

STATES OF JERSEY



DRAFT HEALTH INSURANCE (AMENDMENT No. 15) (JERSEY) LAW 201-

**Lodged au Greffe on 31st May 2016
by the Minister for Social Security**

STATES GREFFE



Jersey

DRAFT HEALTH INSURANCE (AMENDMENT No. 15) (JERSEY) LAW 201-

European Convention on Human Rights

In accordance with the provisions of Article 16 of the Human Rights (Jersey) Law 2000, the Minister for Social Security has made the following statement –

In the view of the Minister for Social Security, the provisions of the Draft Health Insurance (Amendment No. 15) (Jersey) Law 201- are compatible with the Convention Rights.

Signed: **Deputy S.J. Pinel of St. Clement**

Minister for Social Security

Dated: 26th May 2016

REPORT

Introduction

This report presents amendments to the [Health Insurance \(Jersey\) Law 1967](#) which seek to establish a mechanism by which specialist nurses and other health care professionals can issue community prescriptions for prescription-only medicines. These amendments will also equalise current provisions by expanding the existing ‘proper and necessary’ test to community prescribing. The constitution of the Health Services Disciplinary Tribunal and Pharmaceutical Benefit Advisory Committee are moved into Ministerial Orders, and further minor amendments have been made to clarify and align provisions within the Law.

Prescribing practitioners

Medicines issued on a community prescription can be obtained in community pharmacies, and the cost of the medicine and dispensing fees are paid for by the Health Insurance Fund. This is established in the Health Insurance (Jersey) Law 1967 which describes these community prescriptions as ‘pharmaceutical benefit’. The Law currently states that only 2 classes of practitioner may issue pharmaceutical benefit: these being G.P.s and dentists.

[P.82/2012](#): ‘Health and Social Services: A New Way Forward’ noted that the demand for health services is set to increase in Jersey as the population ages. At the same time, our current workforce is under-utilised, with many working below the competencies associated with their role. P.82/2012 identified the need for a new health and social care system, and recommended development towards multi-disciplinary teams formed around the patient care pathway. The vision suggested these teams would include specialist nurses who are authorised to prescribe medicines within their scope of practice, that they might support patient care at home and in the community, reducing our reliance on institutionalised care models. (These specialist nurses are known as ‘non-medical prescribers’.)

P.82/2012 also noted that –

“Roles [in Jersey] have not developed in line with international best practice, as there are only a limited number of expanded role practitioners. Nonmedical prescribing is only now being developed, and the skill mix needs to change within teams in order to secure service sustainability and offer more attractive career options.¹”

Health and Social Services has successfully implemented non-medical prescribing, following amendments to the [Medicines \(Jersey\) Law 1995](#) which enabled the Minister for Health and Social Services to specify a wider range of practitioners who may prescribe prescription-only medicines. Three additional pieces of secondary legislation were subsequently enacted, providing legislation around the individual registration and regulation of non-medical prescribers –

- [Health Care \(Registration\) \(No. 4\) \(Jersey\) Regulations 2012](#);
- [Medicines \(Prescription Only\) \(Amendment No. 8\) \(Jersey\) Order 2013](#); and
- [Misuse of Drugs \(Miscellaneous Amendments\) \(No. 4\) \(Jersey\) Order 2013](#).

Thirty-two nurses have completed a bespoke accredited education programme, and additional non-medical prescribers have been successfully recruited from the UK. Currently, there are small specialist teams of nurse prescribers who provide symptom management to stabilise vulnerable patients within their own homes and prevent hospital admission. These nurses work in the Rapid Response team. Additionally,

there are qualified prescribing practitioner nurses working within the specialist palliative care team who will be able to offer advanced symptom control, and thus provide choice for terminally-ill patients who wish to die in their own homes. Further prescribing practitioners (such as practice nurses, district nurses and community-based pharmacists) could similarly provide improved medicines management across the Island to patients in a primary care context. The development of such roles enables service redevelopment to be optimised, and improvements to patient care. In addition, specific medical roles within the Hospital may also be identified as prescribing practitioners under the Health Insurance Law to allow new care pathways to be developed, straddling secondary and primary settings. For example, the introduction of a specialist palliative care consultant could offer care for patients irrespective of their care setting, in the General Hospital, in the Hospice, and in their own homes.

Approval to prescribe in the community from the Health Insurance Fund

Non-medical prescribers in other jurisdictions have proven to be highly successful in providing safe and cost-effective care. Their impact locally can be enhanced by approving them to issue pharmaceutical benefit within the Health Insurance Law. This will enable patients (or their carers) to collect medicines from community pharmacies rather than the General Hospital pharmacy.

To this end, these amendments to the Health Insurance Law expand the class of practitioner who may issue pharmaceutical benefit to include 'prescribing practitioners' identified under Article 57(1) of the Medicines (Jersey) Law 1995. The primary Law is amended to enable an approval process to be established by Ministerial Orders, whereby individual prescribing practitioners can be approved according to the service they are providing and the environment (primary care and community) in which they are working.

The Health Insurance Law already provides an approval process for General Practitioners (established within the G.P. performers list). The Law has offered some provision to approve dentists to issue pharmaceutical benefit, but this has not been enacted. To equalise the treatment of all prescribers under the Health Insurance Law, these amendments also seek to establish an approval process for dentists. As with non-medical prescribers, approval will be a simple administrative process established under Ministerial Orders.

The implementation of an approval process will enable the Minister to maintain a nominal roll of community prescribers as has been envisaged by Article 26 of the Law, and will improve the operational procedures for monitoring community prescriptions.

It can be stressed that in no part does the Health Insurance Law determine which health professionals may or may not prescribe within the qualification of their profession. The ability of practitioners to prescribe prescription-only medicines is established under the Medicines (Jersey) Law 1995, which registers health care professionals.

'Proper and necessary'

Medical Benefit is paid from the Health Insurance Law in respect of G.P. consultations, and the Law requires that the benefit may only be claimed in respect of G.P. medical services which are 'proper and necessary'. This amendment seeks to echo this test and apply it to all prescribing funded by the Health insurance Fund, thus equalising the provisions of the Law to each benefit created under the Law.

Health Services Disciplinary Tribunal

The Health Insurance Law establishes a Health Services Disciplinary Tribunal which may rule on the activity of G.P.s and dentists with respect to medical benefit and pharmaceutical benefit. The Tribunal thus enables the Minister to challenge practitioner activity and take recommendations on the use of the Fund, when it is deemed there is cause to do so. This amendment increases the scope of the Tribunal to include any approved practitioner who may issue Health Insurance Law benefits, thus capturing the newly-created non-medical prescribers.

The Law currently restricts the issues which the Tribunal may consider to activities which may be prejudicial to the efficient administration of the Health Insurance Law or cause an unreasonable cost to the Health Insurance Fund. This is maintained, but will capture the ability to consider whether prescribing has been 'proper and necessary' as discussed above. Currently, the Tribunal may only recommend that a practitioner repay money to the Fund or that their approval is removed. This amendment loosens these restrictions so that the Tribunal may make other recommendations regarding conditions, restrictions or other such advice it determines.

The constitution of the Health Services Disciplinary Tribunal is currently given in Schedule 2 of the Law, but these amendments will require the constitution to be established by Ministerial Order, offering flexibility in the recruitment to and management of the Tribunal.

Pharmaceutical Benefit Advisory Committee

The Minister is required to approve items of pharmaceutical benefit, these being the medicines available on a community prescription, and does so having received recommendations from the Pharmaceutical Benefit Advisory Committee (PBAC). The constitution for the PBAC is currently given in Schedule 1 of the primary Law and, like the Health Services Disciplinary Tribunal, this amendment will require the constitution to be established in Orders. A minor amendment is also made, removing the requirement for the Minister to publish the list of prescribed medicines in the Gazette, replacing it with a requirement to ensure the list is generally accessible to the Public.

Contracts, medical services and procurement of vaccines

Part 3A of the Health Insurance Law enables the Minister to enter into contracts with practitioners to provide medical services, and that these services may be funded by the Health Insurance Fund. Amendments are made to this part of the Law increasing the provision made in respect of pharmacies to equal that made for G.P. practices; the amendment allows that each may be commissioned to deliver medical services, and do so by employing suitable practitioners.

This Part also introduces into the Law the ability to purchase vaccines under contract, and that practitioners commissioned to administer an immunisation programme may be required to use the centrally procured vaccines. This amendment creates opportunity within the Health Insurance Fund to support public health vaccination campaigns in a cost-effective way, but restricts the scope of central procurement, recognising the need to secure the viability of community pharmacy.

Financial and manpower implications

It is anticipated that cost to the Fund will increase, as some prescribing is displaced from the General Hospital Pharmacy into the community by non-medical prescribers; however, the UK experience suggests that the cost of healthcare overall will be reduced, as unnecessary hospital admissions are avoided and medicines waste is reduced.

There are no manpower implications arising.

Human Rights

The notes on the human rights aspects of the draft Law in the **Appendix** have been prepared by the Law Officers' Department and are included for the information of States Members. They are not, and should not be taken as, legal advice.

APPENDIX TO REPORT

Human Rights Notes on the Draft Health Insurance (Amendment No. 15) (Jersey) Law 201-

These Notes have been prepared in respect of the Draft Health Insurance (Amendment No. 15) (Jersey) Law 201- (the “draft Law”) by the Law Officers’ Department. They summarise the principal human rights issues arising from the contents of the draft Law and explain why, in the Law Officers’ opinion, the draft Law is compatible with the European Convention on Human Rights (“ECHR”).

These Notes are included for the information of States Members. They are not, and should not be taken as, legal advice.

The draft Law makes various changes as to the regulation of the financing of health care. In particular, it allows (a) for approval for relevant medical practitioners under the Law to be subject to conditions imposed by the Minister; and (b) for such conditions to be imposed on approved practitioners under existing disciplinary arrangements, allowing for better calibration of the regulatory response. Creating such a system to regulate the use of money under the Health Insurance Fund of itself creates no human rights issues.

The Health Services Disciplinary Tribunal is constituted under a Ministerial Order made under the Law. The draft Law will change the Order-making power. The amendment to the Law cannot of itself harm the fairness of the Tribunal, and in any case any civil rights affected by disciplinary procedures are subject to a full right of appeal to the Royal Court.

It follows that there are no human rights issues arising in respect of the draft Law.

Explanatory Note

Article 1 is the interpretation provision.

Article 2 amends Article 1 of the Health Insurance (Jersey) Law 1967 (the “1967 Law”). The amendments are associated with the amendments made by *Articles 4, 5, 12 and 14*, described below. In particular, the definitions “approved prescribing practitioner” and “prescribing practitioner” are added for the purposes of the proposal that certain prescribing practitioners approved by the Minister for Social Security (the “Minister”) will have the authority to write a prescription for which pharmaceutical benefit is paid.

Article 3 is consequential on the amendment made by *Article 9*, described below.

Article 4 amends Article 15 of the 1967 Law, for 4 purposes. Firstly, provision is added to the effect that pharmaceutical benefit will be paid for a prescription written by an approved prescribing practitioner. Secondly, the provision for pharmaceutical benefit to be paid for a prescription written by a dentist registered to practice in Jersey (but not approved by the Minister) is removed. This is connected with the proposal that pharmaceutical benefit will only be paid for a prescription written by a dentist who has been approved by the Minister. Thirdly, provision is added to the effect that a prescription for pharmaceutical benefit must only be given for treatment that is proper and necessary. Fourthly, it is made clear that the Minister may, by Order, require approved suppliers to make returns of information regarding the supply of pharmaceutical benefit. Finally, the requirement for the Minister to publish a Gazette notice whenever he or she has approved items for which pharmaceutical benefit is paid is removed. It is replaced by a requirement to publish the list of such items in such a way that it is generally accessible to the public.

Article 5 inserts a new Article 15A in the 1967 Law. Currently, the constitution and administration of the Pharmaceutical Benefit Advisory Committee are provided for in Schedule 1 to the 1967 Law. Article 15A provides for the constitution, proceedings and administration of the Committee to be determined by Ministerial Order. Schedule 1 to the 1967 Law is repealed by *Article 16*, below.

Article 6 amends Article 16 of the 1967 Law with the effect that an approved prescribing practitioner may supply pharmaceutical benefit before it can conveniently be obtained from an approved supplier, where such quick supply is required for a person’s treatment. Article 16 already permits an approved medical practitioner or approved dentist to make a supply of pharmaceutical benefit in such circumstances.

Article 7 amends the definition “medical service” in Part 3A of the 1967 Law. The definition is widened so that it includes a service performed by a health care professional, in his or her registrable occupation, in his or her capacity as an employee of a person lawfully conducting a retail pharmacy business. The consequence of the amendment is that the Minister may enter into a contract for the provision of such a service. Registrable occupations are specified in the Schedule to the Health Care (Registration) (Jersey) Law 1995 and include nurses, chiropodists, dietitians and physiotherapists. For the purposes of the 1967 Law, a reference to an employee includes a person who works under a contract for services.

Article 8 amends Article 20B of the 1967 Law, being the Article that authorizes the Minister to enter into contracts that are paid for out of the Health Insurance Fund. The amendment is connected with the addition of Article 20C by *Article 9*, and makes it clear that the Minister, in contracting for the supply of a medical service that is the

administration of a vaccine, may require the contractor to use vaccines supplied under a contract entered into under Article 20C.

Article 9 inserts Articles 20C and 20D in the 1967 Law. Article 20C authorizes the Minister to enter into contracts for the supply of vaccines and the amendment made by *Article 10* has the effect that such contracts would be paid out of the Health Insurance Fund. Article 20D would enable the States to make future amendments to Part 3A of the 1967 Law by Regulations.

Article 11 amends the heading to Part 5 of the 1967 Law, consequentially upon the amendments made by *Article 12*.

Article 12 amends Article 26 of the 1967 Law for purposes connected with the approval of dentists, opticians and prescribing practitioners by the Minister. The Minister is empowered to make an Order – (a) regarding the approval of dentists, opticians and prescribing practitioners and the conditions of approval; and (b) specifying grounds on which approval must be restricted, suspended, restored or withdrawn.

Article 13 amends Article 27 of the 1967 Law, being the power to take disciplinary proceedings where an approved practitioner's conduct has been prejudicial to the efficient administration of the 1967 Law or has been such as to cause an unreasonable charge on the 1967 Law. Firstly, the power to take proceedings is extended to approved prescribing practitioners. Secondly, the power of the Health Services Disciplinary Tribunal to make recommendations to the Minister regarding the disciplinary action to be taken against an approved practitioner is widened. Currently, that Tribunal has only 2 options: to recommend that the person's approval is withdrawn or, if the person has created an unreasonable charge on the Health Insurance Fund, to recommend that the person be required to reimburse the fund. Further options are added – to recommend that the practitioner's approval is restricted or made subject to additional conditions. As now, the practitioner has a right of appeal to the Inferior Number of the Royal Court against a decision of the Minister (made on the Tribunal's recommendation) to restrict a practitioner's approval or make it subject to additional conditions.

Article 14 inserts Article 27AA in the 1967 Law. The purpose and effect is similar to that of *Article 5*, in that it provides for the constitution and administration of the Health Services Disciplinary Tribunal to be determined by Order of the Minister. Currently, those arrangements are set out in Schedule 2 to the 1967 Law, which is repealed by *Article 16*.

Article 15 amends Article 27B of the 1967 Law to enable the States to amend Part 5A of the 1967 Law and associated enactments for the purpose of establishing performers lists for prescribing practitioners.

Article 16 repeals Schedules 1 and 2 to the 1967 Law, in connection with *Articles 5 and 14*.

Article 17 amends the long title to the 1967 Law, to reflect the fact that provision may be made under the 1967 Law, as amended, for the governance of approved dentists and approved prescribing practitioners, to the extent that they are writing prescriptions for which pharmaceutical benefit is paid.

Article 18 provides for the citation and commencement of this Law. It also makes a transitional provision to enable dentists who are registered, but not approved, to continue writing prescriptions for which pharmaceutical benefit is paid until 3 months have expired following the commencement of an Order, made under Article 26 of the 1967 Law as amended by this Law, making provision for the approval of dentists.



Jersey

DRAFT HEALTH INSURANCE (AMENDMENT No. 15) (JERSEY) LAW 201-

Arrangement

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Jersey

DRAFT HEALTH INSURANCE (AMENDMENT No. 15) (JERSEY) LAW 201-

A LAW to amend further the Health Insurance (Jersey) Law 1967

Adopted by the States [date to be inserted]

Sanctioned by Order of Her Majesty in Council [date to be inserted]

Registered by the Royal Court [date to be inserted]

THE STATES, subject to the sanction of Her Most Excellent Majesty in Council, have adopted the following Law –

1 Interpretation

In this Law (except Article 18) a reference to an Article or a Part, or to a Schedule, is a reference to the Article or Part of that number in, or the Schedule of that number to, the Health Insurance (Jersey) Law 1967².

2 Article 1 amended

In Article 1(1) –

- (a) after the definition “approved optician” there shall be inserted the following definition –
“ ‘approved prescribing practitioner’ means a prescribing practitioner for the time being approved under Article 26;”;
- (b) for the definition “dentist” there shall be substituted the following definition –
“ ‘dentist’ has the same meaning as ‘registered dentist’ in the Dentistry (Jersey) Law 2015³;”;
- (c) in the definition “Health Services Disciplinary Tribunal” for the words “Schedule 2 to this Law” there shall be substituted the words “Article 27AA”;
- (d) in the definition “Pharmaceutical Benefit Advisory Committee”, for the words “Schedule 1” there shall be substituted the words “Article 15A”;

- (e) after the definition “prescribed” there shall be inserted the following definition –

“ ‘prescribing practitioner’ means a person of a class specified by Order made under Article 57(1) of the Medicines (Jersey) Law 1995⁴, but does not include a veterinary surgeon;”.

3 Article 10 amended

In Article 10(2) the words “and Article 20A” shall be deleted.

4 Article 15 amended

In Article 15 –

- (a) for paragraph (1) there shall be substituted the following paragraph –

“(1) For the purposes of this Law ‘pharmaceutical benefit’ means, in relation to an approved medical practitioner, an approved dentist or an approved prescribing practitioner, any medicine, drug, appliance or material for the time being approved under this Article.”;

- (b) in paragraph (2) for the words “an approved medical practitioner, an approved dentist or a registered dentist.” there shall be substituted the words “an approved medical practitioner, an approved dentist or an approved prescribing practitioner.”;

- (c) after paragraph (2) there shall be inserted the following paragraph –

“(2A) A prescription for pharmaceutical benefit must only be given for treatment that is proper and necessary.”;

- (d) in paragraph (3) for the words “An approved medical practitioner, an approved dentist or a registered dentist” there shall be substituted the words “An approved medical practitioner, an approved dentist or an approved prescribing practitioner”;

- (e) paragraph (4) shall be deleted;

- (f) for paragraph (9) there shall be substituted the following paragraph –

“(9) The Minister shall by Order make provision for the remuneration of approved suppliers in respect of pharmaceutical benefit supplied by them in accordance with this Law and any such Order may –

- (a) specify the terms and conditions subject to which pharmaceutical benefit shall be supplied;
- (b) specify the terms and conditions subject to which payment for pharmaceutical benefit supplied by approved suppliers will be made; and
- (c) without prejudice to the generality of the power to prescribe terms and conditions under Article 26(2) and (3), require an approved supplier to make returns of information to the Minister, for the purposes of the administration of this Law, regarding the supply of pharmaceutical benefit.”;

- (g) for paragraph (11)(b) there shall be substituted the following subparagraph –
- “(b) in so approving them, may make different provision for the medicines, drugs, appliances and materials that may be prescribed by, respectively, approved medical practitioners, approved dentists and approved prescribing practitioners as items of pharmaceutical benefit; and”;
- (h) for paragraphs (13) and (14) there shall be substituted the following paragraphs –
- “(13) The Minister shall keep a list of items of pharmaceutical benefit.
- (14) The Minister shall –
- (a) keep the list of items of pharmaceutical benefit open, at all reasonable times, to the inspection of any person, without fee; and
- (b) publish that list in such manner as makes it generally accessible to the public.”;
- (i) paragraph (15) shall be deleted.

5 Article 15A inserted

After Article 15 there shall be inserted the following Article –

“15A Pharmaceutical Benefit Advisory Committee

- (1) The Minister shall, by Order, establish a Pharmaceutical Benefit Advisory Committee.
- (2) An Order made under this Article shall provide for –
- (a) the constitution of the Committee;
- (b) the appointment, term of office, retirement and removal of its members, including its chairman and any deputy chairmen;
- (c) the eligibility of persons for appointment as a member;
- (d) the circumstances in which persons are disqualified for being a member.
- (3) An Order made under this Article may provide for the conduct of proceedings of the Committee.
- (4) An Order made under this Article may contain savings and transitional provisions.
- (5) Subject to the requirements of an Order made under this Article and the requirements of any other enactment, the Committee shall determine its own proceedings.
- (6) The Minister shall provide secretarial support to the Committee.”.

6 Article 16 amended

- (1) In the heading to Article 16 for the words “or approved dentists” there shall be substituted the words “approved dentists or approved prescribing practitioners”.
- (2) In Article 16 for the words “and approved dentists” there shall be substituted the words “, approved dentists and approved prescribing practitioners”.

7 Article 20A amended

In Article 20A(a) after the words “a general medical practice” there shall be inserted the words “or of a person lawfully conducting a retail pharmacy business”.

8 Article 20B amended

After Article 20B(3)(d) there shall be inserted the following sub-paragraph –

“(da) require the contractor to use vaccines supplied under a contract entered into under Article 20C, where a medical service to which the contract applies is the administration of vaccines;”.

9 Articles 20C and 20D inserted

After Article 20B there shall be inserted the following Articles –

“20C Supply of vaccines – contracts

The Minister may enter into contracts for the supply of vaccines.

20D Regulations

The States may, by Regulations, amend this Part.”.

10 Article 21 amended

In Article 21(1A)(a) for the words “Article 20B” there shall be substituted the words “Part 3A”.

11 Heading to Part 5 amended

In the heading to Part 5 after the word “OPTICIANS” there shall be inserted the words “, PRESCRIBING PRACTITIONERS”.

12 Article 26 amended

- (1) In the heading to Article 26 after the word “opticians” there shall be inserted the words “, prescribing practitioners”.

- (2) In Article 26 –
- (a) paragraph (1) shall be deleted;
 - (b) after paragraph (1D) there shall be inserted the following paragraphs –
 - “(1E) The Minister shall approve, for the purposes of this Law, every dentist, every optician and every prescribing practitioner who –
 - (a) applies for such approval in the prescribed manner; and
 - (b) satisfies the prescribed conditions for such approval.
 - (1F) The conditions for approval prescribed under paragraph (1E)(b) may relate to any matter including (by way of example and not by way of limitation) –
 - (a) the terms on which the dentist, optician or prescribing practitioner is working;
 - (b) the nature of the entity in which or for which he or she is working;
 - (c) the nature of the work being undertaken, or service provided, by him or her; and
 - (d) whether he or she is approved for the purposes of this Law in another capacity.
 - (1G) The Minister may further prescribe –
 - (a) conditions with which any dentist, optician or prescribing practitioner must comply whilst approved for the purposes of this Law;
 - (b) circumstances in which such approval shall be restricted, suspended, withdrawn or restored.
 - (1H) An Order made under paragraph (1G)(b) prescribing mandatory grounds for restricting, suspending, withdrawing or restoring approval does not derogate from the discretionary powers conferred by Article 27.”;
 - (c) in paragraph (4) for the words “dentists, opticians and suppliers” there shall be substituted the words “approved dentists, approved opticians, approved prescribing practitioners and approved suppliers”.

13 Article 27 amended

In Article 27 –

- (a) in paragraph (1) –
 - (i) after the words “approved optician” there shall be inserted the words “, approved prescribing practitioner”,
 - (ii) for the words beginning “if of the opinion that the representation is well-founded,” and ending “the conduct aforesaid.” there shall be substituted the words “if of the opinion that the representation is well founded, shall make a recommendation to the Minister.”;

- (b) after paragraph (1) there shall be inserted the following paragraph –
- “(1A) The Health Services Disciplinary Tribunal may make a recommendation –
- (a) in every case, that the approval of the practitioner is withdrawn, restricted or made subject to conditions in addition to any imposed under or by virtue of Article 26; and
 - (b) in the case of a representation that the conduct of the practitioner has been such as to create an unreasonable charge on the Health Insurance Fund, that the practitioner be required to pay into the Fund an amount not exceeding the amount estimated by the said Tribunal to be that of the additional charges imposed on the Fund by reason of the conduct aforesaid.”;

(c) for paragraph (2) there shall be substituted the following paragraphs –

“(2) Where the Health Services Disciplinary Tribunal recommends to the Minister that the approval of a practitioner should be withdrawn, restricted or made subject to additional conditions, the Minister may withdraw or restrict such approval, or make it subject to additional conditions, either for a definite or an indefinite period.

(2A) The Minister may, at any time, if of the opinion that it is proper and equitable to do so –

 - (a) restore an approval withdrawn under paragraph (2);
 - (b) remove a restriction imposed on an approval under paragraph (2);
 - (c) remove any additional condition imposed under paragraph (2).”;

(d) in paragraph (4) for the word “withdrawn” there shall be substituted the words “withdrawn, restricted or made subject to additional conditions”.

14 Article 27AA inserted

After Article 27 there shall be inserted the following Article –

“27AA Health Services Disciplinary Tribunal

- (1) The Minister shall, by Order, establish a Health Services Disciplinary Tribunal.
- (2) An Order made under this Article shall provide for –
 - (a) the constitution of the Tribunal;
 - (b) the appointment, term of office, retirement and removal of its members, including its chairman and any deputy chairmen;
 - (c) the eligibility of persons for appointment as a member;
 - (d) the circumstances in which persons are disqualified for being a member.

- (3) Subject to the requirements of an Order made under Article 27(7) and the requirements of any other enactment, the Tribunal shall determine its own proceedings.
- (4) An Order made under this Article may contain savings and transitional provisions.
- (5) The Minister shall provide secretarial support to the Tribunal.”.

15 Article 27B amended

In Article 27B –

- (a) in paragraph (1) after the word “pharmacists,” there shall be inserted the words “prescribing practitioners,”;
- (b) in paragraph (2) after the words “Dentists (Registration) (Jersey) Law 1961⁵,” there shall be inserted the words “the Medical Practitioners (Registration) (Jersey) Law 1960⁶,”.

16 Schedules 1 and 2 repealed

- (1) Schedule 1 is repealed.
- (2) Schedule 2 is repealed.

17 Long title amended – governance

In the long title to the Health Insurance (Jersey) Law 1967⁷, after the words “providing a service” there shall be inserted the words “or writing a prescription for pharmaceutical supplies”.

18 Citation, commencement and transitional arrangement

- (1) This Law may be cited as the Health Insurance (Amendment No. 15) (Jersey) Law 201-.
- (2) Article 16(1) shall come into force on the same day as the first Order made under Article 15A of the Health Insurance (Jersey) Law 1967.
- (3) Article 16(2) shall come into force on the same day as the first Order made under Article 27AA of the Health Insurance (Jersey) Law 1967.
- (4) The remaining provisions of this Law shall come into force 7 days after this Law is registered.
- (5) Notwithstanding the amendments made by this Law removing provision from the Health Insurance (Jersey) Law 1967 for the payment of pharmaceutical benefit for a prescription given by a dentist who is registered, but not approved, under that Law –
 - (a) pharmaceutical benefit shall continue to be paid for such a prescription; and
 - (b) such a dentist who gives such a prescription shall continue to be liable to disciplinary proceedings, in accordance with Article 15(4)

of the Health Insurance (Jersey) Law 1967 as it was in force immediately before the commencement of Article 4 of this Law, until the expiry of 3 months following the commencement of an Order made under Article 26 of the Health Insurance (Jersey) Law 1967 in respect of the approval of dentists.

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- 2 *chapter 26.500*
 - 3 *L.17/2015*
 - 4 *chapter 20.625*
 - 5 *chapter 20.100*
 - 6 *chapter 20.600*
 - 7 *chapter 26.500*