, in such manner and in such conditions as the Minister thinks fit the repayment of the principal of, and the payment of interest and other charges on, any authorised borrowing of the Authority.

Guarantee of loans to Authority.

(2) No guarantee shall be given for the purposes of sub-section (1) unless prior approval has been given by the National Assembly in accordance with the Finance and Audit (Reform) Act.

CAP. 15.

(3) Where the Minister is satisfied that there has been default in the repayment of monies guaranteed under sub-section (1), the Minister shall direct the payment out of the Consolidated Revenue Fund of the amount in respect of which there has been such default and the payment shall be a charge on the Consolidated Revenue Fund.

(4) where any sum is issued from the Consolidated Revenue Fund for fulfilling a guarantee given under this section, the Minister shall, as soon as possible after the end of each financial year beginning with that in which the sum is issued and the ending with that in which all liability under the guarantee is finally discharged, lay before the National Assembly a statement relating to that sum.

26.—(1) All monies of the National Health Insurance Fund not immediately required to be expended in meeting any of the obligations of the Authority or discharging any of its functions or the functions of other government agencies

Reserve Fund.

with responsibilities related to this Act shall be paid into a Reserve Fund as prescribed.

(2) The balance of monies in the Reserve Fund shall be not less than six months of the equivalent of the financial obligations of the NHI Fund.

(3) Subject to sub-section (2), the Minister may, on the recommendation of the Board make regulations to determine—

- (a) the management of the Reserve Fund;
- (b) use of the Reserve Fund; and
- (c) the sums to be carried from time to time to the credit of the Reserve Fund, but no part of the Reserve Fund shall be applied otherwise than for the purposes of the objectives of this Act.

Power to invest.

27.—(1) The Authority may, subject to the approval of the Minister, and to the provisions of the Finance and Audit (Reform) Act, invest monies in—

- (a) securities issued or guaranteed by the Government; and
- (b) other securities, real estate, financial contracts, agreements and investments authorised by the Minister on the recommendation of the Authority.

(2) Notwithstanding sub-section (1), the Authority shall not invest in property or securities outside Belize without the general or special directions of the Minister, and any other requisite regulatory approval under any other law.

(3) Any investment exercised other than pursuant to sub-section (2), may be approved either generally or specifically by the Minister.

PART VI

National Health Insurance Fund

Continuation of National Health Insurance Fund.

28.—(1) The National Health Insurance Fund established under the repealed Part VII of the Social Security Act is continued for the purpose of financing the cost of healthcare services, products and benefits under the NHI Scheme.

CAP. 44.

(2) The NHI Fund shall be under the control and management of the Authority.

Monies paid into or met out of Fund.

29.—(1) There shall be paid into the NHI Fund—

- (a) any sums approved by the National Assembly for the purposes of the NHI Scheme only;
- (b) such sums properly accruing to the NHI Fund whether by way of loans, grants or donations;
- (c) such other monies lawfully paid into, received by or made available to the NHI Fund;
- (d) all contributions lawfully paid to the NHI Fund, whether directly or otherwise;
- (e) all interests, and other income derived from the assets of the NHI Fund;
- (f) all sums recovered by the NHI Fund under this Part;
- (g) any monies allocated from the Consolidated Revenue Fund;
- (h) any monies payable to the NHI Fund from any levy or tax, as the case may be, authorized under this or any other Act;
- (i) all other monies lawfully received by or made available to the Authority; and
- (j) any other moneys to be legitimately applied for the implementation of the NHI Scheme.

(2) There may be paid out of the Fund—

- (a) the cost for healthcare services; products and benefits for beneficiaries under the NHI Scheme, in accordance with the agreement in relation to the provider;
- (b) any refund for payment received in error;
- (c) all costs and expenses properly incurred in the management and administration of the Authority;
- (d) monies for national health education and promotion activities; and
- (e) the costs and expenses incurred by any other governmental agency associated with the implementation and administration of this Act in accordance with regulations made under this Act or any related law; or
- (f) the cost for any other necessary payments in respect of the NHI Scheme.

(3) For the purposes of determining any sums to be paid into the Fund pursuant to sub-section (1)(b), the Minister shall give consideration to any actuarial projections made and actuarial reviews conducted by an appointed actuary.

(4) Subject to the provisions of this Part, the use, disposition, investment, disbursement, administration and management of the NHI Fund, including any subsidy, grant or donation received for programme operations shall be governed by resolution of the Board.

(5) Any portion of the reserve fund may be invested for short term periods only, to yield interest at the prevailing rates.

(6) All provisions of this Act relating to financial, accounting and other records of the Board shall apply to the financial, accounting and other records of the NHI Scheme.

(7) The moneys of the NHI Scheme shall not be used as or form part of any other moneys.

(8) The Board shall not make any investments in or make any loans to any person, company, individual, health care provider or other entity whatsoever that may be involved in the provision of health care services, diagnostic treatment services, the provision of drugs or any other services that may be provided under the NHI Scheme.

(9) The Board shall submit to the Ministry responsible for health annual reviews on the performance of the NHI Scheme.

Actuarial review
of the NHI Fund.

30.—(1) The Board shall, with the assistance of an actuary approved by the Minister, conduct a review during the period ending on 31st December in every year and at each such review shall make a report to the Minister not later than the 31st March next following on the financial condition of the NHI Fund and the adequacy or otherwise of the contributions to support the benefits, having regard to its liabilities under the Act.

(2) The Minister shall, as soon as possible after receiving the report in accordance with sub-section (1), and on the recommendation of the Board and after consultation with the stakeholders, adjust the contributions and benefits based on the report.

(3) The Minister shall, within thirty days of the receipt of the report referred to in sub-section (1), lay a copy thereof before the National Assembly and cause a summary of the report to be published in the Gazette and in at least one newspaper of general circulation in Belize.

Continuation of
National Health
Insurance
Scheme.

31. The National Health Insurance Scheme implemented under the repealed Part VII of the Social Security Act is continued for the purposes of this Act, with such modifications as are provided for in accordance with the provisions of this Act.

32.—(1) A person is eligible to enroll in the NHI Scheme if the person—

(a) is—

(i) a citizen of Belize and ordinarily resident in Belize; or

(ii) a lawful resident of Belize in accordance with the Immigration Act; and

(b) is registered with the Social Security Board and possesses a social security card.

Eligibility for enrollment in NHI Scheme.

CAP. 146.

(2) A person is not eligible to enroll in the NHI Scheme if the person fails to meet the criteria outlined in sub-section (1).

33. Any person who, at the date of the commencement of this Act, was enrolled in the NHI Scheme under the repealed Part VII of the Social Security Act, shall continue to be enrolled in the NHI Scheme for the purposes of this Act.

Persons enrolled under Part VII of the repealed Social Security Act.

34. A person who is—

(a) eligible to enroll in the NHI Scheme in accordance with section 32; and

(b) desirous of being actively enrolled in the NHI Scheme,

Application for enrollment in the NHI Scheme.

shall make application to the Authority in the approved manner.

35.—(1) A person who has been enrolled in the NHI Scheme and is desirous of changing his status from—

(a) inactively enrolled to actively enrolled;

(b) actively enrolled to inactively enrolled,

Modification of enrollment status.

may apply in the manner approved.

(2) The Authority may approve an application under sub-section (1) and notify the applicant of its decision, in writing, within ten days thereof.

36. In the event of—

(a) the death of a person enrolled in the NHI Scheme;

(b) a change in citizenship or residency status of a person enrolled in the NHI Scheme;

Grounds for dis-enrollment from the NHI Scheme.

- (c) a recommendation by the Monitoring and Evaluation Officer on justifiable grounds, for the dis-enrollment of a person from the NHI Scheme; or
- (d) receipt of a written request by the Authority from a person enrolled in the NHI Scheme, to be dis-enrolled from the NHI Scheme;
- (e) a conviction of a person for an offence against another beneficiary, a representative of a service provider or any other person present while the person is accessing services under the scheme,

the Authority shall dis-enroll the person from the NHI Scheme.

Eligibility and entitlement to benefits under the NHI Scheme.

37.—(1) A person who is—

- (a) actively enrolled in the NHI Scheme, shall be entitled to receive benefits under the NHI Scheme;
- (b) inactively enrolled in the NHI Scheme, or dis-enrolled from the NHI Scheme, shall not be entitled to receive benefits under the NHI Scheme.

(2) Every beneficiary is entitled to receive the NHI healthcare services.

Beneficiaries to select a NHI healthcare provider.

38.—(1) Upon enrollment in the NHI Scheme, every beneficiary or legal guardian of a beneficiary shall select a primary care provider from the list of NHI healthcare providers published by the Authority.

(2) A beneficiary may, only once in each year and in the manner approved by the Authority, change their primary care provider.

(3) Notwithstanding sub-section (2), where a beneficiary—

- (a) has relocated to another District or Caye which makes it no longer feasible for the beneficiary to access their provider; or
- (b) with good reason is not satisfied with the services of their provider, the person may request a change of their provider in the manner approved by the Authority.

(4) The Authority shall publish, annually, an approved list of NHI healthcare providers by notice in the *Gazette*.

(5) Where there is a change to the list of NHI healthcare providers, either by addition or deletion of a provider, the change shall be published in the *Gazette*, within seven days of the change.

39.—(1) Every beneficiary shall notify the Authority within thirty days thereof of any change in—

Obligations of beneficiaries.

- (a) citizenship or residency; or
- (b) any other information that would impact eligibility to receive benefits under the NHI Scheme.

(2) A beneficiary who fails to comply with sub-section (1) commits an offence and is liable in accordance with section 57.

40.—(1) The Authority may terminate or suspend the benefits of a beneficiary under the NHI Scheme where in the opinion of the Authority the beneficiary—

Termination, etc. of beneficiary status.

- (a) is no longer eligible to be enrolled under the NHI Scheme in accordance with this Act;
- (b) has failed to comply with the provisions of section 39(1);
- (c) is committing or has committed a fraud under this Act.

(2) Where the benefits of a beneficiary are terminated or suspended under sub-section (1), the beneficiary shall be eligible to appeal the decision in accordance with section 52.

PART VII

NHI Healthcare Providers

41. Upon application in writing and payment of the prescribed fee, any person who satisfies—

Eligibility of NHI healthcare providers.

- (a) the Authority that it has met the requirements of any law governing the health profession and practice of that profession; and
- (b) such other requirements as may be determined by the Authority,

may be approved by the Authority to participate as a NHI healthcare provider.

42.—(1) A person approved under section 41 shall enter into an agreement with the Authority providing for—

Provider to enter into agreement with Authority.

- (a) the standards and conditions for participation in the NHI healthcare services;
- (b) the procedure to access services by beneficiaries, including the referral process;

- (c) benefits to be provided under the NHI Scheme;
- (d) fee schedules and payments rates for provision of benefits under the NHI Scheme;
- (e) the terms of payment for services rendered;
- (f) healthcare quality assurance and standards of care;
- (g) on-site, financial and clinical audit functions to be conducted;
- (h) access to benefits by beneficiaries;
- (i) reporting requirements;
- (j) the use of electronic reporting of health records;
- (k) the general responsibilities of the parties;
- (l) any necessary data sharing in accordance with data protection and data sharing laws; and
- (m) such other matters deemed necessary to carry out the objectives of this Act, in accordance with regulations made under this Act.

(2) The Authority shall keep a register of all NHI healthcare providers who enter into an agreement with the Authority pursuant to sub-section (1).

Provisional
registration of
providers.

43.—(1) The Authority may grant provisional registration in respect of a person who fails to meet the requirements under section 41, where in the opinion of the Authority, the person has the ability to meet the requirements of this Act within a reasonable time period specified in the provisional agreement.

(2) If a provisionally registered NHI healthcare provider fails to meet the requirements of the Authority within the time period specified in the provisional agreement, the Authority may at its discretion grant a temporary extension on one occasion only, but in any case no extension may be granted for more than six months.

Functions of
Providers.

44. The functions of a NHI healthcare provider are—

- (a) to provide applicable benefits under the NHI Scheme to beneficiaries;
- (b) to provide to the Authority any information as may be required by the Authority;

- (c) to record beneficiary health information in an electronic health record provided by the Authority;
- (d) to submit reports of service electronically to the Authority; and
- (e) to carry out such other functions as may be provided for in the agreement.

45. The Authority may develop relevant guidelines, protocols, policies or procedures specifying the quality of care to be maintained and implemented by providers under the standard health benefit, to assure quality of care, appropriate utilisation of benefits and technology usage to ensure that—

Quality of care by providers.

- (a) a high quality of healthcare services delivery;
- (b) access to benefits is suitable, equitable and standardized;
- (c) the use of medical technology and equipment is consistent with the needs and standards of medical practice;
- (d) benefits are appropriate, necessary and comply with accepted medical practice and ethics; and
- (e) electronic health records are used consistently and appropriately.

46.—(1) Every provider shall in a manner determined by the Authority, maintain and keep records relating to—

Providers to keep and maintain records.

- (a) the benefits rendered under the standard health benefit;
- (b) financial records related to the standard health benefit;
- (c) the performance standards as required by the Authority;
- (d) all past and current patients and their enrollment status; and
- (e) such other information as the Authority may require.

(2) Every provider shall upon written request, for the purpose of investigating any contravention of any provision of this Act, provide the Authority with access to electronic records relating to the care of any person or matter in question.

47. Upon a written request by the Authority, a provider shall submit a report to the Authority in the manner and form determined by the Authority and in accordance with the data protection laws, with relevant information in relation to the request

Duty to submit reports.

Inspection of providers.

48.—(1) The Authority is empowered to—

- (a) inspect the premises, equipment, procedures and information technology systems of a provider and any documents related thereto in accordance with regulations made under this Act;
- (b) examine the data and accounting records in the possession of a provider;
- (c) make such enquiries as may be necessary to ascertain whether the provisions of this Act are being or have been complied with in any such premises or place of the provider.

(2) The Authority may appoint suitably qualified and experienced persons to carry out an inspection on its behalf.

(3) The representative of the Authority acting pursuant to sub-section (1)—

- (a) shall produce evidence of their authority to act on behalf of the Authority;
- (b) shall complete an inspection report and make recommendations with respect to the provider and such recommendations shall be forwarded to the provider; and
- (c) may request the assistance of a police officer in carrying out their functions.

Termination of providers.

49. The Authority may in the interest of public health or safety, or on the basis of any of the following grounds, terminate the participation of a provider if the provider—

- (a) commits any act of fraud in relation to the standard health benefit;
- (b) fails to disclose any material information requested by the Authority;
- (c) fails to utilize electronic health records;
- (d) fails to comply with any recommendation of the Monitoring and Evaluation Officer or an authorised person acting on behalf thereof pursuant to section 11;
- (e) discloses confidential data or fails to protect confidential data;
- (g) fails to meet any quality assurance or minimum standards of care;

- (h) fails to provide benefits to beneficiaries without good cause;
- (i) does any act or omission that results in the revocation or suspension of their license under any other law;
- (j) fails to satisfy the requirements specified under section 41; and
- (k) breaches any material term of the agreement entered into pursuant to section 42.

PART VIII

Miscellaneous

50. The Minister may, by Order, amend Schedule II on the recommendation of the Authority. Minister may amend Schedule II.

51.—(1) Any provider that no longer wishes to participate in the provision of healthcare services under this Act shall— Withdrawal of providers.

- (a) provide the Authority with no less than ninety days written notice of the intention to withdraw participation; and
- (b) assist with the transition of care of beneficiaries;

and any beneficiary of that provider shall no longer be entitled to receive benefits under the NHI Scheme with that provider.

(2) Any provider that fails to satisfy the requirements of sub-section (1), commits an offence.

52. Where a person is—

- (a) denied enrollment under the NHI Scheme;
- (b) aggrieved in respect of any violation of their entitlement under the NHI Scheme; or
- (c) aggrieved by any decision of the Authority,

Rights of appeal to determine grievances.

the person may appeal the decision to the Tribunal.

53. There shall be an appeals Tribunal consisting of three persons appointed by the Minister as follows— Tribunal.

- (a) the Chief Magistrate, who shall be the Chair; and

(b) two reputable persons chosen from the medical profession.

(2) The Tribunal shall hear and determine all grievances and appeals under this Act and its decision shall be final.

(3) Any appeal to the Tribunal shall be heard and decided by a majority vote.

(4) The Minister may appoint a person to act for any member of the Tribunal who for reasons of illness or for any other cause is unable to sit.

(5) The Secretary to the Board shall submit all appeals to the Tribunal and shall act as Secretary of the Tribunal.

Corporation and
information
sharing.
Act No. 27 of
2021.

54.—(1) The Authority may cooperate with any government agency, including the sharing of information subject to the Public Sector Data Sharing Act, that it acquired in the course of its duties or in the exercise of its functions under this or any other law where the Authority—

(a) considers that such cooperation or information may be relevant to the discharge of the statutory functions of the requesting agency; and

(b) the requesting agency has a reciprocal arrangement in place to facilitate a request from the Authority for information that may be relevant to the discharge of its statutory functions.

(2) Notwithstanding the provisions of this section, the Authority shall not share any confidential information concerning the medical history of a beneficiary.

(3) Sub-section (4) shall not apply to a disclosure of information—

(a) lawfully required or permitted by any court of competent jurisdiction within Belize;

(b) in respect of the affairs of a beneficiary where the consent of the beneficiary or legal guardian, as the case may be, is given voluntarily; or

(c) where the information disclosed is in a manner that does not enable the identity of any beneficiary, or provider to which the information relates to be ascertained.

(4) Any information shared pursuant to this section shall be shared in accordance with any data protection laws.

(5) For the purposes of this section, the Authority may enter into an information sharing agreement with applicable parties.

55.—(1) Any person who comes in contact with any data or information in carrying out their functions under this Act, relating to the affairs of the Authority, a beneficiary or a provider shall— Confidentiality.

- (a) treat the data and information as confidential;
- (b) not disclose the data or information without proper authorisation; and
- (c) take appropriate security measures to maintain the confidentiality of the data and information and to prevent unauthorised access to the data and information, or its alteration, disclosure or destruction and to protect the data and information against accidental loss or destruction.

(2) Sub-section (1) shall not apply to a disclosure of data or information—

- (a) lawfully required or permitted by any court of competent jurisdiction within Belize;
- (b) for the purpose of assisting the Authority to exercise any function conferred on it by this Act, or any other Act or regulations made thereunder;
- (c) in respect of the affairs of a beneficiary where the consent of the beneficiary or legal guardian, as the case may be, is voluntarily given;
- (d) if the information disclosed is or has been available to the public from a lawful source;
- (e) if the information disclosed pertains to the person making the disclosure; or
- (f) if the information is disclosed in a manner that does not enable the identity of any beneficiary or provider to which the information relates to be ascertained.

(3) Any person who contravenes this section commits an offence.

56.—(1) A person commits an offence if the person— General offences.

- (a) knowingly obtains any benefits under this Act by means of a false declaration;
- (b) knowingly makes any false declaration or false statement of a material nature in any application made under this Act;

- (c) willfully attempts to use or uses funds paid or received with respect to this Act for purposes other than those authorised under this Act;
- (d) agrees to any arrangement for the purpose of avoiding obligations under this Act;
- (e) willfully delays, assaults or obstructs the Monitoring and Evaluation Officer or an agent thereof in the exercise of their functions under this Act;
- (f) knowingly and intentionally commits fraud with respect to this Act;
- (g) willfully fails to pay any contribution or premiums under this Act;
- (h) having received monies in advance for benefits, and without good reason fails to render services pursuant to any agreement;
- (i) without lawful excuse, refuses to furnish any information or produce any document lawfully required under this Act; or
- (j) willfully fails to comply with any requirement or duty imposed upon the person under this Act.

(2) A person who commits an offence specified in sub-section (1), other than the offence specified under paragraph (f), shall be liable to a penalty as stipulated under section 57.

CAP. 101.

(3) Notwithstanding the provisions of the Criminal Code Act in respect of the offence of fraud, a person who commits an offence under sub-section (1)(f) shall be liable on summary conviction to a fine not exceeding two hundred and fifty thousand dollars.

General penalty.

57. Where a person commits an offence against this Act for which no penalty is specified, the person is liable on summary conviction—

- (a) in the case of a provider, to a fine not exceeding ten thousand dollars and where the offence is a continuing offence, to a further fine of one thousand dollars for every day during which the offence continues; or
- (b) in the case of a beneficiary, to a fine not exceeding five thousand dollars, and where the offence is a continuing offence, to a further fine of five hundred dollars for every day during which the offence continues.

58. For the avoidance of doubt, unless otherwise provided for in any other law, nothing in this Act shall derogate from—

Non-derogation.
Act No. 30 of
2023.
Act No. 30 of
2023.

- (a) any collective agreement or existing employment contract providing health insurance greater than those established by the standard health benefit; or
- (b) any other law conferring a healthcare benefit on a person.

59.—(1) The Authority shall, within six months of the end of each financial year, cause to be made and submit to the Minister an annual report.

Annual Report.

(2) The annual report shall—

- (a) include a copy of the statement of accounts certified by an auditor in respect of the NHI Fund for that financial year;
- (b) include a plan of the proposed objectives for the forthcoming year;
- (c) set out the priorities of the Authority for the succeeding two years;
- (d) set out the key performance indicators for the forthcoming year;
- (e) set out the key activities carried out during the previous financial year; and
- (f) set out the budget of the Authority establishing the target activities of the forthcoming year.

(3) The Minister shall cause a copy of the annual report together with the annual statement of accounts, the auditor's report and any actuarial report to be laid before of the National Assembly as soon as practicable after the making of the annual report, annual statement of accounts, auditor's report or actuarial report.

(4) The Authority shall take all necessary measures to make available to the public copies of the annual report, including by publishing the report on its website, within thirty days after the same has been laid before the National Assembly.

60. The Minister may, on the recommendation of the Board, make regulations generally for the better carrying out of the provisions and objectives of this Act and, without prejudice to the generality of the foregoing, the Minister may on the recommendation of the Board make regulations prescribing—

Regulations.

-
- Schedule II.
- (a) the procedure for enrollment and dis-enrollment and selection of primary care providers by beneficiaries;
 - (b) the categories of beneficiaries and the applicable benefits relating thereto;
 - (c) the manner for modification of enrollment status;
 - (d) the registration criteria for NHI healthcare providers;
 - (e) the procedure for the filing and determination of a grievance or appeal pursuant to sections 19 or 52;
 - (f) the details of the scope of services provided under the standard health benefit as specified in Schedule II;
 - (g) matters related to information sharing, maintenance of records, privacy and data protection;
 - (h) matters relating to the setting of payments for providers;
 - (i) the manner and form of any forms to be used;
 - (j) the reporting of data by providers and the form and manner thereof;
 - (k) for the costs and expenses incurred by any other governmental agency associated with the implementation and administration of this Act to be paid out of the NHI Fund;
 - (l) the management of the Reserve Fund;
 - (m) the use of the Reserve Fund;
 - (n) the sums to be carried from time to time to the credit of the Reserve Fund;
 - (o) fee schedules and payment rates for NHI healthcare providers; or
 - (p) any other matter required to be prescribed under this Act or required generally for the better carrying out of the objectives of this Act.
- Savings.
- 61.** On the commencement of this Act—
- (a) the person who immediately before the coming into force of this Act is the Executive Chair of the NHI Committee appointed under section 75(a) of the Social Security Act

shall be deemed to be the Chair of the Authority under and for the purposes of this Act as if that person had been appointed under section 10 on the same terms and conditions for the term expiring on the day on which the appointment of the person would have expired under the Social Security Act, after which a new Chair of the Authority shall be appointed under section 10, or until a new General Manager is appointed under section 10 prior to the expiration of term on which the appointment of the person would have expired under the Social Security Act;

- (b) all persons who were employed immediately before the coming into force of this Act, shall continue to be employed by the Authority on the same terms and conditions;
- (c) every person who immediately before the coming into force of this Act was a member of the NHI Committee under the repealed Part VII of the Social Security Act continues to be a member of the Board under and for the purposes of this Act as if such person had been appointed under this Act, on the same terms and conditions for the term expiring on the day on which the appointment of such person would have expired under the repealed Part VII of the Social Security Act; and
- (d) every agreement, whether in writing or not, to which the NHI Committee under the repealed Part VII of the Social Security Act was a party or which affected the NHI Committee, continues to have effect after the date of commencement, as though that agreement was entered into under this Act.

62.—(1) Any person who, was registered as a healthcare provider under the repealed Part VII of the Social Security Act, immediately before the commencement of this Act, shall continue to be so registered, except that the person shall—

Transitional provisions.

- (a) enter into an agreement with the Authority pursuant to section 42 and;
- (b) meet the provisions of this Act and any regulations made thereunder,

within six months of commencement of this Act.

(2) Where any law or document refers expressly or by implication to the repealed Part VII of the Social Security Act, the reference shall (except where the context otherwise requires) be construed as a reference to the corresponding provision of this Act.

63. Part VII of the Social Security Act, is repealed.

Repeal.

SCHEDULE I
[section 5(3)]

CONSTITUTION AND PROCEDURES OF THE BOARD

- (1) The composition of the Board shall be as follows–
- (a) a person appointed under paragraph (6) as Chair of the Board;
 - (b) the Chief Executive Officer of the Board who shall be an *ex-officio* member;
 - (c) the General Manager of the NHI Scheme;
 - (d) the Chief Executive Officer responsible for health and the Director of Health Services in the Ministry responsible for health;
 - (e) one representative from the private health care sector to be selected by the Belize Medical and Dental Association after consultation with relevant private health organisations;
 - (f) two representatives from the employers' association, one representative from the Belize Chamber of Commerce and Industry and one representative from the Belize Business Bureau;
 - (g) two representatives from the National Trade Union Congress of Belize;
 - (h) one representative to be nominated by the Belize Council of Churches;
 - (i) one representative to be nominated by the Organisation of Insurance Companies of Belize;
 - (j) one representative to be nominated by the Leader of Opposition;
 - (k) one representative to be nominated by the Bar Association of Belize; and
 - (l) one representative to be nominated by the Minister responsible for finance.
- (2) Subject to sub-section (3), all members of the Board shall be appointed by the Minister and be fit and proper persons.

(3) The members specified under paragraphs (d) to (k) shall be appointed by the Minister on the recommendation of the representative organisation.

(4) The functions of the Board shall be to decide on—

- (a) matters relating to the health care needs of the population;
- (b) problems encountered by private and public providers of services and by customers;
- (c) health care policies of the Government;
- (d) formulation of regulations under this Part;
- (e) standards and quality pertaining to the functions of the Board in ensuring the availability and effective utilisation of health care services by NHI beneficiaries; or
- (f) any other similar matters relating to the NHI Scheme.

(5) The Board shall meet at regular intervals which shall be no less than four times a year to formulate policy matters.

(6) The Minister shall appoint a Chair of the Board and the Board shall appoint a Deputy Chair from amongst the membership thereof who will be entitled to act as Chair in the absence of the Chair.

(7) The period of appointment of the members shall be five years for the Chair and three years for the members.

(8) The Chair of the Board shall act as the Executive Chair and be paid such remuneration as the Board, with the prior approval of the Minister, considers appropriate. (9) The Minister may, on the recommendation of the representative organisation, terminate the appointment of a member of the NHI Committee for misbehaviour or for physical or mental incapacity.

(10) A member shall be deemed to have vacated his office—

- (a) if their appointment is terminated by the Minister under this Act;
- (b) if he becomes bankrupt or compounds with his creditors or makes any assignment of his remuneration for their benefit or takes advantage of any provision of the Bankruptcy Act;
- (c) if he becomes of unsound mind;

- (d) if he resigns his office by writing under his hand addressed to the Minister and the resignation is accepted by the Minister;
- (e) if he absents himself, except with leave granted by the Minister, from three consecutive meetings of the Board; or
- (f) if the organisation which had nominated him requests termination of his appointment in writing addressed to the Minister.

(11) Any decision of the Board shall be taken by a majority of the members present and, in the event of an equality of votes, the Chair or the person acting as the Chair shall have a casting vote.

(12) At any meeting of the Board, seven of the members thereof, including the Chair, shall constitute the quorum.

(13) The members of the Board shall be entitled to the same protection under the Public Authorities Protection Act as if they were included in the definition of “public authority” given in section 2 of that Act.

(14) The Chair of the Board shall act as the Executive Chair and shall be paid such remuneration for their services that the Board may, with the prior approval of the Minister, consider appropriate.

SCHEDULE II
[section 12, 16, 50, 6]
STANDARD HEALTH BENEFIT

The following scope of services are provided under the standard health benefit–

- (a) general medicine, including general consultations by the covered population, programmed consultations, emergency services during work hours in the PCP installations;
- (b) nursing services, including general consultations by the covered population, programmed consultations, emergency services during work hours in the PCP installations;
- (c) specific programs;
 - (i) clinical detection, treatment and monitoring of patients with hypertension;
 - (ii) clinical detection, treatment and monitoring of patients with diabetes (type 1 and 2);
 - (iii) clinical detection, treatment and monitoring of patients with asthma;
 - (iv) clinical detection and monitoring of patients with HIV/AIDS;
 - (v) clinical detection, treatment and monitoring of patients with acute respiratory infection (ARI);
 - (vi) pre and post-natal monitoring, including consultations with general practitioner (GP), iron and folic acid supplementation, one ultrasound exam, basic laboratory and blood tests (including HIV and VDRL first trimester). High risk cases to be referred for management by specialist according to protocols mutually agreed to by national health insurance (NHI) and primary care provider (PCP);
 - (vii) minor surgery that can be carried out in an ambulatory setting with local anesthetic in a non-sterile setting, limited to skin and subcutaneous tissue;
 - (viii) family planning counseling and services;

- (ix) early detection of breast cancer using mammography in women as stipulated in Rationalization Guidelines;
 - (x) early detection of cervical cancer using papanicolau screening in women as stipulated in Rationalization Guidelines;
 - (xi) early detection and screening of prostate cancer in men over fifty years of age, every two years (including PSA and rectal exam);
 - (xii) clinical detection and appropriate referral for control of tuberculosis;
- (d) epidemiological surveillance functions required under the reporting standards regarding notifiable diseases of the Ministry responsible for health;
 - (e) pharmaceuticals included in the NHI/SSB approved list;
 - (f) imaging services included in the NHI/SSB approved list;
 - (g) laboratory services included in the NHI/SSB approved list;
 - (h) Ob/Gyn specialist services, including but not limited to pre and post-natal consultations, and other cases as may be determined by the PCP, as by contractual agreement;
 - (i) social worker, physiotherapist, nutritionist, and medical internist specialist services as determined by contractual agreement;
 - (j) pediatrician, including but not limited to newborn evaluation and other cases as may be determined by the PCP, as by contractual agreement;
 - (k) ophthalmology services, which includes eyeglasses with medium cost metal frames for school children under nineteen years of age with refractive problems, and out of school children 0-4 years of age and 14-19 years of age with refractive problems; as well as post- cataract surgery for people with visual acuity of 20/70 or worse;
 - (l) laser surgery for diabetic retinopathy with approved provider;
 - (m) annual ophthalmological consultation for diabetic and hypertensive patients with approved provider.