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THE PRESIDENCY

No. 4826 **16 May 2024**

It is hereby notified that the President has assented to the following Act, which is hereby published for general information:—

Act No. 20 of 2023: National Health Insurance, Act 2023

DIE PRESIDENSIE

No. 4826 **16 Mei 2024**

Hierby word bekend gemaak dat die President sy goedkeuring geheg het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word:—

Wet No. 20 van 2023: Wet op Nasionale Gesondheidsversekering, 2023

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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

GENERAL EXPLANATORY NOTE:

- [] Words in bold type in square brackets indicate omissions from existing enactments.
- Words underlined with a solid line indicate insertions in existing enactments.

*(English text signed by the President)
(Assented to on 15 May 2024)*

ACT

To achieve universal access to quality health care services in the Republic in accordance with section 27 of the Constitution; to establish a National Health Insurance Fund and to set out its powers, functions and governance structures; to provide a framework for the strategic purchasing of health care services by the Fund on behalf of users; to create mechanisms for the equitable, effective and efficient utilisation of the resources of the Fund to meet the health needs of the population; to preclude or limit undesirable, unethical and unlawful practices in relation to the Fund and its users; and to provide for matters connected herewith.

PREAMBLE**RECOGNISING—**

- the socio-economic injustices, imbalances and inequities of the past;
- the need to heal the divisions of the past and to establish a society based on democratic values, social justice and fundamental human rights; and
- the need to improve the quality of life of all citizens and to free the potential of each person;

BEARING IN MIND THAT—

- article 12 of the United Nations Covenant on Economic, Social and Cultural Rights, 1966, provides for the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
- article 16 of the African Charter on Human and People's Rights, 1981, provides for the right to enjoy the best attainable state of physical and mental health, and requires States Parties to take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick;
- the rights to equality and human dignity are enshrined in the Constitution in sections 9 and 10, respectively;
- the right to bodily and psychological integrity is entrenched in section 12(2) of the Constitution;
- in terms of section 27(1)(a) of the Constitution everyone has the right to have access to health care services, including reproductive health care;

ALGEMENE VERDUIDELIKENDE NOTA:

- [] Woorde in vetdruk tussen vierkantige hakies dui skrapings uit bestaande verordenings aan.
- _____ Woorde met 'n volstreep daaronder dui invoegings in bestaande verordenings aan.

(Engelse teks deur die President geteken)
(Goedgekeur op 15 Mei 2024)

WET

Ter bereiking van universele toegang tot gehalte gesondheidsorgdienste in die Republiek ooreenkomstig artikel 27 van die Grondwet; om 'n Nasionale Gesondheidsversekeringsfonds te stig en die bevoegdhede, werksaamhede en beheerstrukture daarvan uiteen te sit; om 'n raamwerk vir die strategiese aankoop van gesondheidsorgdienste namens gebruikers deur die Fonds te voorsien; om meganismes te skep vir die gelyke, doeltreffende en effektiewe benutting van die hulpbronne van die Fonds om aan die gesondheidsbehoefte van die bevolking te voldoen; om ongewenste, onetiese en onwettige praktyke in verband met die Fonds en die gebruikers daarvan te voorkom of te beperk; en om voorsiening te maak vir aangeleenthede wat daarmee in verband staan.

AANHEF**IN ERKENNING VAN—**

- die sosio-ekonomiese ongeregtigheid, wanbalanse en ongelykheid van die verlede;
- die behoefte om die skeidings van die verlede te genees en 'n samelewing te vestig wat op demokratiese waardes, maatskaplike geregtigheid en fundamentele menseregte gegrond is; en
- die behoefte om die lewensgehalte van alle burgers te verbeter en die potensiaal van elke persoon vry te stel;

GEDAGTIG DAARAAN DAT—

- artikel 12 van die Verenigde Nasies se verdrag oor ekonomiese, maatskaplike en kulturele regte, 1966, voorsiening maak vir almal se reg op die hoogste bereikbare standaard van fisiese en geestesgesondheid;
- artikel 16 van die Afrika-verdrag oor Mense- en Volkeregte, 1981, voorsiening maak vir die reg om die beste haalbare staat van fisiese en geestesgesondheid te geniet, en vereis dat Staatspartye die nodige stappe doen om die gesondheid van hul mense te beskerm en om te verseker dat hulle mediese aandag ontvang wanneer hulle siek is;
- die regte op gelykheid en menswaardigheid, onderskeidelik, in artikels 9 en 10 van die Grondwet vasgelê is;
- die reg op liggaamlike en sielkundige integriteit in artikel 12(2) van die Grondwet vasgelê is;
- almal ingevolge artikel 27(1)(a) van die Grondwet die reg op toegang tot gesondheidsorgdienste, met inbegrip van reprodktiewe gesondheidsorg, het;

- in terms of section 27(2) of the Constitution the State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to health care services;
- in terms of section 27(3) of the Constitution no one may be refused emergency medical treatment; and
- section 28(1)(c) of the Constitution provides that every child has the right to basic health care services;

AND IN ORDER TO—

- achieve the progressive realisation of the right of access to quality personal health care services;
- make progress towards achieving Universal Health Coverage;
- ensure financial protection from the costs of health care and provide access to quality health care services by pooling public revenue in order to actively and strategically purchase health care services based on the principles of universality and social solidarity;
- create a single framework throughout the Republic for the public funding and public purchasing of health care services, medicines, health goods and health related products, and to eliminate the fragmentation of health care funding in the Republic;
- promote sustainable, equitable, appropriate, efficient and effective public funding for the purchasing of health care services and the procurement of medicines, health goods and health related products from service providers within the context of the national health system; and
- ensure continuity and portability of financing and services throughout the Republic,

BE IT THEREFORE ENACTED by the Parliament of the Republic of South Africa, as follows:—

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- die Staat ingevolge artikel 27(2) van die Grondwet redelike wetgewende en ander maatreëls, binne beskikbare hulpbronne, moet instel om die progressiewe verwesenliking van die reg op toegang tot gesondheidsorgdienste te bereik;
- ingevolge artikel 27(3) van die Grondwet, mediese noodbehandeling aan niemand geweier mag word nie; en
- artikel 28(1)(c) van die Grondwet bepaal dat elke kind die reg op basiese gesondheidsorgdienste het;

EN TEN EINDE—

- die progressiewe verwesenliking van die reg op toegang tot gehalte persoonlike gesondheidsorgdienste te bereik;
- vordering te maak in die bereiking van Universele Gesondheidsdekking;
- finansiële beskerming van die koste van gesondheidsorg te verseker en toegang tot gehalte gesondheidsorgdienste te voorsien deur staatsinkomste saam te voeg ten einde aktief en strategies gesondheidsorgdienste gegrond op die beginsels van universaliteit en sosiale solidariteit aan te koop;
- 'n enkele raamwerk dwarsdeur die Republiek te skep vir die staatsfinansiering en openbare aankoop van gesondheidsorgdienste, medisyne, gesondheidsgoedere en gesondheidsverwante produkte, en om gefragmenteerde gesondheidsorgfinansiering in die Republiek te elimineer;
- volhoubare, billike, gepaste, doelmatige en doeltreffende openbare finansiering vir die aankoop van gesondheidsorgdienste en die verkryging van medisyne, gesondheidsgoedere en gesondheidsverwante produkte van diensverskaffers binne die nasionale gesondheidstelsel te bevorder; en
- kontinuïteit en verplaasbaarheid van finansiering en dienste regdeur die Republiek te verseker,

DERHALWE verorden die Parlement van die Republiek van Suid-Afrika, soos volg:—

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Definitions

1. In this Act, unless the context indicates otherwise—
- “**accredited**” means to be in possession of a valid certificate of accreditation from the Fund as issued in terms of section 39;
- “**ambulance services**” means ambulance services as contemplated in Part A of Schedule 5 to the Constitution; 25
- “**Appeal Tribunal**” means the Appeal Tribunal established by section 44;
- “**asylum seeker**” has the meaning ascribed to it in section 1 of the Refugees Act;
- “**basic health care services**” means services provided by health care service providers which are essential for maintaining good health and preventing serious health problems including preventative services, primary health care, emergency medical services, diagnostic services, treatment services and rehabilitation services; 30
- “**Benefits Advisory Committee**” means the Benefits Advisory Committee established in terms of section 25; 35
- “**Board**” means the Board of the Fund established by section 12;
- “**central hospital**” means a public hospital designated as such by the Minister as a national resource to provide health care services to all residents, irrespective of the province in which they are located, and that must serve as a centre of excellence for conducting research and training of health workers; 40
- “**certified**”, in respect of a health establishment, means to be in possession of a valid certificate issued by the Office of Health Standards Compliance as provided for in the National Health Act;
- “**Chief Executive Officer**” means the person appointed in terms of section 19;
- “**child**” means a person under the age of 18 years as defined in section 28(3) of the Constitution; 45
- “**complementary cover**” means third party payment for personal health care service benefits not reimbursed by the Fund, including any top up cover offered by medical schemes registered in terms of the Medical Schemes Act or any other voluntary private health insurance fund; 50
- “**comprehensive health care services**” means health care services that are managed so as to ensure a continuum of health promotion, disease prevention, diagnosis, treatment and management, rehabilitation and palliative care services across the different levels and sites of care within the health system in accordance with the needs of users; 55
- “**Constitution**” means the Constitution of the Republic of South Africa, 1996;
- “**Contracting Unit for Primary Health Care**” means a Contracting Unit for Primary Health Care referred to in section 37;

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1. In hierdie Wet, tensy dit uit die samehang anders blyk, beteken—
- “**aanvullende dekking**” derdepartydekking vir persoonlike gesondheidsorgvoordele wat nie deur die Fonds terugbetaal word nie, met inbegrip van enige opvuldekking wat aangebied word deur mediese skemas wat ingevolge die Wet op Mediese Skemas geregistreer is of enige ander vrywillige, private gesondheidsorgfondse;
- “**ambulansdienste**” ambulansdienste soos in Deel A van Bylae 5 by die Grondwet beoog;
- “**Appèltribunaal**” die Appèltribunaal deur artikel 44 ingestel;
- “**asielversoeker**” dit wat in artikel 1 van die Wet op Vlugteling daaraan toegeskryf word;
- “**basiese gesondheidsorgdienste**” dienste verskaf deur gesondheidsorgdiensverskaffers wat noodsaaklik is vir die handhawing van goeie gesondheid en die voorkoming van ernstige gesondheidsprobleme, insluitend voorkomende dienste, primêre gesondheidsorg, mediese nooddienste, diagnostiese dienste, behandelingsdienste en rehabilitasiedienste;
- “**boekjaar**” ’n boekjaar soos in artikel 1 van die Wet op Finansiële Bestuur omskryf;
- “**Departement**” die Nasionale Departement van Gesondheid ingevolge die Staatsdienswet, 1994 (Proklamasie No. 103 van 1994), ingestel;
- “**Distrikskantoor vir Gesondheidsbestuur**” ’n Distrikskantoor vir Gesondheidsbestuur soos in artikel 36 bedoel;
- “**Formularium**” die Formularium en die samestelling daarvan in artikel 38(4) bedoel;
- “**Fonds**” die Nasionale Gesondheidsversekeringsfonds by artikel 9 ingestel;
- “**geakkrediteer**” om in besit van ’n geldige akkreditasiesertifikaat van die Fonds te wees wat ingevolge artikel 39 uitgereik is;
- “**gebruiker**” ’n persoon wat ingevolge artikel 5 as ’n gebruiker geregistreer is
- “**gesertifiseer**”, ten opsigte van ’n gesondheidsinstelling, om in besit te wees van ’n geldige sertifikaat wat uitgereik is deur die Kantoor vir Voldoening aan Gesondheidstandaarde soos in die “National Health Act” bepaal;
- “**gesondheidsgoedere**”, ten opsigte van die lewering van gesondheidsorgdienste, ook mediese toerusting, mediese toestelle en voorrade, gesondheidstegnologie of gesondheidsnavorsing in wat bestem is vir gebruik of verbruik deur, toediening aan, of vir die bevordering, bewaring, diagnose of verbetering van, die gesondheidsstatus van ’n mens;
- “**gesondheidsinstelling**” ’n “health establishment” soos in artikel 1 van die “National Health Act” omskryf;

- “**Department**” means the National Department of Health established in terms of the Public Service Act, 1994 (Proclamation No. 103 of 1994);
- “**District Health Management Office**” means a District Health Management Office referred to in section 36;
- “**emergency medical services**” means services provided by any private or public entity dedicated, staffed and equipped to offer acute medical treatment and transport of the ill or injured; 5
- “**financial year**” means a financial year as defined in section 1 of the Public Finance Management Act;
- “**Formulary**” means the Formulary and its composition referred to in section 38(4); 10
- “**Fund**” means the National Health Insurance Fund established by section 9;
- “**health care service**” means—
- (a) health care services, including reproductive health care and emergency medical treatment, contemplated in section 27 of the Constitution; 15
 - (b) basic nutrition and basic health care services contemplated in section 28(1)(c) of the Constitution;
 - (c) medical treatment contemplated in section 35(2)(e) of the Constitution; and
 - (d) where applicable, provincial, district and municipal health care services;
- “**health care service provider**” means a natural or juristic person in the public or private sector providing health care services in terms of any law; 20
- “**health establishment**” means a health establishment as defined in section 1 of the National Health Act;
- “**health goods**”, in respect of the delivery of health care services, includes medical equipment, medical devices and supplies, health technology or health research intended for use or consumption by, application to, or for the promotion, preservation, diagnosis or improvement of, the health status of a human being; 25
- “**health product**” means a product regulated in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), the Hazardous Substances Act, 1973 (Act No. 15 of 1973), the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), or any other product regulated by a law governing its quality, efficacy or performance and used in the provision of health care services; 30
- “**health related product**” means any commodity other than orthodox medicine, complementary medicine, veterinary medicine, medical device or scheduled substance which is produced by human effort or some mechanical, chemical, electrical or other human engineering process for medicinal purposes or other preventive, curative, therapeutic or diagnostic purposes in connection with human health; 35
- “**health research**” means health research as defined in section 1 of the National Health Act; 40
- “**hospital**” means a health establishment which is classified as a hospital by the Minister in terms of section 35 of the National Health Act;
- “**Immigration Act**” means the Immigration Act, 2002 (Act No. 13 of 2002);
- “**mandatory prepayment**” means compulsory payment for health services before they are needed in accordance with income levels; 45
- “**medical scheme**” means a medical scheme as defined in the Medical Schemes Act;
- “**Medical Schemes Act**” means the Medical Schemes Act, 1998 (Act No. 131 of 1998);
- “**medicine**” means medicine as defined in section 1 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965); 50
- “**Minister**” means the Cabinet member responsible for health;
- “**National Health Act**” means the National Health Act, 2003 (Act No. 61 of 2003);
- “**national health system**” has the meaning ascribed to it in section 1 of the National Health Act; 55
- “**Office of Health Standards Compliance**” means the Office of Health Standards Compliance established by section 77 of the National Health Act;
- “**permanent resident**” means a person having permanent residence status in terms of the Immigration Act;
- “**personal information**” means personal information as defined in section 1 of the Promotion of Access to Information Act; 60

- “**gesondheidsnavorsing**” “health research” soos in artikel 1 van die “National Health Act” omskryf;
- “**gesondheidsorgdiens**” beteken—
- (a) gesondheidsorgdienste, met inbegrip van reprodktiewe gesondheidsorg en mediese noodbehandeling, in artikel 27 van die Grondwet beoog; 5
- (b) basiese voeding en basiese gesondheidsorgdienste in artikel 28(1)(c) van die Grondwet beoog;
- (c) mediese behandeling in artikel 35(2)(e) van die Grondwet bedoel; en
- (d) waar van toepassing, provinsiale, distriks- en munisipale gesondheidsorgdienste; 10
- “**gesondheidsorgdiensverskaffer**” ’n natuurlike of regs persoon in die openbare of private sektor wat ingevolge enige wet gesondheidsorgdienste voorsien;
- “**gesondheidsproduk**” ’n produk ingevolge die Wet op Medisyne en Verwante Stowwe, 1965 (Wet No. 101 van 1965), die Wet op Gevaarhoudende Stowwe, 1973 (Wet No. 15 van 1973), Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), of enige produk wat gereguleer word deur ’n wetsbepaling wat die gehalte, doeltreffendheid of werksverrigting daarvan beheer en wat gebruik word in die voorsiening van gesondheidsorgdienste; 15
- “**gesondheidsverwante produk**” enige kommoditeit behalwe ortodokse medisyne, aanvullende medisyne, veeartsenykunde medisyne, mediese toestel of geskeduleerde stof wat deur menslike inspanning of een of ander meganiese, chemiese, elektriese of ander menslike ingenieursproses vir medisinale doeleindes of ander voorkomende, genesende, terapeutiese of diagnostiese doeleindes in verband met menslike gesondheid vervaardig; 20
- “**Grondwet**” die Grondwet van die Republiek van Suid-Afrika, 1996; 25
- “**hierdie Wet**” ook enige regulasies gepromulgeer, voorskrif of reël gemaak of kennisgewing uitgereik deur die Minister en voorskrif deur die Fonds uitgereik ingevolge hierdie Wet;
- “**Hoof- Uitvoerende Beampte**” die persoon wat ingevolge artikel 19 aangestel is;
- “**hospitaal**” ’n gesondheidsinstelling wat deur die Minister as ’n hospitaal geklassifiseer is ingevolge artikel 35 van die “National Health Act”; 30
- “**Immigration Act**” die “Immigration Act, 2002” (Wet No. 13 van 2002);
- “**Kantoor vir Nakoming van Gesondheidsstandaarde**” die Kantoor vir Nakoming van Gesondheidsstandaarde deur artikel 77 van die “National Health Act” ingestel; 35
- “**kind**” ’n persoon onder die ouderdom van 18 jaar soos in artikel 28(3) van die Grondwet omskryf;
- “**Kontrakterende Eenheid vir Primêre Gesondheidsorg**” ’n Kontrakterende Eenheid vir Primêre Gesondheidsorg in artikel 37 bedoel;
- “**maatskaplike solidariteit**” die verskaffing van finansiële risikopool om kruissubsidiëring tussen jonk en oud, die rykes en die armes en die gesondes en die siekes moontlik te maak; 40
- “**mediese nooddienste**” dienste deur enige private of staatsentiteit voorsien wat toegewy, beman en toegerus is om akute mediese behandeling en vervoer aan siek of beseerde persone te voorsien; 45
- “**mediese skema**” ’n mediese skema soos in die Wet op Mediese Skemas omskryf;
- “**medisyne**” medisyne soos in die Wet op Medisyne en Verwante Stowwe, 1965 (Wet No. 101 van 1965), omskryf;
- “**Minister**” die Kabinetslid verantwoordelik vir gesondheid;
- “**nasionale gesondheidstelsel**” die “national health system” soos in artikel 1 van die “National Health Act” omskryf; 50
- “**National Health Act**” die “National Health Act, 2003” (Wet No. 61 van 2003);
- “**omvattende gesondheidsorgdienste**” gesondheidsorgdienste wat bestuur word sodat ’n kontinuum van gesondheidsbevordering, siektevoorkoming, diagnose, behandeling en bestuur, rehabilitasie en palliatiewe sorgdienste oor die verskillende vlakke en terreine van sorg binne die gesondheidstelsel in ooreenstemming met die behoeftes van gebruikers verseker word; 55
- “**openbare entiteit**” ’n nasionale openbare entiteit soos weerspieël in Bylae 3 van die Wet op Openbare Finansiële Bestuur;
- “**permanente inwoner**” ’n persoon wat permanente verblyfstatus ingevolge die “Immigration Act” het; 60
- “**persoonlike inligting**” inligting soos omskryf in artikel 1 van die Wet op Bevordering van Toegang tot Inligting;

- “**pooling of funds**” means the aggregation of financial resources for the purpose of spreading the risk across the population so that individual users can access health services without financial risk;
- “**prescribed**” means prescribed by regulation made under section 55;
- “**primary health care**” means addressing the main health problems in the community through providing promotive, preventive, curative and rehabilitative services and—
- (a) is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process; and
- (b) in the public health sector, is the clinic, and in the private health sector, is the general practitioner, primary care nursing professional, primary care dental professional and primary allied health professional, through multi-disciplinary practices;
- “**procurement**” has the meaning ascribed to it in section 217(1) of the Constitution;
- “**Promotion of Access to Information Act**” means the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000);
- “**provider payment**” means the payment to providers in a way that creates appropriate incentives for efficiency in the provision of quality and accessible health care services using a uniform reimbursement strategy;
- “**public entity**” means a national public entity as reflected in Schedule 3 to the Public Finance Management Act;
- “**Public Finance Management Act**” means the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- “**referral**” means the transfer of a user to an appropriate health establishment in terms of section 44(2) of the National Health Act;
- “**refugee**” has the meaning ascribed to it in section 1 of the Refugees Act;
- “**Refugees Act**” means the Refugees Act, 1998 (Act No. 130 of 1998);
- “**Republic**” means the Republic of South Africa;
- “**social solidarity**” means providing financial risk pooling to enable cross-subsidisation between the young and the old, the rich and the poor and the healthy and the sick;
- “**strategic purchasing**” means the active purchasing of health care services by the pooling of funds and the purchasing of comprehensive health care services from accredited and contracted providers on behalf of the population;
- “**supplier**” means a natural or juristic person in the public or private sector providing goods and services other than personal health care services;
- “**this Act**” includes any regulation promulgated, directive or rule made or notice issued by the Minister and directive issued by the Fund in terms of this Act; and
- “**user**” means a person registered as a user in terms of section 5.

Chapter 1

PURPOSE AND APPLICATION OF ACT

Purpose of Act 45

2. The purpose of this Act is to establish and maintain a National Health Insurance Fund in the Republic funded through mandatory prepayment that aims to achieve sustainable and affordable universal access to quality health care services by—
- (a) serving as the single purchaser and single payer of health care services in order to ensure the equitable and fair distribution and use of health care services;
- (b) ensuring the sustainability of funding for health care services within the Republic; and

- “primêre gesondheidsorg”** die behandeling van die hoofgesondheidsprobleme in die gemeenskap deur bevorderende, voorkomende, kuratiewe en rehabilitatiewe dienste te verskaf en—
- (a) is die eerste vlak van kontak van individue, die gesin en gemeenskap met die nasionale gesondheidstelsel, wat gesondheidsorg so na as moontlik bring aan waar mense woon en werk, en vorm die eerste element van ’n voortgesette gesondheidsorgproses; en 5
- (b) in die openbare gesondheidssektor, is die kliniek, en in die private gesondheidssektor, is die algemene praktisyn, primêre sorg-verpleegkundige, professionele primêre sorg-tandheelkundige, professionele en primêre verwante gesondheidswerker, deur multi-dissiplinêre praktyke; 10
- “Raad”** die Raad van die Fonds deur artikel 12 ingestel;
- “Raadgewende Komitee oor Voordele”** die Raadgewende Komitee oor Voordele wat ingevolge artikel 25 ingestel is;
- “Republiek”** die Republiek van Suid-Afrika; 15
- “samevoeging van fondse”** die samevoeging van finansiële hulpbronne met die doel om die risiko oor die bevolking te versprei sodat individuele gebruikers sonder finansiële risiko toegang tot gesondheidsdienste kan verkry;
- “sentrale hospitaal”** ’n staatshospitaal as sodanig deur die Minister aangewys as ’n nasionale hulpbron om gesondheidsorgdienste aan alle inwoners te voorsien, ongeag van die provinsie waar hulle hulself bevind, en wat as ’n sentrum van uitmuntendheid moet dien vir die doen van navorsing en vir die opleiding van gesondheidswerkers; 20
- “strategiese aankope”** die aktiewe aankoop van gesondheidsorgdienste deur die samevoeging van fondse en die aankoop van omvattende gesondheidsorgdienste van geakkrediteerde en gekontrakteerde verskaffers namens die bevolking; 25
- “verkryging”** dit wat in artikel 217(1) van die Grondwet daaraan toegeskryf word;
- “verpligte voorafbetaling”** verpligte betaling ooreenkomstig inkomstevlakke vir gesondheidsdienste voordat dit benodig word;
- “verskaffer”** ’n natuurlike persoon of regspersoon in die openbare of private sektor wat goedere en dienste anders as persoonlike gesondheidsorgdienste verskaf; 30
- “verskafferbetaling”** die betaling aan verskaffers op ’n manier wat toepaslike aansporings skep vir doeltreffendheid in die verskaffing van gehalte en toeganklike gesondheidsorgdienste deur ’n eenvormige terugbetalingstrategie te gebruik; 35
- “verwysing”** die oorplasing van ’n gebruiker na ’n gepaste gesondheidsinstelling ingevolge artikel 44(2) van die “National Health Act”;
- “vlugteling”** dit wat in artikel 1 van die Wet op Vlugteling daaraan toegeskryf word;
- “voorgeskrif”** voorgeskryf deur ’n regulasie wat kragtens artikel 55 uitgevaardig is; 40
- “Wet op Bevordering van Toegang tot Inligting”** die Wet op Bevordering van Toegang tot Inligting, 2000 (Wet No. 2 van 2000)
- “Wet op Mediese Skemas”** die Wet op Mediese Skemas, 1998 (Wet No. 131 van 1998); 45
- “Wet op Openbare Finansiële Bestuur”** die Wet op Openbare Finansiële Bestuur, 1999 (Wet No. 1 van 1999);
- “Wet op Vlugteling”** die Wet op Vlugteling, 1998 (Wet No. 130 van 1998).

Hoofstuk 1

DOEL EN TOEPASSING VAN WET 50

Doel van Wet

2. Die doel van hierdie Wet is om ’n Nasionale Gesondheidsversekeringsfonds in die Republiek in te stel wat deur verpligte voorafbetaling gefinansier word wat daarop gemik is om volhoubare en bekostigbare universele toegang tot gesondheidsorgdienste te behaal deur— 55
- (a) as die alleen aankoper en alleen betaler van gesondheidsorgdienste te dien ten einde die gelyke en regverdige verspreiding en gebruik van gesondheidsorgdienste te verseker;
- (b) die volhoubaarheid van finansiering vir gesondheidsorgdienste binne die Republiek te verseker; en 60

- (c) providing for equity and efficiency in funding by pooling of funds and strategic purchasing of health care services, medicines, health goods and health related products from accredited and contracted health care service providers.

Application of Act 5

3. (1) This Act applies to all health establishments, excluding military health services and establishments.

(2) This Act does not apply to members of—

- (a) the National Defence Force; and
(b) the State Security Agency. 10

(3) If any conflict, relating to the matters dealt with in this Act, arises between this Act and the provisions of any other law, except the Constitution and the Public Finance Management Act or any Act expressly amending this Act, the provisions of this Act prevail.

(4) The Act does not in any way amend, change or affect the funding and functions of any organs of state in respect of health care services until legislation contemplated in sections 77 and 214, read with section 227, of the Constitution and any other relevant legislation have been enacted or amended.

(5) The Fund is exempt from the Competition Act, 1998 (Act No. 89 of 1998), to enable it to fulfil its mandate as a single purchaser and single payer as contemplated in section 2. 20

Chapter 2

ACCESS TO HEALTH CARE SERVICES

Population coverage

4. (1) The Fund, in consultation with the Minister, must purchase health care services, determined by the Benefits Advisory Committee, on behalf of— 25

- (a) South African citizens;
(b) permanent residents;
(c) refugees;
(d) inmates as provided for in section 12 of the Correctional Services Act, 1998 (Act No. 111 of 1998); and 30
(e) certain categories or individual foreigners determined by the Minister of Home Affairs, after consultation with the Minister and the Minister of Finance, by notice in the *Gazette*.

(2) An asylum seeker or illegal foreigner is only entitled to— 35

- (a) emergency medical services; and
(b) services for notifiable conditions of public health concern.

(3) All children, including children of asylum seekers or illegal foreigners, are entitled to basic health care services as provided for in section 28(1)(c) of the Constitution.

(4) A person seeking health care services from an accredited health care service provider or health establishment must be registered as a user of the Fund as provided for in section 5, and must present proof of identity to the health care service provider or health establishment in order to secure the health care service benefits to which he or she is entitled. 40

(5) A foreigner visiting the Republic for any purpose— 45

- (a) must have travel insurance to receive health care services under their relevant travel insurance contract or policy; and
(b) who does not have travel insurance contract or policy referred to in paragraph (a), has the right to health care services as contemplated in subsection (2).

Registration as users 50

5. (1) A person who is eligible to receive health care services in accordance with section 4 must register as a user with the Fund at an accredited health care service provider or health establishment.

(2) (a) A person as contemplated in subsection (1), must register his or her child as a user with the Fund at an accredited health care service provider or health establishment. 55

- (c) voorsiening te maak vir gelykheid en doeltreffendheid in finansiering deur fondse saam te voeg en gesondheidsorgdienste, medisyne, gesondheids-goedere en gesondheidsverwante produkte van geakkrediteerde en gekontrakteeerde gesondheidsorgdiensverskaffers aan te koop.

Toepassing van Wet

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3. (1) Hierdie Wet is van toepassing op alle gesondheidsinstellings, met uitsondering van militêre gesondheidsdienste en -instellings.

(2) Hierdie Wet is nie van toepassing nie op lede van—

(a) die Nasionale Weermag; en

(b) die Staatsveiligheidsagentskap.

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(3) Indien enige teenstrydigheid betreffende die aangeleenthede wat in hierdie Wet hanteer word en die bepalings van enige ander wet ontstaan, met uitsondering van die Grondwet en die Wet op Openbare Finansiële Bestuur of enige Wet wat hierdie Wet uitdruklik wysig, geld die bepalings van hierdie Wet.

(4) Die Wet wysig, verander of raak geensins die befondsing en funksies van enige staatsorgane ten opsigte van gesondheidsorgdienste totdat wetgewing bedoel in artikels 77 en 214, saamgelees met artikel 227, van die Grondwet en enige ander relevante wetgewing, uitgevaardig of gewysig is nie.

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(5) Die Fonds is vrygestel van die Wet op Mededinging, 1998 (Wet No. 89 van 1998), om die Fonds in staat te stel om sy mandaat as 'n alleenkoper en alleenbetaler soos beoog in artikel 2, te vervul.

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Hoofstuk 2**TOEGANG TOT GESONDHEIDSORGDIENTE****Bevolkingsdekking**

4. (1) Die Fonds, in oorleg met die Minister, moet gesondheidsorgdienste aankoop, deur die Raadgewende Komitee oor Voordele vasgestel, ten behoeve van—

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(a) Suid-Afrikaanse burgers;

(b) permanente inwoners;

(c) vlugtelinge;

(d) ingehoudenes soos in artikel 12 van die Wet op Korrektiewe Dienste, 1998 (Wet No. 111 van 1998), voor voorsiening gemaak; en

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(e) sekere kategorieë van of individuele buitelanders deur die Minister van Binnelandse Sake vasgestel, na oorlegpleging met die Minister en die Minister van Finansies, by kennisgewing in die *Staatskoerant*.

(2) 'n Asielversoeker of onwettige vreemdeling is slegs geregtig op—

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(a) mediese nooddienste; en

(b) dienste vir aanmeldbare mediese toestande wat die openbare gesondheid raak.

(3) Alle kinders, met inbegrip van kinders van asielzoekers en onwettige vreemdelinge, is geregtig op basiese gesondheidsorgdienste soos in artikel 28(1)(c) van die Grondwet bepaal.

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(4) 'n Persoon wat gesondheidsorgdienste van 'n geakkrediteerde gesondheidsorgdiensverskaffer of gesondheidsinstelling wil kry, moet 'n geregistreerde gebruiker van die Fonds wees, soos in artikel 5 bepaal, en moet bewys van identiteit aan die gesondheidsorgdiensverskaffer of gesondheidsinstelling toon ten einde die gesondheidsorgvoordele te kry waarop hy of sy geregtig is.

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(5) 'n Buitelander wat die Republiek vir enige doel besoek—

(a) moet reisversekering hê om gesondheidsorgdienste kragtens hulle tersaaklike reisversekeringskontrak of -beleid te ontvang; en

(b) wat nie 'n reisversekeringskontrak of -polis het soos in paragraaf (a) bedoel nie, is geregtig op gesondheidsorgdienste soos in subartikel (2) bedoel.

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Registrasie as gebruikers

5. (1) 'n Persoon wat kwalifiseer om gesondheidsorgdienste ooreenkomstig artikel 4 te ontvang, moet by die Fonds registreer as 'n gebruiker by 'n geakkrediteerde gesondheidsorgverskaffer of gesondheidsinstelling.

(2) (a) 'n Persoon in subartikel (1) beoog, moet sy of haar kind by die Fonds registreer by 'n geakkrediteerde gesondheidsorgverskaffer of gesondheidsinstelling.

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(b) A child born to a user must be regarded as having been registered automatically at birth.

(3) A person between 12 and 18 years of age may apply for registration as a user if he or she is not registered as a user in terms of subsection (2).

(4) (a) A supervising adult as contemplated in section 137(3) of the Children's Act, 2005 (Act No. 38 of 2005), must register a child in the child-headed household concerned. 5

(b) If no adult has been designated in terms of section 137(3) of the Children's Act, 2005 (Act No. 38 of 2005), any employee of an accredited health care service provider or health establishment must assist the child to be so registered. 10

(5) When applying for registration as a user, the person concerned must provide his or her biometrics and such other information as may be prescribed, including fingerprints, photographs, proof of habitual place of residence and—

(a) an identity card as defined in the Identification Act, 1997 (Act No. 68 of 1997); 15

(b) an original birth certificate; or

(c) a refugee identity card issued in terms of the Refugees Act.

(6) The Minister, in consultation with the Minister of Home Affairs, may prescribe any further requirements for registration of foreigners contemplated in section 4(1)(e). 20

(7) Accredited health establishments whose particulars are published by the Minister in the *Gazette* must, on behalf of the Fund, maintain a register of all users containing such details as may be prescribed.

(8) A person seeking health care services purchased for his or her benefit by the Fund from an accredited health care service provider or health establishment must be registered as a user and present proof of identity to that health care service provider or health establishment when seeking those health care services. 25

Rights of users

6. Without derogating from any other right or entitlement granted under this Act or under any other law, a user of health care services purchased by the Fund is entitled—

(a) to receive necessary quality health care services free at the point of care from an accredited health care service provider or health establishment upon proof of identity with the Fund; 30

(b) to information relating to the Fund and health care service benefits available to users;

(c) to access any information or records relating to his or her health kept by the Fund, as provided for in the Promotion of Access to Information Act, in order to exercise or protect his or her rights; 35

(d) not to be refused access to health care services on unreasonable grounds;

(e) not to be unfairly discriminated against as provided for in the Constitution and the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000); 40

(f) to access health care services within a reasonable time period;

(g) to be treated with a professional standard of care;

(h) to make reasonable decisions about his or her health care;

(i) to submit a complaint in accordance with section 42 regarding— 45

(i) poor access to or quality of health care services; or

(ii) fraud or other abuses by a health care service provider, a health establishment, a supplier or the Fund;

(j) to request written reasons for decisions of the Fund;

(k) to lodge an appeal against a decision of the Fund in accordance with section 43; 50

(l) to institute proceedings for the judicial review of any decision of the Appeal Tribunal;

(m) to the protection of his or her rights to privacy and confidentiality, in accordance with the Protection of Personal Information Act, 2013 (Act No. 4 55

(b) 'n Kind wat vir 'n gebruiker gebore is, moet geag word outomaties by geboorte geregistreer te wees.

(3) 'n Persoon tussen die ouderdomme van 12 en 18 jaar kan aansoek doen om registrasie as 'n gebruiker as hy of sy nie ingevolge subartikel (2) as 'n gebruiker geregistreer is nie.

(4) (a) 'n Toesighoudende volwassene soos in artikel 137(3) van die "Children's Act, 2005" (Wet No. 38 van 2005), beoog, moet 'n kind in die betrokke huishouding wat 'n kind aan die hoof daarvan het, registreer.

(b) Indien geen volwassene soos in artikel 137(3) van die "Children's Act, 2005" (Wet No. 38 van 2005), bedoel, aangewys is nie, moet enige werknemer van 'n geakkrediteerde gesondheidsorgdiensverskaffer of gesondheidsinstelling die kind bystaan om aldus geregistreer te word.

(5) By aansoek om registrasie as 'n gebruiker, moet die betrokke persoon sy of haar biometrieka en sodanige ander inligting wat voorgeskryf kan word, verstrek, met inbegrip van vingerafdrukke, foto's, bewys van gebruiklike woonplek en—

(a) 'n identiteitskaart soos in die Wet op Identifikasie, 1997 (Wet No. 68 van 1997), beoog;

(b) 'n oorspronklike geboortsertifikaat; of

(c) 'n vlugteling-identiteitskaart wat ingevolge die Wet op Vlugteling uitgereik is.

(6) Die Minister, in oorleg met die Minister van Binnelandse Sake, kan enige verdere vereistes vir registrasie van buitelanders voorskryf soos in artikel (4)(1)(e) beoog.

(7) Geakkrediteerde gesondheidsinstellings waarvan die besonderhede deur die Minister in die *Staatskoerant* gepubliseer word, moet, namens die Fonds, 'n register hou van alle gebruikers wat die besonderhede bevat wat voorgeskryf kan word.

(8) 'n Persoon wat gesondheidsorgdienste wil hê wat namens hom of haar deur die Fonds van 'n geakkrediteerde gesondheidsorgverskaffer of gesondheidsinstelling aangekoop is, moet as 'n gebruiker geregistreer wees en moet bewys van identiteit aan daardie gesondheidsorgdiensverskaffer of gesondheidsinstelling verstrek wanneer daardie gesondheidsorgdienste benodig word.

Regte van gebruikers

6. Sonder om afbreuk te doen aan enige ander reg of aanspraak wat kragtens hierdie Wet of kragtens enige ander wet verleen word, is 'n gebruiker van gesondheidsorgdienste wat deur die Fonds gekoop word, geregtig—

(a) om die nodige gehaltegesondheidsorgdienste gratis by die sorgpunt van 'n geakkrediteerde gesondheidsorgdiensverskaffer of gesondheidsinstelling te ontvang by bewys van identiteit by die Fonds;

(b) op inligting oor die Fonds en gesondheidsorgdiensvoordele wat aan gebruikers beskikbaar is;

(c) om toegang te verkry tot enige inligting of rekords oor sy of haar gesondheid deur die Fonds gehou word, soos bepaal in die Wet op die Bevordering van Toegang tot Inligting, ten einde sy of haar regte uit te oefen of te beskerm;

(d) om nie op onredelike gronde toegang tot gesondheidsorgdienste geweier te word nie;

(e) om nie onbillik teen gediskrimineer te word soos in die Grondwet en die "Promotion of Equality and Prevention of Unfair Discrimination Act, 2000" (Wet No. 4 van 2000), bepaal nie;

(f) om binne 'n redelike tydperk toegang tot gesondheidsorgdienste te verkry;

(g) om met 'n professionele standaard van sorg behandel te word;

(h) om redelike besluite oor sy of haar gesondheidsorg te neem;

(i) om 'n klag in te dien ooreenkomstig artikel 42 rakende—

(i) swak toegang tot of swak gehalte van gesondheidsorgdienste; of

(ii) bedrog of ander misbruik deur 'n gesondheidsorgdiensverskaffer, 'n gesondheidsinstelling, 'n verskaffer of die Fonds;

(j) om te versoek dat die Fonds skriftelike redes oor besluite van die Fonds verstrek;

(k) om ooreenkomstig artikel 43 appèl teen 'n besluit van die Fonds aan te teken;

(l) om verrigtinge in te stel vir die geregtelike hersiening van enige besluit van die Appèltribunaal;

(m) op die beskerming van sy of haar regte op privaatheid en vertroulikheid, ooreenkomstig die Wet op die Beskerming van Persoonlike Inligting, 2013

of 2013), in so far as he or she must grant written approval for the disclosure of personal information in the possession of or accessible to the Fund, unless the information—

- (i) is shared among health care service providers for the lawful purpose of serving the interests of users; or 5
- (ii) is utilised by the Fund for any other lawful purpose related or incidental to the functions of the Fund;
- (n) to have access to information on the funding of health care services in the Republic; and
- (o) to purchase health care services that are not covered by the Fund through a complementary voluntary medical insurance scheme registered in terms of the Medical Schemes Act, private insurance covering an international traveller with a short-term, work or student visa or out of pocket payments, as the case may be. 10

Health care services coverage 15

7. (1) Subject to the provisions of this Act, the Fund, in consultation with the Minister, must purchase health care services, determined by the Benefits Advisory Committee, for the benefit of users.

(2) Subject to subsection (4)—

- (a) a user must receive the health care services that he or she is entitled to under this Act from a health care service provider or health establishment at which the user had registered for the purposes of receiving those health care services; 20
- (b) should a user be unable to access the health care service provider or health establishment with whom or at which the user is registered in terms of section 5, such portability of health services as may be prescribed must be available to that user; 25
- (c) should a health care service provider or health establishment contemplated in paragraph (a) or (b) not be able to provide the necessary health care services, the health care service provider or health establishment in question must transfer the user concerned to another appropriate health care service provider or health establishment that is capable of providing the necessary health care services in such manner and on such terms as may be prescribed; 30
- (d) a user—
 - (i) must first access health care services at a primary health care level as the entry into the health system; 35
 - (ii) must adhere to the referral pathways prescribed for health care service providers or health establishments; and
 - (iii) is not entitled to health care services purchased by the Fund if he or she fails to adhere to the prescribed referral pathways;
- (e) the Fund must enter into contracts with accredited health care service providers and health establishments at primary health care and hospital level based on the health needs of users and in accordance with referral pathways; and 40
- (f) in order to ensure the seamless provision of health care services at the hospital level— 45
 - (i) the Minister must request the Minister of Public Service and Administration to consider and assist in the establishment of central hospitals as national government components in accordance with section 7(5) of the Public Service Act, 1994 (Proclamation No. 103 of 1994);
 - (ii) where central hospitals are not established as national government components, the Minister must establish or designate central hospitals as organs of state in an appropriate form; 50
 - (iii) the administration, management, budgeting and governance of central hospitals must be made a competence of national government;

(Wet No. 4 van 2013), in soverre hy of sy skriftelike goedkeuring moet verleen vir die openbaarmaking van persoonlike inligting in die besit van die Fonds of waartoe die Fonds toegang het, tensy die inligting—

- (i) onder gesondheidsorgdiensverskaffers gedeel word vir die wettige doel om die belange van gebruikers te dien; of 5
- (ii) deur die Fonds gebruik word vir enige ander wettige doel wat verband hou met of bykomend is tot die funksies van die Fonds;
- (n) om toegang te hê tot inligting oor die befondsing van gesondheidsorgdienste in die Republiek; en
- (o) om gesondheidsorgdienste aan te koop wat nie deur die Fonds gedek word nie deur 'n aanvullende vrywillige mediese versekeringskema wat ingevolge die Wet op Mediese Skemas geregistreer is, private versekering wat 'n internasionale reisiger met 'n korttermyn-, werk- of studentevisum dek of uit-eie-sak uitgawes, na gelang van die geval. 10

Gesondheidsorgdiensdekking

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7. (1) Behoudens die bepalings van hierdie Wet, moet die Fonds, in oorleg met die Minister, gesondheidsorgdienste, bepaal deur die Raadgewende Komitee oor Voordele, ten behoeve van gebruikers aankoop.

(2) Behoudens subartikel (4)—

- (a) moet 'n gebruiker die gesondheidsorgdienste waarop hy of sy ingevolge hierdie Wet geregtig is, van 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling ontvang waar die gebruiker geregistreer het met die doel om daardie gesondheidsorgdienste te ontvang; 20
- (b) indien 'n gebruiker nie toegang kan verkry tot die gesondheidsorgdiensverskaffer of gesondheidsinstelling by wie of waar die gebruiker ingevolge artikel 5 geregistreer is nie, moet sodanige oordraagbaarheid van gesondheidsdienste wat voorgeskryf kan word, aan daardie gebruiker beskikbaar wees; 25
- (c) indien 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling in paragraaf (a) of (b) beoog nie die nodige gesondheidsorgdienste kan verskaf nie, moet die betrokke gesondheidsorgdiensverskaffer of gesondheidsinstelling die betrokke gebruiker na 'n ander gepaste gesondheidsorgdiensverskaffer of gesondheidsinstelling oorplaas, wat in staat is om die nodige gesondheidsorgdienste op sodanige wyse en op sodanige voorwaardes as wat voorgeskryf mag word, kan verskaf; 30 35
- (d) 'n gebruiker—
 - (i) moet eers toegang tot gesondheidsorgdienste op 'n primêre gesondheidsorgvlak kry as 'n toetredende tot die gesondheidstelsel;
 - (ii) moet voldoen aan die verwysingsroetes wat vir gesondheidsorgdiensverskaffers of gesondheidsinstellings voorgeskryf word; en 40
 - (iii) is nie geregtig op gesondheidsorgdienste wat deur die Fonds gekoop word nie, indien hy of sy versuim om by die voorgeskrewe verwysingsroetes te hou;
- (e) die Fonds moet kontrakte met geakkrediteerde gesondheidsorgdiensverskaffers en gesondheidsinstellings op primêre gesondheidsorg- en hospitaalvlak aangaan wat gebaseer is op die gesondheidsbehoefte van gebruikers en in ooreenstemming met verwysingsroetes; en 45
- (f) ten einde die naatlose voorsiening van gesondheidsorgdienste op hospitaalvlak te verseker—
 - (i) moet die Minister versoek dat die Minister van Staatsdiens en Administrasie bystand verleen met die stigting van sentrale hospitale as nasionale regeringskomponente ooreenkomstig artikel 7(5) van die Staatsdienswet, 1994 (Proklamasie No. 103 van 1994); 50
 - (ii) waar sentrale hospitale nie as nasionale regeringskomponente gestig word nie, moet die Minister sentrale hospitale as staatsorgane in 'n gepaste vorm instel of aanwys; 55
 - (iii) die administrasie, bestuur, begroting en beheer van sentrale hospitale moet 'n bevoegdheid van die nasionale regering gemaak word;

- (iv) the management of central hospitals must be semi-autonomous with certain decision-making powers, including control over financial management, human resource management, minor infrastructure, technology, planning and full revenue retention delegated by the national government; and 5
 - (v) central hospitals must establish cost centres responsible for managing business activities and determine the cost drivers at the level where the activities are directed and controlled.
- (3) For the purpose of subsection (2)(b), “portability of health care services”, in respect of a user, means the ability of a user to access health care services by an accredited health care service provider or at an accredited health establishment other than by the health care services provider or at the health establishment with whom or at which that user is registered in terms of section 5. 10
- (4) Treatment must not be funded if a health care service provider demonstrates that— 15
- (a) no medical necessity exists for the health care service in question;
 - (b) no cost-effective intervention exists for the health care service as determined by a health technology assessment; or
 - (c) the health care product or treatment is not included in the Formulary, except in circumstances where a complementary list has been approved by the Minister.
- (5) If the Fund refuses to fund a health care service, the Fund must— 20
- (a) provide the user concerned with a notice of the refusal;
 - (b) provide the user with a reasonable opportunity to make representations in respect of such a refusal;
 - (c) consider the representations made in respect of paragraph (b); and
 - (d) provide adequate reasons for the decision to refuse the health care service to the user. 25
- (6) A user who is dissatisfied with the reasons for the decision contemplated in subsection (5)(d) may lodge an appeal in terms of section 43.

Cost coverage

- 8.** (1) A user of the Fund is entitled to receive the health care services purchased on his or her behalf by the Fund from an accredited health care service provider or health establishment free at the point of care. 30
- (2) A person or user, as the case may be, must pay for health care services rendered directly or through a voluntary medical insurance scheme registered under the Medical Schemes Act or through a private insurance covering an international traveller with a short-term, work or student visa or out of pocket payment, if that person or user— 35
- (a) is not entitled to health care services purchased by the Fund in terms of this Act;
 - (b) seeks services that are not deemed medically necessary by the Benefits Advisory Committee; 40
 - (c) seeks services that are not covered by the Fund as prescribed; or
 - (d) seeks services that are not included in the comprehensive health care services as advised by the Benefits Advisory Committee.

Chapter 3

NATIONAL HEALTH INSURANCE FUND 45

Establishment of Fund

- 9.** The National Health Insurance Fund is hereby established as an autonomous public entity, as contained in Schedule 3A to the Public Finance Management Act.

- (iv) die bestuur van sentrale hospitale moet semi-outonoom wees met sekere besluitnemingsbevoegdheid, insluitend beheer oor finansiële bestuur, menslike hulpbronnbestuur, geringe infrastruktuur, tegnologie, beplanning en volle inkomste-behoud deur die nasionale regering gedelegeer; en 5
- (v) sentrale hospitale moet kostesentrums instel wat verantwoordelik is vir die bestuur van besighedsaktiwiteite en die kostedrywers bepaal op die vlak waar die aktiwiteite gerig en beheer word.
- (3) By die toepassing van subartikel (2)(b), beteken “oordraagbaarheid van gesondheidsorgdienste”, ten opsigte van ’n gebruiker, die vermoë van ’n gebruiker om toegang tot gesondheidsorgdienste te verkry deur ’n geakkrediteerde gesondheidsorgdiensverskaffer of by ’n geakkrediteerde gesondheidsinstelling anders as deur die gesondheidsorgdiensverskaffer of by die gesondheidsinstelling waar daardie gebruiker ingevolge artikel 5 geregistreer is. 10
- (4) Behandeling moet nie gefinansier word nie indien ’n gesondheidsorgdiensverskaffer aantoon dat— 15
- (a) geen mediese noodsaaklikheid vir die betrokke gesondheidsorgdiens bestaan nie;
- (b) geen koste-doeltreffende intervensie vir die gesondheidsorgdiens bestaan soos bepaal deur ’n gesondheidstegnologie-assessering nie; of 20
- (c) die gesondheidsorgproduk of -behandeling nie by die Formularium ingesluit is nie, behalwe in omstandighede waar ’n aanvullende lys deur die Minister goedgekeur is.
- (5) Indien die Fonds weier om ’n gesondheidsorgdiens te finansier, moet die Fonds— 25
- (a) die betrokke gebruiker kennis gee van die weiering;
- (b) die gebruiker ’n redelike geleentheid bied om verhoër te rig ten opsigte van so ’n weiering;
- (c) die verhoër wat ten opsigte van paragraaf (b) gerig is, oorweeg; en
- (d) voldoende redes verstrek vir die besluit om die gesondheidsorgdiens aan die gebruiker te weier. 30
- (6) ’n Gebruiker wat ontevrede is met die redes vir die besluit beoog in subartikel (5)(d) kan ingevolge artikel 43 appèl aanteken.

Kostedekking

8. (1) ’n Gebruiker van die Fonds is geregtig om die gesondheidsorgdienste wat namens hom of haar deur die Fonds van ’n geakkrediteerde gesondheidsorgdiensverskaffer of gesondheidsinstelling aangekoop is, gratis by die sorgpunt te ontvang. 35
- (2) ’n Persoon of gebruiker, na gelang van die geval, moet betaal vir gesondheidsorgdienste wat direk of deur ’n vrywillige mediese versekeringskema wat ingevolge die Wet op Mediese Skemas geregistreer is of deur ’n private versekering wat ’n internasionale reisiger met ’n korttermyn-, werk- of studentevisum of uit-eie-sakbetalings dek, gelewer word, indien daardie persoon of gebruiker— 40
- (a) nie op gesondheidsorgdienste wat ingevolge hierdie Wet deur die Fonds aangekoop word, geregtig is nie;
- (b) dienste verlang wat nie deur die Raadgewende Komitee oor Voordele, as medies noodsaaklik beskou word nie; 45
- (c) dienste verlang wat nie deur die Fonds gedek word nie soos voorgeskryf; of
- (d) dienste verlang wat nie by die omvattende gesondheidsorgdienste ingesluit is soos deur die Raadgewende Komitee oor Voordele aangeraai nie.

Hoofstuk 3

50

NASIONALE GESONDHEIDSVSEKERINGSFONDS

Instelling van Fonds

9. Die Nasionale Gesondheidsversekeringsfonds word hierby ingestel as ’n outonome openbare entiteit, soos vervat in Bylae 3A by die Wet op Openbare Finansiële Bestuur.

Functions of Fund

- 10.** (1) To achieve the purpose of this Act, the Fund must—
- (a) take all reasonably necessary steps to achieve the objectives of the Fund and the attainment of universal health coverage as outlined in section 2;
 - (b) pool the allocated resources in order to actively purchase and procure health care services, medicines, health goods and health related products from health care service providers, health establishments and suppliers that are certified and accredited in accordance with the provisions of this Act, the National Health Act and the Public Finance Management Act; 5
 - (c) purchase health care services on behalf of users as advised by the Benefits Advisory Committee; 10
 - (d) enter into contracts with accredited health care service providers based on the health care needs of users;
 - (e) prioritise the timely reimbursement of health care services to achieve equity;
 - (f) establish mechanisms and issue directives for the regular, appropriate and timeous payment of health care service providers, health establishments and suppliers; 15
 - (g) determine payment rates annually for health care service providers, health establishments and suppliers in the prescribed manner and in accordance with the provisions of this Act; 20
 - (h) take measures to ensure that the funding of health care services is appropriate and consistent with the concepts of primary, secondary, tertiary and quaternary levels of health care services;
 - (i) collate utilisation data and implement information management systems to assist in monitoring the quality and standard of health care services, medicines, health goods and health related products purchased by the Fund; 25
 - (j) develop and maintain a service and performance profile of all accredited and contracted health care service providers, health establishments and suppliers;
 - (k) ensure that health care service providers, health establishments and suppliers are paid in accordance with the quality and value of the service provided at every level of care; 30
 - (l) monitor the registration, license or accreditation status, as the case may be, of health care service providers, health establishments and suppliers;
 - (m) account to the Minister on the performance of its functions and the exercise of its powers; 35
 - (n) undertake internal audit and risk management;
 - (o) undertake research, monitoring and evaluation of the impact of the Fund on national health outcomes;
 - (p) liaise and exchange information with the Department, statutory professional councils, other government departments and organs of state as and when appropriate or necessary in order to achieve the purpose outlined in section 2; 40
 - (q) maintain a national database on the demographic and epidemiological profile of the population;
 - (r) protect the rights and interests of users of the Fund;
 - (s) enforce compliance with this Act; 45
 - (t) take any other action or steps which are incidental to the performance of the functions or the exercise of the powers of the Fund; and
 - (u) operate in accordance with the provisions of this Act and other applicable law at all times.
- (2) The Fund must perform its functions in the most cost-effective and efficient manner possible and in accordance with the values and principles mentioned in section 195 of the Constitution and the provisions of the Public Finance Management Act. 50
- (3) The Fund performs its functions in accordance with health policies approved by the Minister.
- (4) The Fund must support the Minister in fulfilling his or her obligation to protect, promote, improve and maintain the health of the population as provided for in section 3 of the National Health Act. 55

Werksaamhede van Fonds

10. (1) Ten einde die doel van hierdie Wet te bereik, moet die Fonds—
- (a) alle redelikerwys nodige stappe doen om die oogmerke van die Fonds te bereik en universele gesondheidsorgdekking soos in artikel 2 uiteengesit, te behaal; 5
 - (b) die toegewysde hulpbronne saamvoeg ten einde gesondheidsorgdienste, medisynes, gesondheidsgoedere en gesondheidsverwante produkte aktief aan te koop en te verkry van gesondheidsorgverskaffers, gesondheidsinstellings en verskaffers wat ooreenkomstig die bepalings van hierdie Wet, die “National Health Act” en die Wet op Openbare Finansiële Bestuur gesertifiseer en geakkrediteer is; 10
 - (c) gesondheidsorgdienste namens gebruikers aankoop soos deur die Raadgewende Komitee oor Voordele aanbeveel;
 - (d) kontrakte aangaan met geakkrediteerde gesondheidsorgdiensverskaffers op grond van die gesondheidsorgbehoefes van gebruikers; 15
 - (e) die tydigte terugbetaling van gesondheidsorgdienste prioritiseer om billikheid te behaal;
 - (f) meganismes in te stel en voorskrifte uit te reik vir die gereelde, gepaste en tydigte betaling van gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers; 20
 - (g) jaarliks betalingskoerse vir gesondheidsorgverskaffers, gesondheidsinstellings en verskaffers op die voorgeskrywe wyse en ooreenkomstig die bepalings van hierdie Wet vasstel;
 - (h) stappe doen om te verseker dat die finansiering van gesondheidsorgdienste gepas is en bestaanbaar is met die konsepte van primêre, sekondêre, tersiêre en kwaternêre vlakke van gesondheidsorgdienste; 25
 - (i) benuttingsdata byeenbring en inligtingsbestuurstelsels instel om te help met die monitering van die gehalte en standaard van gesondheidsorgdienste, medisynes, gesondheidsgoedere en gesondheidsverwanteprodukte wat deur die Fonds aangekoop word; 30
 - (j) ’n diens en prestasieprofiel van alle geakkrediteerde en gekontraakteerde gesondheidsdiensverskaffers, gesondheidsinstellings en verskaffers ontwikkel en onderhou;
 - (k) verseker dat gesondheidsdiensverskaffers, gesondheidsinstellings en verskaffers betaal word ooreenkomstig die gehalte en waarde van die diens wat op elke vlak van sorg voorsien word; 35
 - (l) die registrasie-, lisensie- of akkreditasiestatus, na gelang van die geval, van gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers monitor;
 - (m) aan die Minister rekenskap gee oor die verrigting van die Fonds se werksaamhede en die uitoefening van die Fonds se bevoegdhede; 40
 - (n) interne audit- en risikobestuur onderneem;
 - (o) navorsing, monitering en evaluering van die invloed van die Fonds op nasionale gesondheidsuitkomst onderneem;
 - (p) met die Departement, statutêre professionele rade, ander regeringsdepartemente en staatsorgane skakel en inligting uitruil soos en wanneer gepas of nodig ten einde die doel in artikel 2 uiteengesit, te bereik; 45
 - (q) ’n nasionale databasis oor die demografie en epidemiologiese profiel van die bevolking byhou;
 - (r) die regte en belange van gebruikers van die Fonds beskerm; 50
 - (s) voldoening aan hierdie Wet afdwing;
 - (t) enige ander aksie of stappe doen wat insidenteel tot die verrigting van die werksaamhede of die uitoefening van die bevoegdhede van die Fonds is; en
 - (u) te alle tye ooreenkomstig die bepalings van hierdie Wet en ander toepaslike reg bedryf word. 55
- (2) Die Fonds moet hul werksaamhede op die mees koste-doeltreffende wyse moontlik en ooreenkomstig die waardes en beginsels vermeld in artikel 195 van die Grondwet en die bepalings van die Wet op Openbare Finansiële Bestuur verrig.
- (3) Die Fonds verrig die Fonds se werksaamhede ooreenkomstig gesondheidsbeleid deur die Minister goedgekeur. 60
- (4) Die Fonds moet die Minister ondersteun in die vervulling van sy of haar verpligting om die gesondheid van die bevolking te beskerm, bevorder, verbeter en handhaaf soos in artikel 3 van die “National Health Act” bepaal.

Powers of Fund

- 11.** (1) In order to achieve the purpose of the Act and to perform the functions contemplated in section 10, the Fund may—
- (a) employ personnel and must comply with all applicable labour laws;
 - (b) purchase or otherwise acquire goods, equipment, land, buildings, and any other kind of movable and immovable property; 5
 - (c) sell, lease, mortgage, encumber, dispose of, exchange, cultivate, develop, build upon or improve, or in any other manner manage its property;
 - (d) in the prescribed manner and subject to national legislation, invest any money not immediately required for the conduct of its business and realise, alter or reinvest such investments or otherwise manage such funds or investments; 10
 - (e) draw, draft, accept, endorse, discount, sign and issue promissory notes, bills and other negotiable or transferable instruments, excluding share certificates;
 - (f) insure itself against any loss, damage, risk or liability which it may suffer or incur; 15
 - (g) improve access to, and the funding, purchasing and procurement of, health care services, medicines, health goods and health related products that are of a reasonable quality;
 - (h) investigate complaints against the Fund, health care service providers, health establishments or suppliers; 20
 - (i) identify, develop, promote and facilitate the implementation of best practices in respect of—
 - (i) the purchase of health care services and procurement of medicines, health goods and health related products on behalf of users;
 - (ii) payment of health care service providers, health workers, health establishments and suppliers; 25
 - (iii) facilitation of the efficient and equitable delivery of quality health care services to users;
 - (iv) receiving and collating all required data from health care service providers, health establishments and suppliers for the efficient running of the Fund; 30
 - (v) managing risks that the Fund is likely to encounter;
 - (vi) fraud prevention within the Fund and within the national health system;
 - (vii) the design of the health care service benefits to be purchased by the Fund, in consultation with the Minister; and 35
 - (viii) referral networks in respect of users, in consultation with the Minister;
 - (j) undertake or sponsor health research and appropriate programmes or projects designed to facilitate universal access to health care services;
 - (k) discourage and prevent corruption, fraud, unethical or unprofessional conduct or abuse of users or of the Fund; 40
 - (l) obtain from, or exchange information with, any other public entity or organ of state;
 - (m) conclude an agreement with any person for the performance of any particular act or particular work or the rendering of health care services in terms of this Act, and terminate such agreement, in accordance with the prescribed legal terms and conditions and the provisions of the Constitution; 45
 - (n) institute or defend legal proceedings and commence, conduct, defend or abandon legal proceedings as it deems fit in order to achieve its objects in accordance with this Act; and 50
 - (o) make recommendations to the Minister or advise him or her on any matter concerning the Fund, including the making of regulations in terms of this Act.

Bevoegdhede van Fonds

11. (1) Ten einde die doel van die Wet te bereik en die funksies in artikel 10 beoog te verrig, kan die Fonds—
- (a) personeel in diens neem en moet voldoen aan alle toepaslike arbeidswette;
 - (b) goedere, toerusting, grond, geboue en enige ander soort roerende en onroerende eiendom koop of andersins verkry; 5
 - (c) sy eiendom verkoop, verhuur, verpand, beswaar, vervreem, ruil, bewerk, ontwikkel, op bou of verbeter, of op enige ander wyse bestuur;
 - (d) op die voorgeskrewe wyse en onderworpe aan nasionale wetgewing, enige geld belê wat nie onmiddellik benodig word vir die doen van die fonds se besigheid nie en sodanige beleggings realiseer, verander of herbelê of sodanige fondse of beleggings andersins bestuur; 10
 - (e) promesse, wissels en ander verhandelbare of oordraagbare instrumente, uitgesonderd aandeesertifikate, trek, opstel, aanvaar, onderskryf, verdiskonteer, teken en uitreik; 15
 - (f) die Fonds verseker teen enige verlies, skade, risiko of aanspreeklikheid wat die Fonds mag ly of aangaan;
 - (g) toegang tot, en die finansiering, aankoop en verkryging van gesondheidsorgdienste, medisyne, gesondheidsgoedere en gesondheidsverwante produkte wat van 'n redelike kwaliteit is, verbeter; 20
 - (h) klagtes teen die Fonds, gesondheidsorgdiensverskaffers, gesondheidsinstellings of verskaffers ondersoek;
 - (i) die implementering van beste praktyke identifiseer, ontwikkel, bevorder en vergemaklik ten opsigte van—
 - (i) die aankoop van gesondheidsorgdienste en verkryging van medisyne, gesondheidsgoedere en gesondheidsverwante produkte namens gebruikers; 25
 - (ii) betaling van gesondheidsorgdiensverskaffers, gesondheidswerkers, gesondheidsinstellings en verskaffers;
 - (iii) die vergemakliking van die doeltreffende en billike lewering van gehalte gesondheidsorgdienste aan gebruikers; 30
 - (iv) die ontvangs en byeenbring van alle vereiste data van gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers vir die doeltreffende bestuur van die Fonds;
 - (v) die bestuur van risiko's wat die Fonds waarskynlik sal teëkom; 35
 - (vi) die voorkoming van bedrog binne die Fonds en binne die nasionale gesondheidstelsel;
 - (vii) die ontwerp van die gesondheidsorgdiensvoordele wat deur die Fonds aangekoop moet word, in oorleg met die Minister; en
 - (viii) verwysingsnetwerke ten opsigte van gebruikers, in oorleg met die Minister; 40
 - (j) gesondheidsnavorsing en toepaslike programme of projekte onderneem of borg wat ontwerp is om universele toegang tot gesondheidsorgdienste te fasiliteer;
 - (k) korrupsie, bedrog, onetiese of onprofessionele gedrag of misbruik van gebruikers of van die Fonds ontmoedig en voorkom; 45
 - (l) inligting verkry van, of uitruil met, enige ander openbare entiteit of staatsorgaan;
 - (m) 'n ooreenkoms met enige persoon sluit vir die uitvoering van 'n bepaalde handeling of bepaalde werk of die lewering van gesondheidsorgdienste ingevolge hierdie Wet, en sodanige ooreenkoms beëindig, ooreenkomstig die voorgeskrewe wetlike bepalings en voorwaardes en die bepalings van die Grondwet; 50
 - (n) regsdinge instel of verdedig en regstappe begin, voer, verdedig of laat vaar soos die Fonds goeddink ten einde sy oogmerke in ooreenstemming met hierdie Wet te bereik; en 55
 - (o) aanbevelings aan die Minister maak of hom of haar van raad bedien oor enige aangeleentheid rakende die Fonds, insluitend die uitvaardiging van regulasies ingevolge hierdie Wet.

- (2) The Fund may enter into a contract for the procurement and supply of specific health care services, medicines, health goods and health related products with an accredited health care service provider, health establishment or supplier, and must—
- (a) purchase such services of sufficient quantity and quality to meet the needs of users; 5
 - (b) take all reasonable measures to ensure that there may be no interruption to supply for the duration of the contract;
 - (c) conduct its business in a manner that is consistent with the best interests of users;
 - (d) not conduct itself in a manner that contravenes this Act; and 10
 - (e) negotiate the lowest possible price for goods and health care services without compromising the interests of users or violating the provisions of this Act or any other applicable law.

Chapter 4

BOARD OF FUND 15

Establishment of Board

12. A Board that is accountable to the Minister is hereby established to govern the Fund in accordance with the provisions of the Public Finance Management Act.

Constitution and composition of Board

13. (1) The Board consists of not more than 11 persons— 20
- (a) who broadly reflect the diversity of the Republic including in respect of age, race, gender and disability; and
 - (b) who are appointed by the Minister, one of whom represents the Minister on the Board.
- (2) Before the Board members contemplated in subsection (1) are appointed, the Minister must issue in the *Gazette* a call for the public nomination of candidates to serve on the Board. 25
- (3) An *ad hoc* advisory panel appointed by the Minister must—
- (a) conduct public interviews of shortlisted candidates; and
 - (b) forward their recommendations to the Minister for approval by Cabinet. 30
- (4) The Minister must, within 30 days from the date of confirmation of the appointment of a Board member, give notice of the appointment in the *Gazette*.
- (5) A Board member is appointed for a term not exceeding five years, which is renewable only once, and must—
- (a) be a fit and proper person; 35
 - (b) have appropriate technical expertise, skills and knowledge or experience in health care service financing, health economics, public health planning, monitoring and evaluation, law, actuarial sciences, information technology and communication;
 - (c) be able to perform effectively and in the interests of the general public; 40
 - (d) not be employed by the State; and
 - (e) not have any personal or professional interest in the Fund or the health sector that would interfere with the performance in good faith of his or her duties as a Board member.
- (6) The Chief Executive Officer is an *ex officio* member of the Board, but may not vote at its meetings. 45
- (7) A Board member may resign by written notice to the Minister.
- (8) The Minister may remove a Board member if that person—
- (a) is or becomes disqualified in terms of any law;
 - (b) fails to perform the functions of office in good faith, in the public interest and in accordance with applicable ethical and legal prescripts; or 50
 - (c) becomes unable to continue to perform the functions of office for any other reason.
- (9) The Minister may dissolve the Board only after an inquiry is conducted into the Board and Cabinet approves the dissolution. 55

- (2) Die Fonds kan 'n kontrak aangaan vir die verkryging en verskaffing van spesifieke gesondheidsorgdienste, medisyne, gesondheidsgoedere en gesondheidsverwante produkte met 'n geakkrediteerde gesondheidsorgdiensverskaffer, gesondheidsinstelling of verskaffer, en moet—
- (a) sodanige dienste van voldoende hoeveelheid en gehalte aankoop om in die behoeftes van gebruikers te voorsien; 5
 - (b) alle redelike maatreëls tref om te verseker dat daar geen onderbreking in verskaffing kan wees vir die duur van die kontrak nie;
 - (c) die besigheid bedryf op 'n wyse wat in ooreenstemming is met die beste belange van gebruikers; 10
 - (d) nie op 'n wyse optree wat hierdie Wet oortree nie; en
 - (e) die laagste moontlike prys vir goedere en gesondheidsorgdienste beding sonder om die belange van gebruikers in die gedrang te bring of die bepalings van hierdie Wet of enige ander toepaslike wet te oortree.

Hoofstuk 4

15

RAAD VAN FONDS

Instelling van Raad

12. 'n Raad wat aan die Minister verantwoording doen, word hierby ingestel om die Fonds ooreenkomstig die Wet op Openbare Finansiële Bestuur te beheer.

Grondwet en samestelling van Raad

20

13. (1) Die Raad bestaan uit nie meer as 11 persone—
- (a) wat die diversiteit van die Republiek in die breë verteenwoordig, met inbegrip van ouderdom, ras, geslag en gestremdheid; en
 - (b) wat deur die Minister aangestel word, waarvan een die Minister op die Raad verteenwoordig. 25
- (2) Voordat die Raadslede in subartikel (1) beoog, aangestel word, moet die Minister in die *Staatskoerant* 'n beroep doen vir die openbare benoeming van kandidate om op die Raad te dien.
- (3) 'n *Ad hoc*-raadgewende paneel deur die Minister aangestel, moet—
- (a) openbare onderhoude voer met kandidate op die kortlys; en 30
 - (b) hul aanbeveling na die Minister aanstuur vir goedkeuring deur die Kabinet.
- (4) Die Minister moet, binne 30 dae vanaf die datum van bevestiging van die aanstelling van 'n Raadslid, kennis van die aanstelling in die *Staatskoerant* gee.
- (5) 'n Raadslid word aangestel vir 'n termyn van hoogstens vyf jaar, wat slegs een keer hernu kan word en moet— 35
- (a) 'n geskikte en gepaste persoon wees;
 - (b) oor toepaslike tegniese kundigheid, vaardighede en kennis of ervaring in die finansiering van gesondheidsorgdienste, gesondheidseconomie, openbare gesondheidsbeplanning, monitering en evaluering, reg, aktuariële wetenskappe, inligtingstechnologie en kommunikasie beskik; 40
 - (c) effektief en in die belang van die algemene publiek kan presteer;
 - (d) nie in diens van die Staat wees nie; en
 - (e) nie enige persoonlike of professionele belang in die Fonds of die gesondheidssektor hê wat sou inmeng met die uitvoering, te goeder trou, van sy of haar pligte as 'n Raadslid nie. 45
- (6) Die Hoof- Uitvoerende Beampte is 'n *ex officio*-lid van die Raad, maar mag nie by raadsvergaderings stem nie.
- (7) 'n Raadslid kan deur skriftelike kennisgewing aan die Minister bedank.
- (8) Die Minister kan 'n Raadslid verwyder indien daardie persoon— 50
- (a) ingevolge enige wet gediskwalifiseer is of word;
 - (b) versuim om die ampsfunksies te goeder trou, in die openbare belang en ooreenkomstig toepaslike etiese en regsvoorskrifte uit te voer; of
 - (c) om enige ander rede nie meer in staat is om voort te gaan om die ampsfunksies te verrig nie.
- (9) Die Minister kan die Raad slegs ontbind nadat 'n ondersoek na die Raad gedoen is en die Kabinet die ontbinding goedgekeur het. 55

- (10) When the Board is dissolved, the Minister—
- (a) must appoint an interim Board to carry out the functions of the Board for a period not exceeding three months, subject to any conditions he or she may determine; and
 - (b) must, as soon as practicable but not later than three months from the day the Board is dissolved, appoint a Board in the manner contemplated in this section. 5
- (11) When a vacancy occurs at any time before the expiry of the term of office of a member of the Board, the Minister—
- (a) must appoint any other person to carry out the functions of a Board member for a period not exceeding three months, subject to any conditions that the Minister may determine; and 10
 - (b) must, as soon as practicable but not later than three months from the day the vacancy occurs, appoint a member of the Board in the manner contemplated in this section. 15

Chairperson and Deputy Chairperson

- 14.** (1) The Minister must, after consultation with Cabinet, appoint a Chairperson from amongst the members of the Board as contemplated in section 13(1).
- (2) The Board must appoint a Deputy Chairperson from amongst the members of the Board as contemplated in section 13(1). 20
- (3) Whenever the Chairperson and Deputy Chairperson of the Board are absent or unable to fulfil the functions of the Chairperson, the members of the Board must designate any other member of the Board, to act as Chairperson of the Board during such absence or incapacity.

Functions and powers of Board

- 15.** (1) The Board must fulfil the functions of an accounting authority as required by the Public Finance Management Act and is accountable to the Minister.
- (2) The entire Board as appointed in terms of sections 13 and 14 must meet at least four times per year, excluding any special meetings and sub-committee meetings that may be called from time to time as is necessary. 30
- (3) The Board must advise the Minister on any matter concerning—
- (a) the financial and administrative policies of the Fund;
 - (b) the development of comprehensive health care services to be funded by the Fund through the Benefits Advisory Committee;
 - (c) the pricing of health care services to be purchased by the Fund through the Health Care Benefits Pricing Committee of the Board; 35
 - (d) the improvement of efficiency and performance of the Fund in terms of strategic purchasing and provision of health care services;
 - (e) terms and conditions of employment of Fund employees;
 - (f) collective bargaining; 40
 - (g) the budget of the Fund;
 - (h) the implementation of this Act and other relevant legislation; and
 - (i) overseeing the transition from when this legislation is enacted until the Fund is fully implemented.
- (4) For the purposes of subsection (1), the Board— 45
- (a) may examine and comment on any policies, investigate, evaluate and advise on any practices and decisions of the Fund or the Chief Executive Officer under this Act;
 - (b) is entitled to all relevant information concerning the administration of the Fund; 50
 - (c) may require—
 - (i) the Chief Executive Officer to submit a report concerning a matter on which the Board must give advice; or
 - (ii) any Fund employee to appear before it and give explanations concerning such a matter; and 55
 - (d) must inform the Minister of any advice it gives to the Chief Executive Officer.

- (10) Wanneer die Raad ontbind word, moet die Minister—
- (a) 'n tussentydse Raad aanstel om die funksies van die Raad uit te voer vir 'n tydperk van hoogstens drie maande, behoudens enige voorwaardes wat hy of sy bepaal; en
 - (b) so gou doenlik maar nie later nie as drie maande vanaf die dag waarop die Raad ontbind is, 'n Raad aanstel op die wyse in hierdie artikel beoog. 5
- (11) Wanneer 'n vakature te eniger tyd voor die verstryking van die ampstermyn van 'n lid van die Raad ontstaan, moet die Minister—
- (a) enige ander persoon aanstel om die werksaamhede van 'n Raadslid vir 'n tydperk van hoogstens drie maande uit te voer, behoudens enige voorwaardes wat die Minister bepaal; en 10
 - (b) so gou doenlik maar nie later nie as drie maande vanaf die dag waarop die vakature ontstaan, 'n lid van die Raad aanstel op die wyse in hierdie artikel beoog.

Voorsitter en Ondervoorsitter

14. (1) Die Minister moet, na oorleg met die Kabinet, 'n Voorsitter aanstel uit die lede van die Raad soos in artikel 13(1) beoog. 15
- (2) Die Raad moet 'n Ondervoorsitter aanstel uit die lede van die Raad soos in artikel 13(1) beoog.
- (3) Wanneer die Voorsitter en Ondervoorsitter van die Raad afwesig is of nie in staat is om die funksies van die Voorsitter te vervul nie, moet die lede van die Raad enige ander lid van die Raad aanwys om as Voorsitter van die Raad op te tree tydens sodanige afwesigheid of onbevoegdheid. 20

Werksaamhede en bevoegdhede van Raad

15. (1) Die Raad moet die werksaamhede van 'n rekenpligtige gesag vervul soos vereis deur die Wet op Openbare Finansiële Bestuur en is aan die Minister verantwoordbaar. 25
- (2) Die hele Raad soos ingevolge artikels 13 en 14 aangestel, moet minstens vier keer per jaar vergader, met uitsondering van enige spesiale vergaderings en subkomitee-vergaderings wat van tyd tot tyd saamgeroep kan word, soos nodig.
- (3) Die Raad moet die Minister van raad bedien oor enige aangeleentheid rakende— 30
- (a) die finansiële en administratiewe beleid van die Fonds;
 - (b) die ontwikkeling van omvattende gesondheidsorgdienste wat deur die Fonds gefinansier staan te word deur die Raadgewende Komitee oor Voordele;
 - (c) die prysbepaling van gesondheidsorgdienste wat deur die Fonds aangekoop moet word deur die Prysbepalingskomitee oor Gesondheidsorgvoordele van die Raad; 35
 - (d) die verbetering van doeltreffendheid en prestasie van die Fonds ten opsigte van strategiese aankope en voorsiening van gesondheidsorgdienste;
 - (e) diensbepalings en -voorwaardes van Fondswerknemers;
 - (f) kollektiewe bedinging; 40
 - (g) die begroting van die Fonds;
 - (h) die inwerkingstelling van hierdie Wet en ander relevante wetgewing; en
 - (i) die toesig hou oor die oorgang vanaf wanneer hierdie wetgewing uitgevaardig word totdat die Fonds ten volle in werking gestel word.
- (4) By die toepassing van subartikel (1)— 45
- (a) kan die Raad enige beleide bestudeer en daarvoor kommentaar lewer, enige praktyke en besluite van die Fonds of die Hoof- Uitvoerende Beampte kragtens hierdie Wet ondersoek, evalueer en raad gee daaroor;
 - (b) is die Raad geregtig op alle tersaaklike inligting rakende die administrasie van die Fonds; 50
 - (c) mag die Raad vereis—
 - (i) dat die Hoof- Uitvoerende Beampte 'n verslag indien oor 'n aangeleentheid waaroor die Raad moet raadgee; of
 - (ii) dat enige Fondswerknemer voor die Raad verskyn en verduidelikings oor so 'n aangeleentheid gee; en 55
 - (d) moet die Raad die Minister inlig oor enige raad wat aan die Hoof- Uitvoerende Beampte gegee is.

(5) The Board and Chief Executive Officer must meet with the Minister and the Director-General of the Department at least twice a year in order to exchange information necessary for the Board to carry out its responsibilities.

Conduct and disclosure of interests

16. (1) A member of the Board may not engage in any paid employment that may conflict with the proper performance of his or her functions. 5

(2) A member of the Board may not—

- (a) be a government employee or an employee of the Fund;
- (b) attend, participate in, vote or influence the proceedings during a meeting of the Board or of a committee thereof if, in relation to the matter before the Board or committee, that member has an interest, including a financial interest, that precludes him or her from acting in a fair, unbiased and proper manner; or 10
- (c) make private use of, or profit from, any confidential information obtained as a result of performing his or her functions as a member of the Board. 15

(3) For purposes of subsection (2)(b), a “financial interest” means a direct or indirect material interest of a monetary nature, or to which a monetary value may be attributed.

Quorum, decisions and procedures

17. (1) A majority of all the members of the Board constitutes a quorum for a meeting of the Board. 20

(2) Any matter before the Board is decided by the votes of the majority of the members present at the meeting: Provided that—

- (a) the members present constitute a quorum for a meeting of the Board; and
- (b) the member presiding at the meeting must exercise a casting vote in addition to that member’s vote as a member, if there is an equality of votes. 25

(3) The Board must determine its own procedures in consultation with the Minister.

Remuneration and reimbursement

18. The Fund may remunerate a Board member and compensate him or her for expenses as determined by the Minister in consultation with the Minister of Finance and in line with the provisions of the Public Finance Management Act. 30

Chapter 5

CHIEF EXECUTIVE OFFICER

Appointment

19. (1) A Chief Executive Officer must be appointed on the basis of his or her experience and technical competence as the administrative head of the Fund in accordance with a transparent and competitive process. 35

(2) The Board must—

- (a) conduct interviews of shortlisted candidates; and
- (b) forward their recommendation to the Minister for approval by Cabinet.

(3) The Minister must, within 30 days from the date of approval by Cabinet of the appointment of the Chief Executive Officer, notify Parliament of the final appointment and give notice of the appointment in the *Gazette*. 40

(4) A person appointed as Chief Executive Officer holds office—

- (a) for an agreed term not exceeding five years, which is renewable only once; and 45
- (b) subject to the directives and determinations of the Board in consultation with the Minister.

(5) The Board may recommend to the Minister the removal of the Chief Executive Officer, after a fair hearing, if that person—

- (a) is or becomes disqualified in terms of the law; 50

(5) Die Raad en Hoof- Uitvoerende Beamppte moet minstens twee keer per jaar met die Minister en die Direkteur-generaal van die Departement vergader om inligting uit te ruil wat nodig is vir die Raad om die Raad se verantwoordelikhede uit te voer.

Gedrag en openbaarmaking van belange

16. (1) 'n Lid van die Raad mag nie enige betaalde diens aanneem wat kan bots met die behoorlike uitvoering van sy of haar funksies nie. 5

(2) 'n Lid van die Raad mag nie—

- (a) 'n staatswerknemer of 'n werknemer van die Fonds wees;
- (b) die verrigtinge tydens 'n vergadering van die Raad of 'n komitee daarvan bywoon, daaraan deelneem, stem of beïnvloed indien, met betrekking tot die aangeleentheid voor die Raad of komitee, daardie lid 'n belang het, met inbegrip van 'n finansiële belang, wat hom of haar verhinder om op 'n regverdige, onbevooroordeelde en behoorlike wyse op te tree; of 10
- (c) privaat gebruik maak van, of voordeel trek uit, enige vertroulike inligting wat verkry is as gevolg van die uitvoering van sy of haar funksies as 'n lid van die Raad nie. 15

(3) By die toepassing van subartikel (2)(b), beteken 'n "finansiële belang" 'n direkte of indirekte wesenlike belang van 'n geldelike aard, of waaraan 'n geldwaarde geheg kan word.

Kworum, besluite en prosedures 20

17. (1) Die meerderheid van al die lede van die Raad vorm 'n kworum vir 'n vergadering van die Raad.

(2) Enige aangeleentheid voor die Raad word beslis deur die stemme van die meerderheid van die lede teenwoordig by die vergadering: Met dien verstande dat—

- (a) die teenwoordige lede 'n kworum vir 'n vergadering van die Raad uitmaak; en 25
- (b) die lid wat by die vergadering voorsit, 'n beslissende stem bykomend tot daardie lid se stem as 'n lid moet uitoefen, indien daar 'n staking van stemme is.

(3) Die Raad moet sy eie prosedures in oorleg met die Minister bepaal.

Vergoeding en terugbetaling 30

18. Die Fonds kan 'n Raadslid vergoed en hom of haar vergoed vir uitgawes soos bepaal deur die Minister in oorleg met die Minister van Finansies en in ooreenstemming met die bepalings van die Wet op Openbare Finansiële Bestuur.

Hoofstuk 5

HOOF- UITVOERENDE BEAMPTE 35

Aanstelling

19. (1) 'n Hoof- Uitvoerende Beamppte moet op grond van sy of haar ervaring en tegniese bevoegdheid aangestel word as die administratiewe hoof van die Fonds ooreenkomstig 'n deursigtige en mededingende proses.

(2) Die Raad moet— 40

- (a) onderhoude met kandidate op 'n kortlys voer; en
- (b) hul aanbeveling na die Minister aanstuur vir goedkeuring deur die Kabinet.

(3) Die Minister moet, binne 30 dae vanaf die datum van goedkeuring deur die Kabinet vir die aanstelling van die Hoof- Uitvoerende Beamppte, die Parlement in kennis stel van die finale aanstelling en in die *Staatskoerant* kennis van die aanstelling gee. 45

(4) 'n Persoon wat as Hoof- Uitvoerende Beamppte aangestel word, beklee die amp—

- (a) vir 'n termyn waarop ooreengekom is van hoogstens vyf jaar, wat slegs een keer hernu kan word; en
- (b) behoudens die voorskrifte en bepalings van die Raad in oorleg met die Minister. 50

(5) Die Raad kan, na 'n billike verhoor, 'n aanbeveling aan die Minister maak dat die Hoof- Uitvoerende Beamppte onthef word, indien daardie persoon—

- (a) regtens onbevoeg word;

- (b) fails to perform the functions of his or her office in good faith, in the public interest and in accordance with applicable ethical and legal prescripts; or
- (c) becomes unable to continue to perform the functions of his or her office for any other reason.

Responsibilities

5

- 20.** (1) The Chief Executive Officer as administrative head of the Fund—
- (a) is directly accountable to the Board;
 - (b) is responsible for the functions specifically designated by the Board;
 - (c) takes all decisions as contemplated in terms of subsection (6); and
 - (d) must report to the Board on a quarterly basis and to Parliament on an annual basis. 10
- (2) Subject to the direction and advice of the Board, the responsibilities of the Chief Executive Officer include the—
- (a) formation and development of an efficient Fund administration;
 - (b) organisation and control of the staff of the Fund; 15
 - (c) terms and conditions of employment of the staff of the Fund;
 - (d) collective bargaining relating to the staff of the Fund;
 - (e) maintenance of discipline within the Fund;
 - (f) effective deployment and utilisation of staff to achieve maximum operational results; and 20
 - (g) establishment of a Risk Management and Fraud Prevention Investigation unit within the national office of the Fund for the purposes of—
 - (i) investigating complaints of fraud, corruption, other criminal activity, unethical business practices and abuse relating to any matter affecting the Fund or users of the Fund; and 25
 - (ii) liaising with the District Health Management Office concerning any matter contemplated in subparagraph (i).
- (3) Subject to the direction of the Board, the Chief Executive Officer must establish the following units in order to ensure the efficient and effective functioning of the Fund:
- (a) Planning; 30
 - (b) Benefits Design;
 - (c) Provider Payment Mechanisms and Rates;
 - (d) Accreditation;
 - (e) Purchasing and Contracting;
 - (f) Provider Payment; 35
 - (g) Health Products Procurement;
 - (h) Performance Monitoring; and
 - (i) Risk Management and Fraud Prevention Investigation.
- (4) Subject to the direction of the Board, the Chief Executive Officer is responsible for— 40
- (a) all income and expenditure of the Fund;
 - (b) all revenue received from the National Treasury established by section 5 of the Public Finance Management Act or obtained from any other source, as the case may be;
 - (c) all assets and the discharge of all liabilities of the Fund; and 45
 - (d) the proper and diligent implementation of financial matters of the Fund as provided for in the Public Finance Management Act.
- (5) The Chief Executive Officer must submit to the Board an annual report of the activities of the Fund during a financial year as outlined in section 51, which must include— 50
- (a) details of the financial performance of the Fund, as audited by the Auditor-General, including evidence of the proper and diligent implementation of the Public Finance Management Act;
 - (b) details of performance of the Fund in relation to ensuring access to quality health care services in line with the health care needs of the population; 55
 - (c) the number of accredited and approved health care providers; and
 - (d) the health status of the population based on such requirements as may be prescribed.

- (b) versuim om die werksaamhede van sy of haar amp te goeder trou, in die openbare belang en ooreenkomstig toepaslike etiese en regsvoorskrifte te verrig; of
- (c) om enige ander rede nie meer in staat is om die werksaamhede van sy of haar amp te verrig nie.

5

Verantwoordelikhede

20. (1) Die Hoof- Uitvoerende Beampte as administratiewe hoof van die Fonds—
- (a) is direk aan die Raad verantwoordbaar;
- (b) is verantwoordelik vir die werksaamhede wat spesifiek deur die Raad aangewys is; 10
- (c) neem alle besluite soos ingevolge subartikel (6) beoog; en
- (d) moet op 'n kwartaallikse basis aan die Raad en op 'n jaarlikse basis aan die Parlement verslag doen.
- (2) Onderhewig aan die opdrag en advies van die Raad, sluit die verantwoordelikhede van die Hoof- Uitvoerende Beampte die volgende in: 15
- (a) Vorming en ontwikkeling van 'n doeltreffende Fondsadministrasie;
- (b) organisasie en beheer van die personeel van die Fonds;
- (c) diensbepalings en -voorwaardes van die personeel van die Fonds;
- (d) kollektiewe bedinging met betrekking tot die personeel van die Fonds;
- (e) handhawing van dissipline binne die Fonds; 20
- (f) effektiewe ontplooiing en benutting van personeel om maksimum bedryfsresultate te bereik; en
- (g) vestiging van 'n Ondersoekeenheid vir Risikobestuur- en Bedrogvoorkoming binne die nasionale kantoor van die Fonds vir die doeleindes van—
- (i) die ondersoek van klagtes van bedrog, korrupsie, ander kriminele aktiwiteite, onetiese sakepraktyke en misbruik met betrekking tot enige aangeleentheid wat die Fonds of gebruikers van die Fonds raak; en 25
- (ii) skakeling met die Distrikskantoor vir Gesondheidsbestuur oor enige aangeleentheid in subparagraaf (i) beoog.
- (3) Onderhewig aan die opdrag van die Raad, moet die Hoof- Uitvoerende Beampte die volgende eenhede instel om die doeltreffende en effektiewe funksionering van die Fonds te verseker: 30
- (a) Beplanning;
- (b) Voordele-ontwerp;
- (c) Verskafferbetalingsmeganismes en -tariewe; 35
- (d) Akkreditasie;
- (e) Aankope en Kontraktering;
- (f) Verskafferbetaling;
- (g) Verkryging van gesondheidsprodukte;
- (h) Prestasiemonitering; en 40
- (i) Ondersoekeenheid vir Risikobestuur en Bedrogvoorkoming.
- (4) Behoudens die opdrag van die Raad, is die Hoof- Uitvoerende Beampte verantwoordelik vir—
- (a) alle inkomste en uitgawes van die Fonds;
- (b) alle inkomste ontvang van die Nasionale Tesourie ingestel deur artikel 5 van die Wet op Openbare Finansiële Bestuur of verkry vanaf enige ander bron, na gelang van die geval; 45
- (c) alle bates en die vereffening van alle laste van die Fonds; en
- (d) die behoorlike en noukeurige implementering van finansiële aangeleenthede van die Fonds soos bepaal in die Wet op Openbare Finansiële Bestuur. 50
- (5) Die Hoof- Uitvoerende Beampte moet 'n jaarverslag aan die Raad voorlê van die aktiwiteite van die Fonds gedurende 'n finansiële jaar soos uiteengesit in artikel 51, wat moet insluit—
- (a) besonderhede van die finansiële prestasie van die Fonds, soos geaudit deur die Ouditeur-generaal, met inbegrip van bewyse van die behoorlike en noukeurige implementering van die Wet op Openbare Finansiële Bestuur; 55
- (b) besonderhede van die prestasie van die Fonds met betrekking tot die versekering van toegang tot gehalte gesondheidsorgdienste in ooreenstemming met die gesondheidsorgbehoefte van die bevolking;
- (c) die aantal geakkrediteerde en goedgekeurde gesondheidsorgverskaffers; en 60
- (d) die gesondheidstatus van die bevolking gebaseer op die vereistes soos voorgeskryf kan word.

(6) The Chief Executive Officer must perform the functions of his or her office with diligence and as required by this Act and all other relevant law.

Relationship of Chief Executive Officer with Director-General and Office of Health Standards Compliance

21. (1) The Chief Executive Officer and the Board must meet with the Director-General of the Department and the Chief Executive Officer of the Office of Health Standards Compliance at least four times per year in order to exchange information necessary for him or her to carry out his or her responsibilities. 5

(2) Notwithstanding subsection (1) the Chief Executive Officer remains accountable to the Board. 10

Staff at executive management level

22. The Chief Executive Officer may not appoint or dismiss members of staff at executive management level without the prior written approval of the Board.

Chapter 6

COMMITTEES ESTABLISHED BY BOARD 15

Committees of Board

23. (1) The Board may establish a committee and, subject to such conditions as it may impose, delegate or assign any of its powers or duties to a committee so established.

(2) Each committee established in terms of subsection (1) must have at least one Board member appointed in term of section 13(1) as a member of that committee. 20

(3) Committees of the Board as established in subsection (1) must meet at least four times per year in order to report to the meeting of the full Board and may convene special meetings to discuss urgent matters when necessary.

(4) The Board may dissolve or reconstitute a committee on good cause shown.

(5) A member of a committee contemplated in subsection (1) must— 25

- (a) act in a way that is impartial and without fear, favour or prejudice;
- (b) not expose himself or herself to any situation in which the risk of a conflict between his or her official responsibilities and private interests may arise; or
- (c) not use his or her position or any information entrusted to him or her for self-enrichment or to improperly benefit any other person. 30

Technical committees

24. (1) (a) The Board may establish such number of technical committees as may be necessary to achieve the purpose of this Act.

(b) The provisions of section 29 apply to paragraph (a) with the changes required by the context. 35

(2) A committee established in terms of subsection (1)(a) must perform its functions impartially and without fear, favour or prejudice.

(3) A person appointed as a member of such a committee must—

- (a) be a fit and proper person;
- (b) have appropriate expertise or experience; and 40
- (c) have the ability to perform effectively as a member of that committee.

(4) A member of such a committee must not—

- (a) act in any way that is inconsistent with subsection (2) or expose himself or herself to any situation in which the risk of a conflict between his or her official responsibilities and private interests may arise; or 45
- (b) use his or her position, or any information entrusted to him or her, for self-enrichment or to improperly benefit any other person.

(6) Die Hoof- Uitvoerende Beampte moet die werksaamhede van sy of haar amp met ywer verrig en soos vereis deur hierdie Wet en alle ander tersaaklike reg.

Verhouding van Hoof- Uitvoerende Beampte met Direkteur-generaal en Kantoor vir Nakoming van Gesondheidstandaarde

21. (1) Die Hoof- Uitvoerende Beampte en die Raad moet minstens vier keer per jaar met die Direkteur-generaal van die Departement en die Hoof- Uitvoerende Beampte van die Kantoor vir Nakoming van Gesondheidstandaarde vergader om inligting uit te ruil wat hy of sy benodig om sy of haar verantwoordelikhede uit te voer. 5

(2) Ondanks subartikel (1) bly die Hoof- Uitvoerende Beampte aan die Raad aanspreeklik. 10

Personeel op uitvoerende bestuursvlak

22. Die Hoof- Uitvoerende Beampte mag nie personeellede op uitvoerende bestuursvlak aanstel of ontslaan sonder die vooraf skriftelike goedkeuring van die Raad nie.

Hoofstuk 6

15

KOMITEES DEUR RAAD INGESTEL

Komitees van Raad

23. (1) Die Raad kan 'n komitee instel en, behoudens sodanige voorwaardes wat die Raad kan oplê, enige van die Raad se bevoegdhede of pligte aan die komitee wat aldus ingestel is, delegeer of toewys. 20

(2) Elke komitee wat ingevolge subartikel (1) ingestel is, moet ten minste een Raadslid wat ingevolge artikel 13(1) aangestel is, as lid van daardie komitee hê.

(3) Komitees van die Raad soos in subartikel (1) ingestel, moet ten minste vier keer per jaar vergader ten einde by die vergadering van die volle Raad verslag te doen en kan spesiale vergaderings saamroep om dringende aangeleenthede te bespreek wanneer nodig. 25

(4) Die Raad kan 'n komitee by die aanvoer van goeie gronde ontbind of hersaamstel.

(5) 'n Lid van 'n komitee in subartikel (1) beoog, moet—

- (a) op 'n wyse optree wat onpartydig en sonder vrees, guns of vooroordeel is;
- (b) homself of haarself nie blootstel aan enige situasie waarin die risiko van 'n konflik tussen sy of haar amptelike verantwoordelikhede en private belange kan ontstaan nie; of
- (c) nie sy of haar posisie of enige inligting wat aan hom of haar toevertrou is, gebruik vir selfverryking of om enige ander persoon onbehoorlik te bevoordeel nie. 30 35

Tegniese komitees

24. (1) (a) Die Raad kan die aantal tegniese komitees instel wat nodig mag wees om die doel van hierdie Wet te bereik.

(b) Die bepalings van artikel 29 is van toepassing op paragraaf (a) met die veranderinge wat deur die samehang vereis word. 40

(2) 'n Komitee ingestel ingevolge subartikel (1)(a) moet sy werksaamhede onpartydig en sonder vrees, guns of vooroordeel verrig.

(3) 'n Persoon wat as 'n lid van so 'n komitee aangestel is, moet—

- (a) 'n geskikte en gepaste persoon wees;
- (b) oor toepaslike kundigheid of ervaring beskik; en
- (c) oor die vermoë beskik om doeltreffend as 'n lid van daardie komitee te presteer. 45

(4) 'n Lid van so 'n komitee moet nie—

- (a) op enige wyse optree wat strydig is met subartikel (2) of homself of haarself blootstel aan enige situasie waarin die risiko van 'n konflik tussen sy of haar amptelike verantwoordelikhede en private belange kan ontstaan nie; of
- (b) sy of haar posisie, of enige inligting wat aan hom of haar toevertrou is, gebruik vir selfverryking of om enige ander persoon onbehoorlik te bevoordeel nie. 50

- (5) A member of a committee contemplated in subsection (1) must—
- (a) act in a way that is impartial and without fear, favour or prejudice;
 - (b) not expose himself or herself to any situation in which the risk of a conflict between his or her official responsibilities and private interests may arise; or
 - (c) not use his or her position or any information entrusted to him or her for self-enrichment or to improperly benefit any other person. 5

Chapter 7

ADVISORY COMMITTEES ESTABLISHED BY MINISTER

Benefits Advisory Committee

25. (1) The Minister must, after consultation with the Board and by notice in the *Gazette*, establish a committee to be known as the Benefits Advisory Committee as one of the advisory committees of the Fund. 10

(2) The membership of the Benefits Advisory Committee, appointed by the Minister, must consist of persons with technical expertise in medicine, public health, health economics, epidemiology and the rights of patients, and one member must represent the Minister. 15

(3) A person appointed in terms of subsection (2)—

- (a) serves for a term of not more than five years and may be reappointed for one more term only; and
- (b) ceases to be a member of the Committee when he or she resigns. 20

(4) A vacancy in the Benefits Advisory Committee must be filled by the appointment of a person for the unexpired portion of the term of office of the member in whose place the person is appointed, and in the same manner in which the member was appointed in terms of subsection (2).

(5) The Benefits Advisory Committee must determine and review— 25

- (a) the health care service benefits and types of services to be reimbursed at each level of care at primary health care facilities and at district, regional and tertiary hospitals;
- (b) detailed and cost-effective treatment guidelines that take into account the emergence of new technologies; and 30
- (c) in consultation with the Minister and the Board, the health service benefits provided by the Fund.

(6) The Minister must appoint the chairperson from amongst the members of the Committee.

(7) The Minister must, by notice in the *Gazette*, publish the guidelines contemplated in subsection (5)(b) and may prescribe additional functions to the Benefits Advisory Committee. 35

Health Care Benefits Pricing Committee

26. (1) The Minister must, after consultation with the Board and by notice in the *Gazette*, establish a Health Care Benefits Pricing Committee as one of the advisory committees of the Fund, consisting of not less than 16 and not more than 24 members. 40

(2) The Health Care Benefits Pricing Committee consists of persons with expertise in actuarial science, medicines, epidemiology, health management, health economics, health financing, labour and rights of patients, and one member must represent the Minister. 45

(3) The Committee must recommend the prices of health service benefits to the Fund.

(4) The Minister must appoint the chairperson from amongst the members of the Committee.

Stakeholder Advisory Committee

27. The Minister must, after consultation with the Board and by notice in the *Gazette*, appoint a Stakeholder Advisory Committee comprised of representatives from the statutory health professions councils, health public entities, organised labour, civil 50

- (5) 'n Lid van 'n komitee in subartikel (1) beoog, moet—
- (a) op 'n wyse optree wat onpartydig en sonder vrees, guns of vooroordeel is;
 - (b) homself of haarself nie blootstel aan enige situasie waarin die risiko van 'n botsing tussen sy of haar amptelike verantwoordelikhede en private belange kan ontstaan nie; of
 - (c) nie sy of haar posisie of enige inligting wat aan hom of haar toevertrou is, vir selfverryking of om enige ander persoon onbehoorlik te beoordeel, gebruik nie.

Hoofstuk 7

RAADGEWENDE KOMITEES DEUR MINISTER INGESTEL 10

Raadgewende Komitee oor Voordele

25. (1) Die Minister moet, na oorleg met die Raad en by kennisgewing in die *Staatskoerant*, 'n komitee wat as die Raadgewende Komitee oor Voordele bekend staan, as een van die advieskomitees van die Fonds instel.
- (2) Die lede van die Raadgewende Komitee oor Voordele, wat deur die Minister aangestel word, moet bestaan uit persone met tegniese kundigheid in geneeskunde, openbare gesondheid, gesondheidseconomie, epidemiologie en die regte van pasiënte, en een lid moet die Minister verteenwoordig. 15
- (3) 'n Persoon wat ingevolge subartikel (2) aangestel is—
- (a) dien vir 'n termyn van nie meer as vyf jaar nie en kan vir slegs een termyn heraan gestel word; en 20
 - (b) hou op om 'n lid van die Komitee te wees wanneer hy of sy bedank.
- (4) 'n Vakature in die Raadgewende Komitee oor Voordele moet gevul word deur die aanstelling van 'n persoon vir die onverstreke gedeelte van die ampstermyn van die lid in wie se plek die persoon aangestel word, en op dieselfde wyse waarop die lid ingevolge subartikel (2) aangestel is. 25
- (5) Die Raadgewende Komitee oor Voordele moet bepaal en hersien—
- (a) die gesondheidsorgdiensvoordele en tipe dienste wat by elke vlak van sorg by primêre gesondheidsorgfasiliteite en by distriks-, streek- en tersiêre hospitale vergoed moet word; 30
 - (b) die gedetailleerde en koste-doeltreffende behandelingsriglyne wat rekening hou met die ontwikkeling van nuwe tegnologieë; en
 - (c) in oorleg met die Minister en die Raad, die gesondheidsdiensvoordele wat deur die Fonds verskaf word.
- (6) Die Minister moet die voorsitter uit die lede van die Komitee aanstel. 35
- (7) Die Minister moet die riglyne in subartikel (5)(b) beoog by kennisgewing in die *Staatskoerant* publiseer en kan bykomende werksaamhede vir die Raadgewende Komitee oor Voordele toewys.

Pryskomitee oor Gesondheidsorgvoordele

26. (1) Die Minister moet, na oorleg met die Raad en by kennisgewing in die *Staatskoerant*, 'n Pryskomitee oor Gesondheidsorgvoordele instel as een van die raadgewende komitees van die Fonds, bestaande uit nie minder nie as 16 en nie meer as 24 lede nie. 40
- (2) Die Pryskomitee oor Gesondheidsorgvoordele bestaan uit persone met kundigheid in aktuariële wetenskap, medisynes, epidemiologie, gesondheidsbestuur, gesondheidseconomie, gesondheidsfinansiering, arbeid en regte van pasiënte, en een lid moet die Minister verteenwoordig. 45
- (3) Die Komitee moet die pryse van gesondheidsdiensvoordele by die Fonds aanbeveel.
- (4) Die Minister moet die voorsitter uit die lede van die Komitee aanwys. 50

Raadgewende Komitee vir Belanghebbendes

27. Die Minister moet, na oorleg met die Raad en by kennisgewing in die *Staatskoerant*, 'n Raadgewende Komitee vir Belanghebbendes aanstel wat bestaan uit verteenwoordigers van die statutêre gesondheidsberoepsrade, openbare gesondheidsentiteite, georganiseerde arbeid, burgerlike samelewingsorganisasies, verenigings van 55

society organisations, associations of health professionals and providers as well as patient advocacy groups in such a manner as may be prescribed.

Conduct and disclosure of interest

- 28.** (1) A person appointed as a member of a committee contemplated in this Chapter must— 5
- (a) be a fit and proper person;
 - (b) have appropriate expertise and experience; and
 - (c) have the ability to perform effectively as a member of that committee.
- (2) A member contemplated in subsection (1) must— 10
- (a) act in a way that is impartial and without fear, favour or prejudice;
 - (b) not expose himself or herself to any situation in which the risk of a conflict between his or her official responsibilities and private interests may arise; or
 - (c) not use his or her position or any information entrusted to him or her for self-enrichment or to improperly benefit any other person.
- (3) A member contemplated in subsection (1) who has a personal or financial interest in any matter in which such committee gives advice, must disclose that interest when that matter is discussed and be recused from the discussion. 15

Procedures and remuneration

- 29.** When establishing a committee under this Chapter, the Minister must determine by notice in the *Gazette*— 20
- (a) its composition, functions and working procedures;
 - (b) in consultation with the Minister of Finance, the terms, conditions, remuneration and allowances applicable to its members; and
 - (c) any incidental matter relating to the committee.

Vacation of office 25

- 30.** A member of a committee established in terms of this Act ceases to be a member if—
- (a) that person resigns from that committee;
 - (b) the Minister terminates that person's membership for adequate reason; or
 - (c) the term for which the member was appointed has expired and the membership has not been renewed. 30

Chapter 8

GENERAL PROVISIONS APPLICABLE TO OPERATION OF FUND

Role of Minister

- 31.** (1) Without derogating from any responsibilities and powers conferred on him or her by the Constitution, the National Health Act, this Act or any other applicable law, the Minister is responsible for— 35
- (a) governance and stewardship of the national health system; and
 - (b) governance and stewardship of the Fund in terms of the provisions of this Act.
- (2) The Minister must clearly delineate in appropriate legislation the respective roles and responsibilities of the Fund and the national and provincial Departments, taking into consideration the Constitution, this Act and the National Health Act, in order to prevent duplication of services and the wasting of resources and to ensure the equitable provision and financing of health services. 40

gesondheidswerkers en verskaffers sowel as pasiëntvoorspraakgroepe op so 'n wyse as wat voorgeskryf mag word.

Gedrag en openbaarmaking van belange

28. (1) 'n Persoon wat as 'n lid van 'n komitee beoog in hierdie Hoofstuk aangestel is, moet— 5
- (a) 'n geskikte en gepaste persoon wees;
 - (b) oor toepaslike kundigheid en ervaring beskik; en
 - (c) oor die vermoë beskik om doeltreffend as 'n lid van daardie komitee te presteer.
- (2) 'n Lid beoog in subartikel (1) moet— 10
- (a) op 'n wyse optree wat onpartydig en sonder vrees, guns of vooroordeel is;
 - (b) hom- of haarself nie blootstel aan enige situasie waarin die risiko van 'n konflik tussen sy of haar amptelike verantwoordelikhede en private belange kan ontstaan nie; of
 - (c) nie sy of haar posisie of enige inligting wat aan hom of haar toevertrou is, gebruik vir selfverryking of om enige ander persoon onbehoorlik te bevoordeel nie. 15
- (3) 'n Lid beoog in subartikel (1) wat 'n persoonlike of finansiële belang het in enige aangeleentheid waarvoor sodanige komitee raad gee, moet daardie belang bekend maak wanneer daardie saak bespreek word en van die bespreking onttrek word. 20

Prosedures en vergoeding

29. By die instelling van 'n komitee ingevolge hierdie Hoofstuk, moet die Minister by kennisgewing in die *Staatskoerant* die volgende bepaal:
- (a) Die samestelling, werksaamhede en werksprosedures van die komitee;
 - (b) in oorleg met die Minister van Finansies, die terme, voorwaardes, vergoeding 25 en toelaes wat op die komitee se lede van toepassing is; en
 - (c) enige insidentele aangeleentheid wat met die komitee verband hou.

Ontruiming van amp

30. 'n Lid van 'n komitee wat ingevolge hierdie Wet ingestel is, hou op om 'n lid te wees indien— 30
- (a) daardie persoon uit daardie komitee bedank;
 - (b) die Minister daardie persoon se lidmaatskap om voldoende rede beëindig; of
 - (c) die termyn waarvoor die lid aangestel is, verstryk het en die lidmaatskap nie hernu is nie.

Hoofstuk 8 35

ALGEMENE BEPALINGS VAN TOEPASSING OP BEDRYF VAN FONDS

Rol van Minister

31. (1) Sonder om afbreuk te doen aan enige verantwoordelikhede en bevoegdhede wat deur die Grondwet, die "National Health Act", hierdie Wet of enige ander toepaslike wetsbepaling aan hom of haar verleen word, is die Minister verantwoordelik vir— 40
- (a) beheer en rentmeesterskap van die nasionale gesondheidstelsel; en
 - (b) beheer en rentmeesterskap van die Fonds ingevolge die bepalings van hierdie Wet.
- (2) Die Minister moet in toepaslike wetgewing die onderskeie rolle en verantwoordelikhede van die Fonds en die nasionale en provinsiale departemente duidelik omskryf, met inagneming van die Grondwet, hierdie Wet en die "National Health Act", ten einde duplisering van dienste en die vermorsing van hulpbronne te voorkom en om die gelyke voorsiening en finansiering van gesondheidsdienste te verseker. 50

Role of Department

32. (1) The functions of the Department are outlined in the National Health Act and the Constitution, and include—

- (a) issuing and promoting guidelines for norms and standards related to health matters; 5
- (b) implementing human resources planning, development, production and management;
- (c) co-ordinating health care services rendered by the Department with the health care services rendered by provinces, districts and municipalities, as well as providing such additional health services as may be necessary to establish an integrated and comprehensive national health system; 10
- (d) planning the development of public and private hospitals, other health establishments and health agencies as contemplated in section 36 of the National Health Act; and
- (e) integrating the annual health plans of the Department and the provincial and district health departments and submitting the integrated health plans to the National Health Council. 15

(2) Subject to the transitional provisions provided for in section 57, the Minister may introduce in Parliament proposed amendments to the National Health Act for the purpose of centralising the funding of health care services as required by this Act, and in such cases the Minister may— 20

- (a) delegate to provinces as management agents, for the purposes of provision of health care services, and in those cases the Fund must contract with sections within the province such as provincial tertiary, regional and emergency medical services; 25
- (b) designate provincial tertiary and regional hospitals or groups of hospitals as autonomous legal entities accountable to the Minister through regulation; and
- (c) establish District Health Management Offices as government components to manage personal and non-personal health care services.

(3) Without derogating from the Constitution or any other law, the functions of a provincial Department must be amended to comply with the purpose and provisions of this Act, subject to the provisions of section 57. 30

Role of medical schemes

33. Once National Health Insurance has been fully implemented as determined by the Minister through regulations in the *Gazette*, medical schemes may only offer complementary cover to services not reimbursable by the Fund. 35

National Health Information System

34. (1) The Fund must contribute to the development and maintenance of the national health information system as contemplated in section 74 of the National Health Act through the Information Platform established in terms of section 40. 40

(2) Subject to the provisions of the National Archives and Record Services of South Africa, 1996 (Act No. 43 of 1996), the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), and the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), data must be accurate and accessible to the Department and the Fund, or to any other stakeholder legally entitled to such information. 45

(3) Health workers, health care service providers and persons in charge of health establishments must comply with the provisions in the National Health Act relating to access to health records and the protection of health records.

Purchasing of health care services

35. (1) The Fund must actively and strategically purchase health care services on behalf of users in accordance with need. 50

(2) The Fund must reimburse payment directly to accredited and contracted central, provincial, regional, specialised and district hospitals based on a global budget or Diagnosis Related Groups.

Rol van Departement

- 32.** (1) Die werksaamhede van die Departement word in die “National Health Act” en die Grondwet uiteengesit, en sluit in—
- (a) die uitreiking en bevordering van riglyne vir norme en standaarde wat met gesondheidsaangeleenthede verband hou; 5
 - (b) die inwerkingstelling van menslikehulpbronbeplanning, -ontwikkeling, -produksie en -bestuur;
 - (c) die koördinerings van gesondheidsorgdienste deur die Departement gelewer met die gesondheidsorgdienste wat deur provinsies, distrikte en munisipaliteite gelewer word, asook om sodanige bykomende gesondheidsdienste te lewer wat nodig mag wees om ’n geïntegreerde en omvattende nasionale gesondheidstelsel in te stel; 10
 - (d) die beplanning van die ontwikkeling van openbare en private hospitale, ander gesondheidsinstellings en gesondheidsagentskappe, soos in artikel 36 van die “National Health Act” beoog; en 15
 - (e) die integrasie van die jaarlikse gesondheidsplanne van die Departement en die provinsiale en distriksgesondheidsdepartemente wat die geïntegreerde gesondheidsplanne aan die Nasionale Gesondheidsraad voorlê.
- (2) Behoudens die oorgangsmatreëls waarvoor in artikel 57 voorsiening gemaak word, kan die Minister wysigings van die “National Health Act” by die Parlement indien met die doel om die finansiering van gesondheidsorgdienste soos deur hierdie Wet vereis, te sentraliseer, en in sulke gevalle kan die Minister—
- (a) aan provinsies as bestuursagente delegeer, vir die doel van die voorsiening van gesondheidsorgdienste, en in daardie gevalle moet die Fonds kontrakteer met afdelings binne die provinsie soos provinsiale tersiêre, streeks- en mediese nooddienste; 25
 - (b) provinsiale tersiêre en streekshospitale of groepe hospitale aanwys as outonome regsentiteite wat deur regulering aan die Minister aanspreeklik is; en
 - (c) Distrikskantore vir Gesondheidsbestuur as regeringskomponente instel om persoonlike en niepersoonlike gesondheidsorgdienste te bestuur. 30
- (3) Sonder om afbreuk te doen aan die Grondwet of enige ander wet, moet die werksaamhede van ’n provinsiale Departement gewysig word om te voldoen aan die doel en bepalings van hierdie Wet, behoudens die bepalings van artikel 57.

Rol van mediese skemas 35

33. Sodra Nasionale Gesondheidsversekering ten volle geïmplementeer is soos deur die Minister bepaal deur regulasies in die *Staatskoerant*, kan mediese skemas slegs aanvullende dekking bied vir dienste wat nie deur die Fonds terugbetaalbaar is nie.

Nasionale gesondheidsinligtingstelsel

- 34.** (1) Die Fonds moet bydra tot die ontwikkeling en onderhoud van die nasionale gesondheidsinligtingstelsel soos in artikel 74 van die “National Health Act” beoog deur die Inligtingsplatform wat ingevolge artikel 40 ingestel is. 40
- (2) Behoudens die bepalings van die Wet op die Nasionale Argief en Rekordsdiens van Suid-Afrika, 1996 (Wet No. 43 van 1996), die Wet op Beskerming van Persoonlike Inligting, 2013 (Wet No. 4 van 2013), en die Wet op Bevordering van Toegang tot Inligting, 2000 (Wet No. 2 van 2000), moet data akkuraat wees en toeganklik vir die Departement en die Fonds wees, of vir enige ander belanghebbende wat regtens op sodanige inligting geregtig is. 45
- (3) Gesondheidswerkers, gesondheidsorgdiensverskaffers en persone in beheer van gesondheidsinstellings moet aan die bepalings in die “National Health Act” betreffende toegang tot gesondheidsrekords en die beskerming van gesondheidsrekords voldoen. 50

Aankoop van gesondheidsorgdienste

- 35.** (1) Die Fonds moet aktief en strategies ooreenkomstig behoefte gesondheidsorgdienste ten behoeve van gebruikers aankoop.
- (2) Die Fonds moet terugbetaling direk aan die geakkrediteerde en gekontrakteerde sentrale, provinsiale, streeks-, gespesialiseerde en distrikshospitale maak op grond van ’n globale begroting of Diagnoseverwante Groepe. 55

(3) Funds for primary health care services must be reimbursed directly to accredited and contracted primary health care service providers and health establishments at the sub-district level as outlined in section 37.

(4) (a) Facility-based emergency medical services provided by accredited and contracted public and private health care service providers must be reimbursed on a capped case-based fee basis with adjustments made for case severity, where necessary. 5

(b) Mobile emergency medical services provided by accredited and contracted private health care service providers must be reimbursed on a capped case-based fee basis with adjustments made for case severity, where necessary.

(c) Public ambulance services must be reimbursed through the provincial equitable allocation. 10

Role of District Health Management Office

36. A District Health Management Office established as a national government component in terms of section 31A of the National Health Act must manage, facilitate, support and coordinate the provision of primary health care services for personal health care services and non-personal health services at district level in compliance with national policy guidelines and relevant law. 15

Contracting Unit for Primary Health Care

37. (1) A Contracting Unit for Primary Health Care is hereby established.

(2) A Contracting Unit for Primary Health Care must be comprised of a district hospital, clinics or community health centres and ward-based outreach teams and private providers organised in horizontal networks within a specified geographical sub-district area, and must, amongst others, assist the Fund to—

(a) identify health care service needs in terms of the demographic and epidemiological profile of a particular sub-district; 25

(b) identify accredited public and private health care service providers at primary care facilities;

(c) manage contracts entered into with accredited health care service providers, health establishments and suppliers in the relevant sub-district in the prescribed manner and subject to the prescribed conditions; 30

(d) monitor the disbursement of funds to health care service providers, health establishments and suppliers within the sub-district;

(e) access information on the disease profile in a particular sub-district that would inform the design of the health care service benefits for that sub-district;

(f) improve access to health care services in a particular sub-district at appropriate levels of care at health care facilities and in the community; 35

(g) ensure that the user referral system is functional, including the transportation of users between the different levels of care and between accredited public and private health care service providers and health establishments, if necessary;

(h) facilitate the integration of public and private health care services within the sub-district; and 40

(i) resolve complaints from users in the sub-district in relation to the delivery of health care services.

Health Products Procurement Unit

38. (1) The Board, after consultation with the Minister, must establish a Health Products Procurement unit which sets parameters for the public procurement of health related products. 45

(2) The Health Products Procurement unit must be located within the Fund and is responsible for the centralised facilitation and coordination of functions related to the public procurement of health related products, including but not limited to medicines, medical devices and equipment. 50

(3) Fondse vir primêre gesondheidsorgdienste moet direk terugbetaal word aan geakkrediteerde en gekontrakteerde primêre gesondheidsorgdienste en gesondheidsinstellings op die subdistriksvlak soos in artikel 37 uiteengesit.

(4) (a) Fasiliteitsgebaseerde mediese nooddienste wat deur geakkrediteerde en gekontrakteerde openbare en private gesondheidsorgdiensverskaffers verskaf word, moet op 'n beperkte gevalgebaseerde fooi-basis vergoed word met aanpassings wat volgens die erns van die geval gemaak word, waar nodig. 5

(b) Mobiele mediese nooddienste wat deur geakkrediteerde en gekontrakteerde private gesondheidsorgdiensverskaffers verskaf word, moet op 'n beperkte gevalgebaseerde fooi-basis vergoed word met aanpassings vir die erns van die geval, waar nodig. 10

(c) Openbare ambulansdienste moet deur die provinsiale gelyke toekenning vergoed word.

Rol van Distrikskantoor vir Gesondheidsbestuur

36. 'n Distrikskantoor vir Gesondheidsbestuur wat ingevolge artikel 31A van die "National Health Act" as 'n nasionale regeringskomponent ingestel is, moet die verskaffing van primêre gesondheidsorgdienste vir persoonlike gesondheidsorgdienste en nie-persoonlike gesondheidsdienste op distriksvlak bestuur, vergemaklik, ondersteun en koördineer in ooreenstemming met nasionale beleidsriglyne en tersaaklike reg. 15

Kontrakterende Eenheid vir Primêre Gesondheidsorg

37. (1) 'n Kontrakterende Eenheid vir Primêre Gesondheidsorg word hierby ingestel. 20

(2) 'n Kontrakterende Eenheid vir Primêre Gesondheidsorg moet bestaan uit 'n distriks hospitaal, klinieke of gemeenskapsgesondheidsentrums en saalgebaseerde uitreikspanne en private verskaffers wat in horisontale netwerke binne 'n gespesifiseerde geografiese subdistriksgebied georganiseer is, en moet onder meer die Fonds bystaan om— 25

- (a) gesondheidsorgdiensbehoefte ingevolge die demografiese en epidemiologiese profiel van 'n bepaalde subdistrik te identifiseer;
- (b) geakkrediteerde openbare en private gesondheidsorgdiensverskaffers by primêre versorgingsfasiliteite te identifiseer;
- (c) kontrakte wat met geakkrediteerde gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers in die betrokke subdistrik aangegaan is, op die voorgeskrewe wyse en onderhewig aan die voorgeskrewe voorwaardes bestuur; 30
- (d) die uitbetaling van fondse aan gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers binne die subdistrik te monitor; 35
- (e) toegang te verkry tot inligting oor die siekteprofiel in 'n bepaalde subdistrik wat die ontwerp van die gesondheidsorgdiensvoordele vir daardie subdistrik sal rig;
- (f) toegang tot gesondheidsorgdienste in 'n bepaalde subdistrik op toepaslike vlakke van sorg by gesondheidsorgfasiliteite en in die gemeenskap te verbeter; 40
- (g) te verseker dat die gebruikersverwysingstelsel funksioneel is, met inbegrip van die vervoer van gebruikers tussen die verskillende vlakke van sorg en tussen geakkrediteerde openbare en private gesondheidsorgdiensverskaffers en gesondheidsinstellings, indien nodig; 45
- (h) die integrasie van openbare en private gesondheidsorgdienste binne die subdistrik te vergemaklik; en
- (i) klagtes van gebruikers in die subdistrik met betrekking tot die lewering van gesondheidsorgdienste op te los.

Verkrygingseenheid vir Gesondheidsprodukte 50

38. (1) Die Raad moet, na oorleg met die Minister, 'n Verkrygingseenheid vir Gesondheidsprodukte instel wat parameters vir die openbare verkryging van gesondheidsverwante produkte stel.

(2) Die Verkrygingseenheid vir Gesondheidsprodukte moet binne die Fonds geleë wees en is verantwoordelik vir die gesentraliseerde vergemakliking en koördinerende funksies wat verband hou met die openbare verkryging van gesondheidsverwante produkte, insluitend maar nie beperk tot medisyne, mediese toestelle en toerusting nie. 55

- (3) The Health Products Procurement Unit must—
- (a) determine the selection of health related products to be procured;
 - (b) develop a national health products list; 5
 - (c) coordinate the supply chain management process and price negotiations for health related products contained in the list mentioned in paragraph (b);
 - (d) facilitate the cost effective, equitable and appropriate public procurement of health related products on behalf of users; 10
 - (e) support the processes of ordering and distribution of health related products nationally, and at the district level with the assistance of the District Health Management Office;
 - (f) support the District Health Management Office in concluding and managing contracts with suppliers and vendors;
 - (g) establish mechanisms to monitor and evaluate the risks inherent in the public procurement process; 15
 - (h) facilitate the procurement of high cost devices and equipment; and
 - (i) advise the Board on any matter pertinent to the procurement of health related products.
- (4) The Health Products Procurement Unit must support the Benefits Advisory Committee in the development and maintenance of the Formulary, comprised of the Essential Medicine List and Essential Equipment List as well as a list of health related products used in the delivery of health care services as approved by the Minister in consultation with the National Health Council and the Fund. 20
- (5) The Health Products Procurement unit must support the review of the Formulary annually, or more regularly if required, to take into account changes in the burden of disease, product availability, price changes and disease management for approval by the Minister. 25
- (6) An accredited health care service provider and health establishment must procure according to the Formulary, and suppliers listed in the Formulary must deliver directly to the accredited and contracted health service provider and health establishment. 30
- (7) The provisions of this section are subject to public procurement laws and policies of the Republic that give effect to the provisions of section 217 of the Constitution, including the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000), and the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003).

Accreditation of service providers 35

- 39.** (1) Health care service providers and health establishments accredited by the Fund in terms of this section must deliver health care services at the appropriate level of care to users who are in need and entitled to health care service benefits that have been purchased by the Fund on their behalf.
- (2) In order to be accredited by the Fund, a health care service provider or health establishment, as the case may be, must— 40
- (a) be in possession of and produce proof of registration by a recognised statutory health professional council;
 - (b) be in possession of and produce proof of certification by the Office of Health Standards Compliance; and 45
 - (c) meet the needs of users and ensure service provider compliance with prescribed specific performance criteria, accompanied by a budget impact analysis, including the—
 - (i) provision of the minimum required range of personal health care services specified by the Minister in consultation with the Fund and published in the *Gazette* from time to time as required; 50
 - (ii) allocation of the appropriate number and mix of health care professionals, in accordance with guidelines, to deliver the health care services specified by the Minister in consultation with the National Health Council and the Fund, and published in the *Gazette* from time to time as required; 55

- (3) Die Verkrygingseenheid vir Gesondheidsprodukte moet—
- (a) die keuring van gesondheidsverwante produkte wat verkry moet word, bepaal;
 - (b) 'n nasionale gesondheidsproduktelys ontwikkel;
 - (c) die voorsieningskettingbestuursproses en prysonderhandelinge koördineer vir gesondheidsverwante produkte vervat in die lys genoem in paragraaf (b); 5
 - (d) die koste-doeltreffende, gelyke en toepaslike openbare verkryging van gesondheidsverwante produkte namens gebruikers vergemaklik;
 - (e) die prosesse van bestelling en verspreiding van gesondheidsverwante produkte nasionaal en op distriksvlak ondersteun, met die bystand van die Distrikskantoor vir Gesondheidsbestuur; 10
 - (f) die Distrikskantoor vir Gesondheidsbestuur ondersteun in die sluiting en bestuur van kontrakte met verskaffers en verkopers;
 - (g) meganismes daarstel om die risiko's inherent aan die openbare verkrygingsproses te monitor en te evalueer; 15
 - (h) die verkryging van hoëkoste-toestelle en -toerusting fasiliteer; en
 - (i) die Raad adviseer oor enige aangeleentheid wat betrekking het op die verkryging van gesondheidsverwante produkte.
- (4) Die Verkrygingseenheid vir Gesondheidsprodukte moet die Raadgewende Komitee oor Voordele ondersteun in die ontwikkeling en instandhouding van die Formularium, wat bestaan uit die lys van noodsaaklike medisyne en lys van noodsaaklike toerusting sowel as 'n lys gesondheidsverwante produkte wat gebruik word in die lewering van gesondheidsorgdienste soos goedgekeur deur die Minister in oorleg met die Nasionale Gesondheidsraad en die Fonds. 20
- (5) Die Verkrygingseenheid vir Gesondheidsprodukte moet die hersiening van die Formularium jaarliks ondersteun, of meer gereeld indien nodig, om veranderinge in die siektelas, produkbesikbaarheid, prysveranderinge en siektebestuur vir goedkeuring deur die Minister in ag te neem. 25
- (6) 'n Geakkrediteerde gesondheidsorgdiensverskaffer en gesondheidsinstelling moet verkryging volgens die Formularium doen, en verskaffers wat in die Formularium gelys word, moet direk aan die geakkrediteerde en gekontrakteerde gesondheidsdiensverskaffer en gesondheidsinstelling lewer. 30
- (7) Die bepalings van hierdie artikel is onderhewig aan openbare verkrygingswette en -beleide van die Republiek wat uitvoering gee aan die bepalings van artikel 217 van die Grondwet, met inbegrip van die Wet op die Raamwerk vir Voorkeurverkrygingsbeleid, 2000 (Wet No. 5 van 2000), en die "Broad-Based Black Economic Empowerment Act, 2003" (Wet No. 53 van 2003). 35

Akkreditasie van diensverskaffers

39. (1) Gesondheidsorgdiensverskaffers en gesondheidsinstellings wat ingevolge hierdie artikel deur die Fonds geakkrediteer is, moet gesondheidsorgdienste op die gepaste vlak van sorg aan gebruikers wat gesondheidsorgvoordele benodig en geregtig is op gesondheidsorgvoordele wat die Fonds namens hulle aangekoop het, verskaf. 40
- (2) Ten einde deur die Fonds geakkrediteer te word, moet 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling, na gelang van die geval—
- (a) bewys van registrasie deur 'n erkende statutêre raad vir gesondheidsprofessies hê en dit verstrek; 45
 - (b) deur die Kantoor vir Nakoming vir Gesondheidsdienste gesertifiseer wees en bewys daarvan verstrek; en
 - (c) aan die behoeftes van gebruikers voldoen en verseker dat diensverskaffers voldoen aan voorgeskrewe spesifieke prestasiemaatstawwe, vergesel van 'n begrotingsimpak-analise, met inbegrip van die— 50
 - (i) voorsiening van die minimum vereiste reeks van persoonlike gesondheidsorgdienste deur die Minister gespesifiseer in oorleg met die Fonds en van tyd tot tyd in die *Staatskoerant* gepubliseer soos vereis;
 - (ii) toewysing van die gepaste getal en verskeidenheid van professionele gesondheidsorgverskaffers, ooreenkomstig riglyne, om die gesondheidsorgdienste te lewer wat deur die Minister in oorleg met die Nasionale Gesondheidsraad en die Fonds gespesifiseer is, en van tyd tot tyd in die *Staatskoerant* gepubliseer is; 55

- (iii) adherence to treatment protocols and guidelines, including prescribing medicines and procuring health products from the Formulary;
 - (iv) adherence to health care referral pathways;
 - (v) submission of information to the national health information system to ensure portability and continuity of health care services in the Republic and performance monitoring and evaluation; and 5
 - (vi) adherence to the national pricing regimen for services delivered.
- (3) The Fund must conclude a legally binding contract with a health establishment certified by the Office of Health Standards Compliance and with any other prescribed health care service provider that satisfies the requirements listed in subsection (2) to provide— 10
- (a) primary health care services through Contracting Units for Primary Health Care;
 - (b) emergency medical services; and
 - (c) hospital services. 15
- (4) The contract between the Fund and an accredited health care service provider or health establishment must contain a clear statement of performance expectation and need in respect of the management of patients, the volume and quality of services delivered and access to services.
- (5) In order to be accredited and reimbursed by the Fund, a health care service provider or health establishment must submit information to the Fund on the prescribed information platform, including— 20
- (a) identity number or permit and visa details issued by the Department of Home Affairs, as the case may be;
 - (b) diagnosis and procedure codes using the prescribed coding systems; 25
 - (c) details of treatment administered including medicines dispensed and equipment used;
 - (d) diagnostic tests ordered;
 - (e) length of stay of an inpatient in a hospital facility;
 - (f) facility to which a user is referred if relevant; 30
 - (g) reasons for non-provision or rationing of treatment, if any; and
 - (h) any other information deemed necessary by the Minister in consultation with the Fund for the monitoring and evaluation of national health outcomes.
- (6) The performance of an accredited health care service provider or health establishment must be monitored and evaluated in accordance with this Act and appropriate sanctions must be applied where there is deviation from contractual obligations. 35
- (7) The Fund must renew the accreditation of service providers every five years on the basis of compliance with the accreditation criteria as referred to in subsection (2).
- (8) The Fund may withdraw or refuse to renew the accreditation of a health care service provider or health establishment if it is proven that the health care service provider or health establishment, as the case may be— 40
- (a) has failed or is unable to deliver the required comprehensive health care service benefits to users who are entitled to such benefits;
 - (b) is no longer in possession of, or is unable to produce proof of, certification by the Office of Health Standards Compliance and of proof of registration by the relevant statutory health professions council, as the case may be; 45
 - (c) has failed or is unable to ensure the allocation of the appropriate number and mix of health care professionals to deliver the health care services specified in the *Gazette*; 50
 - (d) has failed or is unable to adhere to treatment protocols and guidelines, including prescribing medicines and procuring health products from the Formulary;
 - (e) has failed or is unable to comply with health care referral pathways;
 - (f) for any reason whatsoever, does not submit to the Fund the information contemplated in section 34(3) timeously; 55
 - (g) fails to adhere to the national pricing regimen for services delivered;

- (iii) voldoening aan behandelingsprotokolle en -riglyne, met inbegrip van om medisynes voor te skryf en gesondheidsprodukte te verkry vanaf die Formularium;
- (iv) voldoening aan gesondheidsorgverwysingsroetes;
- (v) indiening van inligting by die nasionale gesondheidsinligtingstelsel om oordraagbaarheid en kontinuïteit van gesondheidsorgdienste in die Republiek en prestasie-monitoring en -evaluasië te verseker; en 5
- (vi) voldoening aan die nasionale prysbedeling vir dienste wat gelewer is.
- (3) Die Fonds moet 'n regtens bindende kontrak aangaan met 'n gesondheidsinstelling wat deur die Kantoor vir die Nakoming van Gesondheidsstandaarde gesertifiseer is en met enige ander voorgeskrewe gesondheidsorgdiensverskaffer wat voldoen aan die vereistes in subartikel (2) vermeld— 10
- (a) om primêre gesondheidsorgdienste deur Kontrakterende Eenhede vir Primêre Gesondheidsorg te voorsien;
- (b) om mediese nooddienste; en 15
- (c) hospitaaldienste te voorsien.
- (4) Die kontrak tussen die Fonds en 'n geakkrediteerde gesondheidsorgdiensverskaffer of gesondheidsinstelling moet 'n duidelike verklaring van prestasieverwagting en behoefte ten opsigte van die bestuur van pasiënte, die volume en gehalte van dienste gelewer en toegang tot dienste bevat. 20
- (5) Ten einde deur die Fonds geakkrediteer en terugbetaal te word, moet 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling inligting op die voorgeskrewe inligtingsplatform aan die Fonds voorlê, met inbegrip van—
- (a) identiteitsnommer of permit- en visumbesonderhede deur die Departement van Binnelandse Sake uitgereik, na gelang van die geval; 25
- (b) diagnose- en prosedurekodes met gebruik van die voorgeskrewe koderingstelsels;
- (c) besonderhede van behandeling gegee, met inbegrip van medisynes geresepteer en toerusting gebruik; 30
- (d) diagnostiese toetse wat bestel is;
- (e) duur van verblyf van 'n hospitaalpasient by 'n hospitaalfasiliteit;
- (f) fasiliteit waarheen 'n gebruiker verwys word indien relevant;
- (g) redes vir nievoorsiening of rantsoenering van behandeling, indien enige; en
- (h) enige ander inligting wat die Minister in oorleg met die Fonds nodig ag vir die monitoring en evaluering van nasionale gesondheidsuitkomst. 35
- (6) Die prestasie van 'n geakkrediteerde gesondheidsorgdiensverskaffer of gesondheidsinstelling moet ooreenkomstig hierdie Wet gemonitor en evalueer word en gepaste sanksies moet toegepas word waar daar van kontraktuele verpligtinge afgewyk is.
- (7) Die Fonds moet die akkreditasie van diensverskaffers elke vyf jaar hernu op grond van nakoming van die akkreditasie maatstawwe soos in subartikel (2) beoog. 40
- (8) Die Fonds kan die akkreditasie van 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling terugtrek of weier om dit te hernu indien bewys word dat die gesondheidsorgdiensverskaffer of gesondheidsinstelling, na gelang van die geval—
- (a) versuim het om of nie in staat is nie om die vereiste omvattende gesondheidsorgvoordele te lewer aan gebruikers wat op sodanige voordele geregtig is; 45
- (b) nie meer in besit is van, of nie bewys kan verstrek van, sertifisering deur die Kantoor vir Nakoming van Gesondheidsstandaarde en bewys van registrasie deur die tersaaklike statutêre raad vir gesondheidsberoep nie, na gelang van die geval; 50
- (c) versuim het om of nie in staat is nie om te verseker dat die gepaste getal en verskeidenheid gesondheidsorgberoepslui toegewys is om die gesondheidsorgdienste te lewer wat in die *Staatskoerant* gespesifiseer is;
- (d) versuim het of nie in staat is nie om behandelingsprotokolle en -riglyne na te kom, met inbegrip van om medisynes voor te skryf en gesondheidsprodukte te verkry van die Formularium; 55
- (e) versuim het, of nie in staat is nie, om te voldoen aan gesondheidsorgverwysings;
- (f) om enige rede hoegenaamd nie die inligting beoog in artikel 34(3) betyds aan die Fonds voorlê nie; 60
- (g) versuim om aan die nasionale prysbedeling vir dienste wat gelewer is, te voldoen;

- (h) intentionally or negligently breaches any substantive terms of a legally binding contract concluded with the Fund;
- (i) fails or is unable to perform as required by the terms of a legally binding contract concluded with the Fund;
- (j) delivers services of a quality not acceptable to the Fund; or 5
- (k) infringes any code of health related ethics or relevant law applicable in the Republic.
- (9) If the Fund intends to withdraw the accreditation of a health care service provider or health establishment, or intends to refuse to renew the accreditation of a health care service provider or health establishment, the Fund must— 10
- (a) provide a health care service provider or health establishment with notice of its intention;
- (b) provide a health care service provider or health establishment with a reasonable opportunity to make representations in respect of such intention;
- (c) consider the representations made in respect of paragraph (b); and 15
- (d) provide adequate reason for the decision to withdraw or refuse the renewal of accreditation to a health care service provider or health establishment, as the case may be.
- (10) A health care service provider or health establishment who is dissatisfied with the reasons for the decision provided in terms of subsection (8)(d) may lodge an appeal in terms of section 43. 20
- (11) The Fund may issue directives relating to the listing and publication of accredited health care service providers and health establishments and the periods of time applicable to health care service providers and health establishments where accreditation is withdrawn, not renewed or appealed. 25
- (12) The Fund may grant conditional accreditation to a health care service provider or health establishment as prescribed by the Minister after consultation with the Office of Health Standards Compliance.

Information platform of Fund

- 40.** (1) The Fund must establish an information platform to enable it to make informed decisions on population health needs assessment, financing, purchasing, patient registration, service provider contracting and reimbursement, utilisation patterns, performance management, setting the parameters for the procurement of health goods, and fraud and risk management. 30
- (2) Health care service providers and health establishments must submit such information as may be prescribed to the Fund, taking into consideration the provisions of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013). 35
- (3) The information in subsection (2) may be used by the Fund to—
- (a) monitor health care service utilisation and expenditure patterns relative to plans and budgets; 40
- (b) plan and budget for the purchasing of quality personal health care services based on need;
- (c) monitor adherence to standard treatment guidelines, including prescribing from the Formulary; 45
- (d) monitor the appropriateness and effectiveness of referral networks prescribed by health care service providers and health establishments;
- (e) provide an overall assessment of the performance of health care service providers, health establishments and suppliers; and
- (f) determine the payment mechanisms and rates for personal health care services. 50
- (4) Information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment is confidential and no third party may disclose information contemplated in subsection (2), unless—
- (a) the user consents to such disclosure in writing; 55
- (b) the information is shared among health care service providers for the lawful purpose of serving the interests of users;

- (h) met opset of nalatigheid enige wesenlike voorwaardes van 'n regtens bindende kontrak wat met die Fonds aangegaan is, verbreek;
- (i) versuim of nie in staat is nie om te presteer soos vereis deur die voorwaardes van 'n regtens bindende kontrak wat met die Fonds aangegaan is;
- (j) dienste lewer van 'n gehalte wat nie vir die Fonds aanvaarbaar is nie; of 5
- (k) enige kode van gesondheidsverwante etiek of tersaaklike wetsbepaling wat in die Republiek van toepassing is, verbreek.
- (9) Indien die Fonds voornemens is om die akkreditasie van 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling terug te trek, of voornemens is om te weier om die akkreditasie van 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling te hernu, moet die Fonds— 10
- (a) 'n gesondheidsdiensverskaffer of gesondheidsinstelling in kennis stel van daardie voorneme;
- (b) 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling 'n redelike geleentheid gun om versoë ten opsigte van sodanige voorneme te maak; 15
- (c) die versoë oorweeg wat ingevolge paragraaf (b) gemaak is; en
- (d) voldoende rede vir die besluit om akkreditasie terug te trek of die hernuwing daarvan te weier aan 'n gesondheidsdiensverskaffer of gesondheidsinstelling, na gelang van die geval, verstrekk.
- (10) 'n Gesondheidsorgdiensverskaffer of gesondheidsinstelling wat ontevrede is met die redes vir die besluit wat ingevolge subartikel (8)(d) verstrekk is, kan 'n appèl ingevolge artikel 43 indien. 20
- (11) Die Fonds kan voorskrifte uitreik betreffende die inskrywing en publikasie van geakkrediteerde gesondheidsorgdiensverskaffers en gesondheidsinstellings en die tydperke van toepassing op gesondheidsorgdiensverskaffers waar akkreditasie teruggetrek, nie hernu nie of teen geappèlleer word. 25
- (12) Die Fonds kan voorwaardelike akkreditasie aan 'n gesondheidsorgdiensverskaffer of gesondheidsinstelling toestaan soos deur die Minister voorgeskryf na oorleg met die Kantoor vir Voldoening aan Gesondheidsstandaarde.

Inligtingsplatform van Fonds 30

- 40.** (1) Die Fonds moet 'n inligtingsplatform daarstel om dit in staat te stel om ingeligte besluite te neem oor bevolkingsgesondheidsbehoeftebepaling, finansiering, aankope, pasiëntregistrasie, diensverskafferkontraktering en -vergoeding, gebruikspatrone, prestasiebestuur, die stel van die parameters vir die verkryging van gesondheidsgoedere, en bedrog- en risikobestuur. 35
- (2) Gesondheidsorgdiensverskaffers en gesondheidsinstellings moet sodanige inligting as wat voorgeskryf mag word aan die Fonds voorlê, met inagneming van die bepaling van die Wet op die Beskerming van Persoonlike Inligting, 2013 (Wet No. 4 van 2013).
- (3) Die inligting in subartikel (2) kan deur die Fonds gebruik word— 40
- (a) om gesondheidsorgdiensbenutting en uitgawepatrone relatief tot planne en begrotings te monitor;
- (b) om vir die aankoop van gehalte persoonlike gesondheidsorgdienste gebaseer op behoefte te beplan en te begroot;
- (c) om die nakoming van standaardbehandelingsriglyne te monitor, met inbegrip daarvan om uit die Formularium voorskrifte te skryf; 45
- (d) om die toepaslikheid en doeltreffendheid van verwysingsnetwerke wat deur gesondheidsorgdiensverskaffers en gesondheidsinstellings voorgeskryf word, te monitor;
- (e) om 'n algehele beoordeling van die prestasie van gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers te verskaf; en 50
- (f) om die betalingsmeganismes en tariewe vir persoonlike gesondheidsorgdienste te bepaal.
- (4) Inligting aangaande 'n gebruiker, insluitend inligting wat verband hou met sy of haar gesondheidstatus, behandeling of verblyf in 'n gesondheidsinstelling, is vertroulik en geen derde party mag inligting beoog in subartikel (2) openbaar maak nie, tensy— 55
- (a) die gebruiker skriftelik tot sodanige openbaarmaking toestem;
- (b) die inligting onder gesondheidsorgdiensverskaffers gedeel word vir die wettige doel om die belange van gebruikers te dien;

- (c) the information is required by an accredited health care service provider, health establishment, supplier or researchers for the lawful purpose of improving health care practices and policy, but not for commercial purposes;
 - (d) the information is utilised by the Fund for any other lawful purpose related to the efficient and effective functioning of the Fund; 5
 - (e) a court order or any law requires such disclosure; or
 - (f) failure to disclose the information represents a serious threat to public health.
- (5) The information architecture must include a fraud and risk management mechanism.
- (6) In order to fulfil the requirements for dissemination of information and the keeping of records, the information platform must facilitate— 10
- (a) the implementation of the objects and the effective management of the Fund; and
 - (b) portability and continuity of health care services available to users subject to the provisions of this Act. 15

Payment of health care service providers

- 41.** (1) The Fund, in consultation with the Minister, must determine the nature of provider payment mechanisms and adopt additional mechanisms.
- (2) The Fund must ensure that health care service providers, health establishments and suppliers are properly accredited before they are reimbursed. 20
- (3) (a) An accredited primary health care service provider or health establishment providing primary health care services must be reimbursed by the Fund in accordance with the prescribed capitation strategy.
- (b) In the case of specialist and hospital services, payments must be all-inclusive and based on the performance of the health care service provider, health establishment or supplier of health goods, as the case may be. 25
- (c) Emergency medical services must be reimbursed on a capped case-based fee basis with adjustments made for case severity, where necessary.
- (4) Without limiting the powers of the Minister to make regulations in terms of section 55, the Minister may make regulations to— 30
- (a) provide that payments may be made on condition that there has been compliance with quality standards of care or the achievement of specified levels of performance;
 - (b) determine mechanisms for the payment of an individual health worker and health care provider; and 35
 - (c) provide that the whole or any part of a payment is subject to the conditions outlined in a contract and that payments must only be effected by the Fund if the conditions have been met.
- (5) For the purposes of subsection (4), “health worker” and “health care provider” have the meanings ascribed to them in section 1 of the National Health Act. 40

Chapter 9

COMPLAINTS AND APPEALS

Complaints

- 42.** (1) An affected natural or juristic person, namely a user, health care service provider, health establishment or supplier, may furnish a complaint with the Fund in terms of the procedures determined by the Fund in consultation with the Minister, and the Fund must deal with such complaints in a timeous manner and in terms of the law. 45
- (2) The Investigating Unit established by the Chief Executive Officer in terms of section 20(2)(e) must launch an investigation to establish the facts of the incident reported and must make recommendations to the Chief Executive Officer as to the way in which the matter may be resolved within 30 days of receipt of the complaint. 50
- (3) The complainant must be informed in writing of the outcome of the investigation launched in terms of subsection (2), and any decision taken by the Fund, within a reasonable period of time.

- (c) die inligting deur 'n geakkrediteerde gesondheidsorgdiensverskaffer, gesondheidsinstelling, verskaffer of navorsers vereis word vir die wettige doel om gesondheidsorgpraktyke en -beleid te verbeter, maar nie vir kommersiële doeleindes nie;
- (d) die inligting deur die Fonds gebruik word vir enige ander wettige doel wat verband hou met die doeltreffende en effektiewe funksionering van die Fonds; 5
- (e) 'n hofbevel of enige wet sodanige openbaarmaking vereis; of
- (f) versuim om die inligting bekend te maak, 'n ernstige bedreiging vir openbare gesondheid inhou.
- (5) Die inligtingsargitektuur moet 'n bedrog- en risikobestuursmeganisme insluit. 10
- (6) Om aan die vereistes vir verspreiding van inligting en die hou van rekords te voldoen, moet die inligtingsplatform—
- (a) die implementering van die oogmerke en die effektiewe bestuur van die Fonds; en
- (b) oordraagbaarheid en kontinuïteit van gesondheidsorgdienste wat aan gebruikers beskikbaar is behoudens die bepalings van hierdie Wet, vergemaklik. 15

Betaling van gesondheidsorgdiensverskaffers

41. (1) Die Fonds moet in oorleg met die Minister die aard van verskafferbetalingsmeganismes bepaal en bykomende meganismes goedkeur. 20
- (2) Die Fonds moet verseker dat gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers behoorlik geakkrediteer is voordat hulle terugbetaal word.
- (3) (a) 'n Geakkrediteerde primêre gesondheidsorgdiensverskaffer of gesondheidsinstelling wat primêre gesondheidsorgdienste verskaf, moet deur die Fonds vergoed word in ooreenstemming met die voorgeskrewe kapitasiestrategie. 25
- (b) In die geval van spesialis- en hospitaaldienste moet betalings alles insluitend wees en gebaseer wees op die prestasie van die gesondheidsorgdiensverskaffer, gesondheidsinstelling of verskaffer van gesondheidsgoedere, na gelang van die geval.
- (c) Mediese nooddienste moet vergoed word op 'n beperkte geval-gebaseerde fooi-basis met aanpassings gemaak vir die erns van die geval, waar nodig. 30
- (4) Sonder om die bevoegdheid ingevolge artikel 55 van die Minister om regulasies uit te vaardig, te beperk, kan die Minister regulasies uitvaardig—
- (a) om voorsiening te maak dat betalings gemaak kan word op voorwaarde dat daar voldoen is aan gehalte standaarde van sorg of die bereiking van gespesifiseerde vlakke van prestasie; 35
- (b) om meganismes vir die betaling van 'n individuele gesondheidswerker en gesondheidsorgverskaffer te bepaal; en
- (c) bepaal dat die hele of enige deel van 'n betaling onderhewig is aan die voorwaardes uiteengesit in 'n kontrak en dat betalings slegs deur die Fonds gedoen moet word indien die voorwaardes nagekom is. 40
- (5) By die toepassing van subartikel (4), het “gesondheidswerker” en “gesondheidsorgverskaffer” die betekenis wat in artikel 1 van die “National Health Act” aan onderskeidelik “health worker” en “healthcare provider” toegeskryf word.

Hoofstuk 9

KLAGTES EN APPELLE 45

Klagtes

42. (1) 'n Geraakte natuurlike of regs persoon, naamlik 'n gebruiker, gesondheidsorgdiensverskaffer, gesondheidsinstelling of verskaffer, kan 'n klag by die Fonds indien ingevolge die prosedures wat die Fonds in oorleg met die Minister bepaal, en die Fonds moet sodanige klagtes betyds en ingevolge die wet hanteer. 50
- (2) Die Ondersoekende Beampte wat deur die Hoof- Uitvoerende Beampte ingevolge artikel 20(2)(e) ingestel is, moet 'n ondersoek van stapel stuur om die feite van die voorval wat aangemeld is vas te stel en moet aanbevelings aan die Hoof- Uitvoerende Beampte maak oor die wyse waarop die saak binne 30 dae na ontvangs van die klagte opgelos kan word.
- (3) Die klaer moet skriftelik ingelig word van die uitslag van die ondersoek wat ingevolge subartikel (2) van stapel gestuur is, en enige besluit wat deur die Fonds geneem word, binne 'n redelike tydperk. 55

- (4) If the Fund has made a decision in terms of subsection (3), the Fund must—
- (a) provide the health care service provider with a notice of the decision to provide the health care service provider with a reasonable opportunity to make representations in respect of such a decision;
 - (b) consider the representations made in respect of paragraph (a); and 5
 - (c) provide adequate reason for the decision to withdraw or refuse the renewal of accreditation to the health care service provider, as the case may be.

Lodging of appeals

43. A natural or juristic person, namely a user, health care service provider, health establishment or supplier aggrieved by a decision of the Fund delivered in terms of section 42 may, within a period of 60 days after receipt of written notification of the decision, appeal against such decision to the Appeal Tribunal. 10

Appeal Tribunal

44. (1) An Appeal Tribunal is hereby established, consisting of five persons appointed by the Minister after consultation with Cabinet: 15
- (a) One member appointed on account of his or her knowledge of the law, who must also be the chairperson of the Appeal Tribunal;
 - (b) two members appointed on account of their medical knowledge; and
 - (c) two members appointed on account of their financial knowledge.
- (2) A member of the Appeal Tribunal appointed by the Minister in subsection (1) must serve as a member for a period of three years, which term is renewable only once. 20
- (3) A member ceases to be a member if—
- (a) he or she resigns from the Appeal Tribunal;
 - (b) the Minister terminates his or her membership on good cause; or
 - (c) the term for which the member was appointed has expired and has not been renewed or after a second term may not be renewed. 25

Powers of Appeal Tribunal

45. (1) The Appeal Tribunal has the same power as a High Court to—
- (a) summon witnesses;
 - (b) administer an oath or affirmation; 30
 - (c) examine witnesses; and
 - (d) call for the discovery of documents and objects.
- (2) The Appeal Tribunal may after hearing the appeal—
- (a) confirm, set aside or vary the relevant decision of the Fund; or
 - (b) order that the decision of the Fund be effected. 35

Secretariat

46. The Chief Executive Officer must designate a staff member of the Fund to act as secretary of the Appeal Tribunal and the Fund must keep the minutes and all records of a decision of the Appeal Tribunal for a period of at least three years after the decision has been recorded. 40

Procedure and remuneration

47. (1) The Minister, in consultation with the Minister of Finance and the Fund, must determine the terms, conditions, remuneration and allowances applicable to the members of the Appeal Tribunal.
- (2) A member of the Appeal Tribunal must recuse himself or herself if it transpires that he or she has any direct or indirect personal interest in the outcome of the appeal and must be replaced for the duration of the hearing by another person with similar knowledge appointed by the Minister. 45
- (3) The Appeal Tribunal must determine the outcome of the appeal within 90 days after the lodgement of the appeal and inform the appellant of the decision in writing, and 50

- (4) Indien die Fonds 'n besluit ingevolge subartikel (3) geneem het, moet die Fonds—
- (a) aan die gesondheidsorgdiensverskaffer kennis gee van die besluit om die gesondheidsorgdiensverskaffer 'n redelike geleentheid te bied om verhoë ten opsigte van so 'n besluit te rig;
 - (b) die verhoë wat ten opsigte van paragraaf (a) gemaak is, oorweeg; en 5
 - (c) voldoende redes aan die gesondheidsorgdiensverskaffer verstrek vir die besluit om die hernuwing van akkreditasie te onttrek of te weier, na gelang van die geval.

Indiening van appèlle

43. 'n Natuurlike of regs persoon, naamlik 'n gebruiker, gesondheidsorgdiensverskaffer, gesondheidsinstelling of verskaffer wat verontreg voel deur 'n beslissing van die Fonds wat ingevolge artikel 42 gelewer is, kan, binne 'n tydperk van 60 dae na ontvangs van kennisgewing van die beslissing, by die Appèltribunaal appèl aanteken teen sodanige beslissing. 10

Appèltribunaal

44. (1) 'n Appèltribunaal word hierby ingestel, bestaande uit vyf persone wat na oorleg met die Kabinet deur die Minister aangestel is: 15

- (a) Een lid wat vanweë sy of haar regskennis aangestel is, wat ook die voorsitter van die Appèltribunaal is;
- (b) twee lede wat vanweë hulle mediese kennis aangestel is; en 20
- (c) twee lede wat vanweë hul finansiële kennis aangestel is.

(2) 'n Lid van die Appèltribunaal wat ingevolge subartikel (1) deur die Minister aangestel is, moet vir 'n tydperk van drie jaar as 'n lid dien, welke termyn slegs een keer hernu kan word.

- (3) 'n Lid hou op om 'n lid te wees indien— 25
 - (a) hy of sy uit die Appèltribunaal bedank;
 - (b) die Minister sy of haar lidmaatskap op goeie gronde beëindig; of
 - (c) die termyn waarvoor die lid aangestel is, verstryk het en nie hernu is nie of na 'n tweede termyn nie hernu mag word nie.

Bevoegdhede van Appèltribunaal

45. (1) Die Appèltribunaal het dieselfde bevoegdheid as 'n Hoë Hof om— 30
- (a) getuies te roep;
 - (b) 'n eed of bevestiging af te lê;
 - (c) getuies te ondervra; en
 - (d) te vra vir die ontdekking van dokumente en voorwerpe. 35
- (2) Die Appèltribunaal kan, na aanhoor van die appèl—
- (a) die betrokke besluit van die Fonds bevestig, tersyde stel of verander; of
 - (b) beveel dat die besluit van die Fonds bewerkstellig word.

Sekretariaat

46. Die Hoof- Uitvoerende Beampte moet 'n personeellid van die Fonds aanwys om as sekretaris van die Appèltribunaal op te tree en die Fonds moet die notule en alle rekords van 'n besluit van die Appèltribunaal hou vir 'n tydperk van minstens drie jaar nadat die besluit aangeteken is. 40

Prosedure en vergoeding

47. (1) Die Minister, in oorleg met die Minister van Finansies en die Fonds, moet die 45

bepalings, voorwaardes, vergoeding en toelaes van toepassing op die lede van die Appèltribunaal bepaal.

(2) 'n Lid van die Appèltribunaal moet homself of haarself onttrek indien dit blyk dat hy of sy enige direkte of indirekte persoonlike belang by die uitslag van die appèl het en moet vir die duur van die verhoor vervang word deur 'n ander persoon met soortgelyke kennis wat deur die Minister aangestel is. 50

(3) Die Appèltribunaal moet die uitslag van die appèl binne 90 dae na die indiening van die appèl bepaal en die appellant skriftelik van die besluit in kennis stel, en die

the Secretariat appointed in section 46 must keep record of all proceedings and outcomes.

(4) The operation and execution of a decision which is the subject of an appeal is suspended pending the decision of the appeal.

(5) Nothing in this section precludes an aggrieved party from seeking suitable redress in a court of law that has jurisdiction to hear such a matter. 5

Chapter 10

FINANCIAL MATTERS

Sources of funding

48. The revenue sources for the Fund consist of— 10
- (a) money to which the Fund is entitled in terms of section 49;
 - (b) any interest or return on investment made by the Fund;
 - (c) any money paid erroneously to the Fund which, in the opinion of the Minister, cannot be refunded;
 - (d) any bequest or donation received by the Fund; and 15
 - (e) any other money to which the Fund may become legally entitled.

Chief source of income

49. (1) The Fund is entitled to money appropriated annually by Parliament in order to achieve the purpose of the Act.

(2) The money referred to in subsection (1) must be— 20

- (a) appropriated from money collected and in accordance with social solidarity in respect of—
 - (i) general tax revenue, including the shifting of funds from national government departments and agencies and the provincial equitable share and conditional grants into the Fund; 25
 - (ii) reallocation of funding for medical scheme tax credits paid to various medical schemes towards the funding of National Health Insurance;
 - (iii) payroll tax (employer and employee); and
 - (iv) surcharge on personal income tax, introduced through a money Bill by the Minister of Finance and earmarked for use by the Fund, subject to section 57; and 30
- (b) calculated in accordance with the estimates of income and expenditure as contemplated in section 53 of the Public Finance Management Act.

(3) Once appropriated, the revenue allocated to the Fund must be paid through a Budget Vote to the Fund as determined by agreement between the Fund and the Minister and subject to the provisions of the Constitution and the Public Finance Management Act. 35

Auditing

50. The Auditor-General must audit the accounts and financial records of the Fund annually as outlined in the Public Audit Act, 2004 (Act No. 25 of 2004). 40

Annual reports

51. (1) As the accounting authority of the Fund, the Board must submit to the Minister and Parliament a report on the activities of the Fund during a financial year as determined by the Public Finance Management Act.

(2) Subject to the provisions of the Public Finance Management Act, the report must include— 45

- (a) the audited financial statements of the Fund;
- (b) a report of activities undertaken in terms of its functions set out in this Act;
- (c) a statement of the progress achieved during the preceding financial year towards realisation of the purpose of this Act; and 50

Sekretariaat wat in artikel 46 aangestel is, moet rekord hou van alle verrigtinge en uitkomste.

(4) Die werking en uitvoering van 'n besluit wat die onderwerp van 'n appèl is, word opgeskort hangende die besluit van die appèl.

(5) Niks in hierdie artikel verhinder 'n benadeelde party daarvan om geskikte regstelling te soek in 'n geregshof wat jurisdiksie het om so 'n aangeleentheid aan te hoor nie. 5

Hoofstuk 10

FINANSIËLE AANGELEENTHEDE

Bronne van befondsing 10

48. Die inkomstebronne vir die Fonds bestaan uit—

- (a) geld waarop die Fonds ingevolge artikel 49 geregtig is;
- (b) enige rente of opbrengs op belegging gemaak deur die Fonds;
- (c) enige geld wat verkeerdelik aan die Fonds betaal is en wat na die mening van die Minister nie terugbetaal kan word nie; 15
- (d) enige bemaking of skenking wat deur die Fonds ontvang is; en
- (e) enige ander geld waarop die Fonds wetlik geregtig kan word.

Hoofbron van inkomste

49. (1) Die Fonds is geregtig op geld wat jaarliks deur die Parlement bewillig word om die doel van die Wet te bereik. 20

(2) Die geld beoog in subartikel (1) moet—

- (a) bewillig word uit geld wat ingesamel is en in ooreenstemming met maatskaplike solidariteit ten opsigte van—
 - (i) algemene belastinginkomste, met inbegrip van die verskuiwing van fondse van nasionale staatsdepartemente en -agentskappe en die provinsiale gelyke aandeel en voorwaardelike toekennings na die Fonds; 25
 - (ii) hertoewysing van befondsing vir mediese skema belastingkrediete betaal aan verskeie mediese skemas vir die befondsing van Nasionale Gesondheidsversekering;
 - (iii) betaalstaatbelasting (werkgewer en werknemer); en 30
 - (iv) toeslag op persoonlike inkomstebelasting, ingestel deur 'n geldwetsontwerp deur die Minister van Finansies en geormerk vir gebruik deur die Fonds, behoudens artikel 57; en
- (b) bereken ooreenkomstig die ramings van inkomste en uitgawes soos beoog in artikel 53 van die Wet op Openbare Finansiële Bestuur. 35

(3) Sodra dit bewillig is, moet die inkomste wat aan die Fonds toegeken is, deur middel van 'n Begrotingspos aan die Fonds betaal word soos bepaal by ooreenkoms tussen die Fonds en die Minister en onderworpe aan die bepalinge van die Grondwet en die Wet op Openbare Finansiële Bestuur.

Oudit 40

50. Die Ouditeur-generaal moet die rekeninge en finansiële rekords van die Fonds jaarliks ouditeer soos in die Wet op Openbare Oudit, 2004 (Wet No. 25 van 2004), uiteengesit.

Jaarverslae

51. (1) As die rekenpligtige gesag van die Fonds moet die Raad 'n verslag aan die Minister en Parlement voorlê oor die bedrywighede van die Fonds gedurende 'n boekjaar soos bepaal deur die Wet op Openbare Finansiële Bestuur. 45

(2) Behoudens die bepalinge van die Wet op Openbare Finansiële Bestuur, moet die verslag die volgende insluit:

- (a) Die geouditeerde finansiële state van die Fonds; 50
- (b) 'n verslag van aktiwiteite onderneem ingevolge die Fonds se werksaamhede soos uiteengesit in hierdie Wet;
- (c) 'n verklaring van die vordering wat gedurende die voorafgaande boekjaar tot verwesenliking van die doel van hierdie Wet behaal is; en

- (d) any other information that the Minister, by notice in the *Gazette*, determines.
- (3) In addition to the matters which must be included in the annual report and financial statements as determined by section 55 of the Public Finance Management Act, the annual report must be prepared in accordance with generally accepted accounting practice and contain a statement showing— 5
- (a) the total number of users who received health care benefits in terms of this Act;
 - (b) the total monetary value of health care benefits provided in respect of each category of benefits and level of care as determined by the Minister;
 - (c) all loans, overdrafts, advances and financial commitments of the Fund; 10
 - (d) the particulars of all donations and bequests received by the Fund;
 - (e) an actuarial valuation report;
 - (f) particulars of the use of all immovable and movable property acquired by the Fund;
 - (g) any amount written off by the Fund; and 15
 - (h) any other matter determined by the Minister.
- (4) The Minister must without delay—
- (a) table a copy of the report in the National Assembly; and
 - (b) submit a copy of the report to the National Council of Provinces.

Chapter 11 20

MISCELLANEOUS

Assignment of duties and delegation of powers

- 52.** Subject to the Public Finance Management Act—
- (a) the Minister may assign any duty and delegate any power imposed or conferred upon him or her by this Act, except the power to make regulations, 25 to any person in the employ of the Fund; and
 - (b) the Chief Executive Officer of the Fund may assign any duty and delegate any power imposed or conferred upon him or her by this Act to any employee of the Fund.

Protection of confidential information 30

53. Nothing in this Act affects the provisions in any other legislation or law prohibiting or regulating disclosure of personal or other sensitive information accessible to or in possession of the Fund.

Offences and penalties

- 54.** (1) Any person who— 35
- (a) knowingly submits false information to the Fund or its agents;
 - (b) makes a false representation with the intention of obtaining health care service benefits from the Fund to which he or she is not entitled;
 - (c) utilises money paid from the Fund for a purpose other than that in respect of which it is paid; 40
 - (d) obtains money or other gratification from the Fund under false pretences; or
 - (e) sells or otherwise discloses confidential information owned by the Fund to a third party without the prior knowledge and written consent of the Fund,
- is guilty of an offence and liable on conviction in a court of law to a fine not exceeding R100 000.00 or imprisonment for a period not exceeding five years or to 45 both a fine and such imprisonment.
- (2) Any natural or juristic person who fails to furnish the Fund or an agent of the Fund with information required by this Act or any directive issued under this Act within the prescribed or specified period or any extension thereof, irrespective of any criminal proceedings instituted under this Act, must pay a prescribed fine for 50 every day which the failure continues, unless the Fund, on good cause shown, waives the fine or any part thereof.

- (d) enige ander inligting wat die Minister by kennisgewing in die *Staatskoerant* bepaal.
- (3) Benewens die aangeleentheid wat in die jaarverslag en finansiële state soos bepaal deur artikel 55 van die Wet op Openbare Finansiële Bestuur, ingesluit moet word, moet die jaarverslag in ooreenstemming met algemeen aanvaarde rekeningkundige praktyk opgestel word en 'n verklaring bevat wat toon—
- (a) die totale getal gebruikers wat gesondheidsorgvoordele ingevolge hierdie Wet ontvang het;
- (b) die totale geldwaarde van gesondheidsorgvoordele verskaf ten opsigte van elke kategorie voordele en vlak van sorg soos deur die Minister bepaal;
- (c) alle lenings, oortrekkings, voorskotte en finansiële verpligtinge van die Fonds;
- (d) die besonderhede van alle skenkings en bemakings wat deur die Fonds ontvang is;
- (e) 'n aktuariële waardasieverlag;
- (f) besonderhede van die gebruik van alle onroerende en roerende eiendom wat deur die Fonds verkry is;
- (g) enige bedrag wat deur die Fonds afgeskryf is; en
- (h) enige ander aangeleentheid deur die Minister bepaal.
- (4) Die Minister moet sonder versuim—
- (a) 'n afskrif van die verslag in die Nasionale Vergadering ter tafel lê; en
- (b) 'n afskrif van die verslag aan die Nasionale Raad van Provinsies voorlê.

Hoofstuk 11

DIVERSE

Toewysing van pligte en delegering van bevoegdhede 25

52. Onderhewig aan die Wet op Openbare Finansiële Bestuur—
- (a) kan die Minister enige plig opdra en enige bevoegdheid wat deur hierdie Wet aan hom of haar opgelê of verleen word, behalwe die bevoegdheid om regulasies uit te vaardig, aan enige persoon in diens van die Fonds deleger; en
- (b) kan die Hoof- Uitvoerende Beampte van die Fonds enige plig opdra en enige bevoegdheid wat deur hierdie Wet aan hom of haar opgelê of verleen word, aan enige werknemer van die Fonds deleger.

Beskerming van vertroulike inligting

53. Niks in hierdie Wet raak die bepalings in enige ander wetgewing of wetsbepaling wat die openbaarmaking van persoonlike of ander sensitiewe inligting wat toeganklik is tot of in die besit van die Fonds is, verbied of reguleer nie.

Oortredings en strawwe

54. (1) Enige persoon wat—
- (a) wetens vals inligting aan die Fonds of die Fonds se agente voorlê;
- (b) 'n vals voorstelling maak met die doel om gesondheidsorgdiensvoordele van die Fonds te verkry waarop hy of sy nie geregtig is nie;
- (c) geld wat uit die Fonds betaal is, gebruik vir 'n ander doel as dié waarvoor dit betaal word;
- (d) onder valse voorwendsels geld of ander beloning van die Fonds verkry; of
- (e) vertroulike inligting wat deur die Fonds besit word aan 'n derde party verkoop of openbaar maak sonder die voorafkennis en skriftelike toestemming van die Fonds,
- is aan 'n misdryf skuldig en by skuldigbevinding in 'n geregshof strafbaar met 'n boete van hoogstens R100 000.00 of gevangenisstraf vir 'n tydperk van hoogstens vyf jaar of met beide 'n boete en sodanige gevangenisstraf.
- (2) Enige natuurlike of regs persoon wat versuim om die Fonds of 'n agent van die Fonds te voorsien van inligting wat vereis word deur hierdie Wet of enige opdrag uitgereik kragtens hierdie Wet binne die voorgeskrewe of gespesifiseerde tydperk of enige verlenging daarvan, ongeag enige strafregtelike verrigtinge

(3) Any penalty imposed under subsection (2) is a debt due to the Fund.

Regulations

55. (1) Without derogating from the powers conferred on the Minister by the Constitution and the National Health Act or any other applicable law, the Minister may, after consultation with the Fund and the National Health Council contemplated in section 22 of the National Health Act, make regulations regarding—

- (a) the legal relationship between the Fund and the various categories of health establishments, health care service providers or suppliers as provided for in the National Health Act;
- (b) payment mechanisms to be employed by the Fund in order to procure health care services from accredited and contracted health care service providers, health establishments or suppliers;
- (c) the budget of the Fund, including the processes to be followed in drawing up the budget, in compliance with the provisions of the Public Finance Management Act;
- (d) information to be provided to the Fund for the development and maintenance of the national health information system by users, health establishments, health care service providers or suppliers and the format in which such information must be provided;
- (e) clinical information and diagnostic and procedure codes to be submitted and used by health care service providers, health establishments or suppliers for reimbursement and reporting purposes to the Fund;
- (f) participation by the fund in the national health information system contemplated in section 74 of the National Health Act, including the Health Patient Registration System referred to in section 39;
- (g) the registration of users of the Fund in terms of section 5;
- (h) the accreditation and conditional accreditation of health care service providers, health establishments or suppliers;
- (i) the functions and powers of a District Health Management Office;
- (j) the functions and powers of a Contracting Unit for Primary Health Care Services;
- (k) the relationship between the Fund and the Office of Health Standards Compliance;
- (l) the relationship between the Fund and the Department of Correctional Services in order to clarify the mechanisms for purchasing, within available resources, quality needed personal health care services for inmates as is required by the Correctional Services Act, 1998 (Act No. 111 of 1998);
- (m) the relationship between public and private health establishments, and the optional contracting in of private health care service providers;
- (n) the relationship between the Fund and medical schemes registered in terms of the Medical Schemes Act and other private health insurance schemes;
- (o) the development and maintenance of the Formulary;
- (p) investigations to be conducted by the Fund or complaints against the Fund in order to give effect to the provisions of Chapter 8;
- (q) appeals against decisions of the Fund in order to give effect to the provisions of Chapter 8;
- (r) the manner in which health care service providers, health establishments and suppliers must report to the Fund in respect of health care services purchased by the Fund and the content of such reports;
- (s) the monitoring and evaluation of the performance of the Fund;
- (t) all fees payable by or to the Fund;
- (u) subject to the Public Finance Management Act, the manner in which money within the Fund must be invested;

kragtens hierdie Wet ingestel is, moet 'n voorgeskrewe boete betaal vir elke dag wat die versuim voortduur, tensy die Fonds, met gegronde redes, afstand doen van die boete of enige deel daarvan.

(3) Enige boete wat kragtens subartikel (2) opgelê word, is 'n skuld verskuldig aan die Fonds.

5

Regulasies

55. (1) Sonder om afbreuk te doen aan die bevoegdhede wat deur die Grondwet en die “National Health Act” of enige ander toepaslike wetsbepaling aan die Minister verleen word, kan die Minister, na oorleg met die Fonds en die Nasionale Gesondheidsraad beoog in artikel 22 van die “National Health Act”, regulasies uitvaardig met betrekking tot—

10

- (a) die regsverhouding tussen die Fonds en die verskillende kategorieë van gesondheidsinstellings, gesondheidsorgdiensverskaffers of verskaffers soos in die “National Health Act” voor voorsiening gemaak;
- (b) betalingsmeganismes wat deur die Fonds aangewend moet word om gesondheidsorgdienste van geakkrediteerde en gekontrakteerde gesondheidsorgdiensverskaffers, gesondheidsinstellings of verskaffers te verkry;
- (c) die begroting van die Fonds, met inbegrip van die prosesse wat gevolg moet word in die opstel van die begroting, in ooreenstemming met die bepalings van die Wet op Openbare Finansiële Bestuur;
- (d) inligting wat aan die Fonds verskaf moet word vir die ontwikkeling en instandhouding van die nasionale gesondheidsinligtingstelsel deur gebruikers, gesondheidsinstellings, gesondheidsorgdiensverskaffers of verskaffers en die formaat waarin sodanige inligting verskaf moet word;
- (e) kliniese inligting en diagnostiese en prosedurekodes wat deur gesondheidsorgdiensverskaffers, gesondheidsinstellings of verskaffers ingedien en gebruik moet word vir terugbetaling en verslagdoeningsdoeleindes aan die Fonds;
- (f) deelname deur die Fonds aan die nasionale gesondheidsinligtingstelsel beoog in artikel 74 van die “National Health Act”, insluitend die Registrasiestelsel vir Gesondheidspasiënte in artikel 39 bedoel;
- (g) die registrasie van gebruikers van die Fonds ingevolge artikel 5;
- (h) die akkreditasie en voorwaardelike akkreditasie van gesondheidsorgdiensverskaffers, gesondheidsinstellings of verskaffers;
- (i) die funksies en bevoegdhede van 'n Distrikskantoor vir Gesondheidsbestuur;
- (j) die funksies en bevoegdhede van 'n Kontrakterende Eenheid vir Primêre Gesondheidsorgdienste;
- (k) die verhouding tussen die Fonds en die Kantoor vir die Nakoming van Gesondheidsstandaarde;
- (l) die verhouding tussen die Fonds en die Departement van Korrektiewe Dienste ten einde die meganismes duidelik te maak vir die aankoop, binne beskikbare hulpbronne, van persoonlike gesondheidsorgdienste van gehalte vir gevangenes soos deur die Wet op Korrektiewe Dienste, 1998 (Wet No. 111 van 1998), vereis word;
- (m) die verhouding tussen openbare en private gesondheidsinstellings, en die opsionele inkontraktering van private gesondheidsorgdiensverskaffers;
- (n) die verhouding tussen die Fonds en mediese skemas wat ingevolge die Wet op Mediese Skemas geregistreer is en ander private gesondheidsversekeringskemas;
- (o) die ontwikkeling en instandhouding van die Formularium;
- (p) ondersoeke wat deur die Fonds gedoen moet word of klagtes teen die Fonds ten einde uitvoering te gee aan die bepalings van Hoofstuk 8;
- (q) appèlle teen besluite van die Fonds ten einde uitvoering te gee aan die bepalings van Hoofstuk 8;
- (r) die wyse waarop gesondheidsorgdiensverskaffers, gesondheidsinstellings en verskaffers aan die Fonds moet verslag doen oor gesondheidsorgdienste wat deur die Fonds aangekoop is en die inhoud van sodanige verslae;
- (s) die monitering en evaluering van die prestasie van die Fonds;
- (t) alle gelde betaalbaar deur of aan die Fonds;
- (u) behoudens die Wet op Openbare Finansiële Bestuur, die wyse waarop geld binne die Fonds belê moet word;

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- (v) all practices and procedures to be followed by a health care service provider, health establishment or supplier in relation to the Fund;
 - (w) the scope and nature of prescribed health care services and programmes and the manner in, and extent to which, they must be funded;
 - (x) the proceedings of the meetings of committees appointed in terms of this Act and a code of conduct for members of those committees; 5
 - (y) the proceedings and other related matters of the Appeal Tribunal;
 - (z) any matter that may or must be prescribed in terms of this Act; and
 - (zA) any ancillary or incidental administrative or procedural matter that may be necessary for the proper implementation or administration of this Act. 10
- (2) The Minister must, not less than three months before any regulation is made under subsection (1), cause a copy of the proposed regulation to be published in the *Gazette* together with a notice declaring his or her intention to make that regulation and inviting interested persons to furnish him or her with their comments thereon or any representations they may wish to make in regard thereto. 15
- (3) The provisions of subsection (2) do not apply in respect of—
- (a) any regulation made by the Minister which, after the provisions of that subsection have been complied with, has been amended by the Minister in consequence of comments or representations received by him or her in pursuance of a notice issued thereunder; or 20
 - (b) any regulation which the Minister, after consultation with the Board, deems in the public interest to publish without delay.

Directives

- 56.** (1) The Fund may issue directives which must be complied with in the implementation and administration of this Act, and any directives so issued must be published in the *Gazette*. 25
- (2) Any directive issued under this section may be amended or withdrawn in like manner.

Transitional arrangements

- 57.** (1) (a) Despite anything to the contrary in this Act, this Act must be implemented over two phases. 30
- (b) National Health Insurance must be gradually phased in using a progressive and programmatic approach based on financial resource availability.
- (2) The two phases contemplated in subsection (1)(a) are as follows:
- (a) Phase 1, for a period of four years from 2023 to 2026 which must— 35
 - (i) continue with the implementation of health system strengthening initiatives, including alignment of human resources with that which may be required by users of the Fund;
 - (ii) include the development of National Health Insurance legislation and amendments to other legislation; 40
 - (iii) include the undertaking of initiatives which are aimed at establishing institutions that must be the foundation for a fully functional Fund; and
 - (iv) include the purchasing of personal health care services for vulnerable groups such as children, women, people with disabilities and the elderly; and 45
 - (v) prepare for the establishment of the Fund as a Schedule 3A entity contemplated in section 9, including developing and implementing administrative and personnel related arrangements.

- (v) alle praktyke en prosedures wat gevolg moet word deur 'n gesondheidsorgdiensverskaffer, gesondheidsinstelling of verskaffer met betrekking tot die Fonds;
 - (w) die omvang en aard van voorgeskrewe gesondheidsorgdienste en -programme en die wyse waarop en mate waarin hulle gefinansier moet word; 5
 - (x) die verrigtinge van die vergaderings van komitees wat ingevolge hierdie Wet aangestel is en 'n gedragskode vir lede van daardie komitees;
 - (y) die verrigtinge en ander verwante aangeleenthede van die Appèltribunaal;
 - (z) enige aangeleentheid wat ingevolge hierdie Wet voorgeskryf mag of moet word; en 10
 - (zA) enige bykomende of toevallige administratiewe of prosedurele aangeleentheid wat nodig mag wees vir die behoorlike inwerkingstelling of administrasie van hierdie Wet.
- (2) Die Minister moet, nie minder nie as drie maande voor enige regulasie kragtens subartikel (1) uitgevaardig word, 'n afskrif van die voorgestelde regulasie in die *Staatskoerant* laat publiseer tesame met 'n kennisgewing wat sy of haar voorneme verklaar om daardie regulasie uit te vaardig en 'n beroep op belangstellendes doen om hulle kommentaar daarop of enige vertoë wat hulle in verband daarmee wil rig aan hom of haar te verskaf. 15
- (3) Die bepalings van subartikel (2) is nie van toepassing nie ten opsigte van— 20
- (a) enige regulasie deur die Minister uitgevaardig wat, nadat die bepalings van daardie subartikel nagekom is, deur die Minister gewysig is as gevolg van kommentaar of vertoë wat deur hom of haar ontvang is ingevolge 'n kennisgewing daarkragtens uitgereik; of
 - (b) enige regulasie wat die Minister, na oorleg met die Raad, meen dit sal in die openbare belang wees indien dit sonder versuim gepubliseer word. 25

Voorskrifte

- 56.** (1) Die Fonds kan voorskrifte uitreik waaraan voldoen moet word in die inwerkingstelling en administrasie van hierdie Wet, en enige voorskrifte wat aldus uitgereik word, moet in die *Staatskoerant* gepubliseer word. 30
- (2) Enige opdrag wat kragtens hierdie artikel uitgereik is, kan op soortgelyke wyse gewysig of teruggetrek word.

Oorgangsmatreëls

- 57.** (1) (a) Ondanks enigiets tot die teendeel in hierdie Wet, moet hierdie Wet oor twee fases in werking gestel word. 35
- (b) Nasionale Gesondheidsversekering moet geleidelik ingefaseer word met 'n progressiewe en programmatiese benadering gebaseer op die beskikbaarheid van hulpbronne.
- (2) Die twee fases in subartikel (1)(a) beoog, is soos volg: 40
- (a) Fase 1, vir 'n tydperk van vier jaar vanaf 2023 tot 2026 wat— 40
 - (i) moet voortgaan met die inwerkingstelling van inisiatiewe ter versterking van die gesondheidstelsel, met inbegrip daarvan om mensehulpbronne in ooreenstemming te bring met dit wat gebruikers van die Fonds kan benodig;
 - (ii) die ontwikkeling van wetgewing oor nasionale gesondheidsversekering en wysigings aan ander wetgewing moet insluit; 45
 - (iii) die voer van inisiatiewe moet insluit wat gemik is op die stigting van instellings wat die fondasie vir 'n ten volle funksionerende Fonds moet wees; en
 - (iv) die aankoop van persoonlike gesondheidsorgdienste vir kwesbare groepe soos kinders, vroue, mense met gestremdhede en bejaardes moet insluit; en 50
 - (v) vir die instelling van die Fonds as 'n Bylae 3A-entiteit beoog in artikel 9 moet voorberei, met inbegrip van die ontwikkeling en inwerkingstelling van reëlins met betrekking tot administrasie en personeel. 55

- (b) Phase 2 must be for a period of three years from 2026 to 2028 and must include—
- (i) the continuation of health system strengthening initiatives on an on-going basis;
 - (ii) the mobilisation of additional resources where necessary; and 5
 - (iii) the selective contracting of health care services from private providers.
- (3) In Phase 1 the Minister may establish the following interim committees to advise him or her on the implementation of the National Health Insurance:
- (a) The National Tertiary Health Services Committee which must be responsible for developing the framework governing the tertiary services platform in South Africa. 10
 - (b) The National Governing Body on Training and Development which must, amongst others—
 - (i) be responsible for advising the Minister on the vision for health workforce matters, for recommending policy related to health sciences, student education and training, including a human resource for health development plan; 15
 - (ii) be responsible for the determination of the number and placement of (including but not limited to) all categories of interns, community service and registrars; 20
 - (iii) oversee and monitor the implementation of the policy and evaluate its impact; and
 - (iv) coordinate and align strategy, policy and financing of health sciences education.
 - (c) The Ministerial Advisory Committee on Health Care Benefits for National Health Insurance, which must be a precursor to the Benefits Advisory Committee and which must advise the Minister on a process of priority-setting to inform the decision-making processes of the Fund to determine the benefits to be covered. 25
 - (d) The Ministerial Advisory Committee on Health Technology Assessment for National Health Insurance, which must be established to advise the Minister on Health Technology Assessment and which must serve as a precursor to the Health Technology Assessment agency that must regularly review the range of health interventions and technology by using the best available evidence on cost-effectiveness, allocative, productive and technical efficiency and Health Technology Assessment. 30 35
- (4) Objectives that must be achieved in Phase 1 include—
- (a) the migration of central hospitals that are funded, governed and managed nationally as semi-autonomous entities;
 - (b) the structuring of the Contracting Unit for Primary Health Care at district level in a cooperative management arrangement with the district hospital linked to a number of primary health care facilities; 40
 - (c) the establishment of the Fund, including the establishment of governance structures;
 - (d) the development of a Health Patient Registration System contemplated in section 5; 45
 - (e) the process for the accreditation of health care service providers, which must require that health establishments are inspected and certified by the Office of Health Standards Compliance, health professionals are licensed by their respective statutory bodies and health care service providers comply with criteria for accreditation; 50
 - (f) the purchasing of health care service benefits, which include personal health services such as primary health care services, maternity and child health care services including school health services, health care services for the aged, people with disabilities and rural communities from contracted public and private providers including general practitioners, audiologists, oral health practitioners, optometrists, speech therapists and other designated providers at a primary health care level focusing on disease prevention, health promotion, provision of primary health care services and addressing critical backlogs; 55

- (b) Fase 2 moet vir 'n tydperk van drie jaar vanaf 2026 tot 2028 wees en moet die volgende insluit:
- (i) Die voortsetting van inisiatiewe te versterking van die gesondheidstelsel op 'n voortgesette grondslag;
 - (ii) die mobilisasie van bykomende hulpbronne waar nodig; en 5
 - (iii) die selektiewe kontraktering van gesondheidsorgdienste van private verskaffers.
- (3) In Fase 1 kan die Minister die volgende tussentydse komitees instel om hom of haar van raad te bedien oor die inwerkingstelling van die Nasionale Gesondheidsversekering:
- (a) Die Nasionale Tersiëre Gesondheidsdienstekomitee wat verantwoordelik moet wees vir die ontwikkeling van die raamwerk wat die tersiëre diensteplatform in Suid-Afrika beheer. 10
 - (b) Die Nasionale Beheerliggaam oor Opleiding en Ontwikkeling wat, onder andere— 15
 - (i) verantwoordelik moet wees daarvoor om die Minister van raad te bedien oor die visie vir gesondheidswerksmag-aangeleenthede, om beleid oor gesondheidswetenskappe, studente-onderrig en -opleiding, met inbegrip van 'n ontwikkelingsplan vir menslike hulpbronne vir gesondheid, aan te beveel; 20
 - (ii) verantwoordelik moet wees vir die vasstelling van die getal en plasing van (insluitend maar nie beperk nie tot) alle kategorieë van interns, gemeenskapsdienswerkers en registrateurs;
 - (iii) oor die inwerkingstelling van die beleid moet toesig hou, dit monitor en die impak daarvan evalueer; en 25
 - (iv) strategie, beleid en finansiering van gesondheidswetenskappe-onderwys moet koördineer.
 - (c) Die Ministeriële Raadgewende Komitee oor Gesondheidsorgvoordele vir Nasionale Gesondheidsversekering, wat 'n voorloper van die Raadgewende Komitee oor Voordele moet wees en wat die Minister van raad moet bedien 30
 - (i) oor 'n proses van prioriteitstelling om die besluitnemingsproses van die Fonds te rig om die voordele vas te stel wat gedek staan te word.
 - (d) Die Ministeriële Raadgewende Komitee oor Gesondheidstegnologie-assessering vir Nasionale Gesondheidsversekering, wat ingestel moet word om die Minister van raad te bedien oor gesondheidstegnologie-assessering en wat moet dien as 'n voorloper vir die Agentskap vir Gesondheidstegnologie-assessering wat die verskeidenheid gesondheidsintervensies en -tegnologie gereeld moet hersien met gebruik van die beste beskikbare getuienis oor koste-doeltreffendheid, toewysende, produktiewe en tegniese doeltreffendheid en Gesondheidstegnologie-assessering. 40
- (4) Oogmerke wat in Fase 1 bereik moet word, sluit in—
- (a) die migrasie van sentrale hospitale wat nasionaal befonds, beheer en bestuur word as semi-outonome entiteite;
 - (b) die strukturering van die Kontrakterende Eenheid vir Primêre Gesondheidsorg op distriksvlak in 'n koöperatiewe bestuursreëling met die distrikshospitaal gekoppel aan 'n aantal primêre gesondheidsorgfasiliteite; 45
 - (c) die instelling van die Fonds, met inbegrip van die instelling van beheerstrukture;
 - (d) die ontwikkeling van 'n Registrasiestelsel vir Gesondheidspasiënte in artikel 5 beoog; 50
 - (e) die proses vir die akkreditasie van gesondheidsorgdiensverskaffers, wat moet vereis dat gesondheidsinstellings deur die Kantoor vir Voldoening aan Gesondheidstandaarde geïnspekteer en gesertifiseer word, gesondheidsberoepslui deur hul onderskeie statutêre liggame gelisensieer word en gesondheidsorgdiensverskaffers aan maatstawwe vir akkreditasie voldoen; 55
 - (f) die aankoop van gesondheidsorgdiensvoordele, wat persoonlike primêre gesondheidsorgdienste, swangerskap- en kindergesondheidsdienste, met inbegrip van skoolgesondheidsdienste, gesondheidsdienste vir bejaardes, mense met gestremdhede en landelike gemeenskappe van gekontrakteerde openbare en private verskaffers, met inbegrip van algemene praktisyns, 60
 - (i) oudioloë, mondheelkundiges, oogkundiges, spraakterapeute en ander aangewese verskaffers op 'n primêre gesondheidsorgvlak wat fokus op siektevoorkoming, bevordering van gesondheid, verskaffing van primêre gesondheidsorgdienste en die aanspreek van kritieke agterstande;

- (g) the purchasing of hospital services and other clinical support services, which must be—
- (i) funded by the Fund;
 - (ii) an expansion of the personal health services purchased; and
 - (iii) from higher levels of care from public hospitals (central, tertiary, regional and district hospitals) including emergency medical services and pathology services provided by National Health Laboratory Services; and
- (h) the initiation of legislative reforms in order to enable the introduction of National Health Insurance, including changes to the—
- (i) Medicines and Related Substances Act, 1965 (Act No. 101 of 1965);
 - (ii) Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973);
 - (iii) Health Professions Act, 1974 (Act No. 56 of 1974);
 - (iv) Dental Technicians Act, 1979 (Act No. 19 of 1979);
 - (v) Allied Health Professions Act, 1982 (Act No. 63 of 1982);
 - (vi) Medical Schemes Act, 1998 (Act No. 131 of 1998);
 - (vii) Mental Health Care Act, 2002 (Act No. 17 of 2002);
 - (viii) National Health Act, 2003 (Act No. 61 of 2003);
 - (ix) Nursing Act, 2005 (Act No. 33 of 2005);
 - (x) Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007); and
 - (xi) other relevant Acts.
- (5) Objectives that must be achieved in Phase 2 include the establishment and operationalisation of the Fund as a purchaser of health care services through a system of mandatory prepayment.

Repeal or amendment of laws

- 58.** (1) Subject to this section and section 57 dealing with transitional arrangements, the laws mentioned in the second column of the Schedule are hereby repealed or amended to the extent set out in the third column of the Schedule.
- (2) The repeal or amendment of any law by this Act does not affect—
- (a) the previous operation of such law or anything done or permitted under such law;
 - (b) any right, privilege, obligation or liability acquired, accrued or incurred under such law; or
 - (c) any penalty, forfeiture or punishment incurred in respect of any offence committed in terms of such law.

Short title and commencement

- 59.** (1) This Act is called the National Health Insurance Act, 2023, and takes effect on a date fixed by the President by proclamation in the Government *Gazette*.
- (2) Subject to section 57, different dates may be fixed in respect of the coming into effect of different provisions of this Act.

- (g) die aankoop van hospitaaldienste en ander kliniese ondersteuningsdienste, wat—
- (i) deur die Fonds gefinansier moet word;
 - (ii) 'n uitbreiding moet wees van die persoonlike gesondheidsdienste wat aangekoop is; en 5
 - (iii) van hoër vlakke van sorg van openbare hospitale (sentrale, tersiêre, streeks- en distrikshospitale) met inbegrip van mediese nooddienste en patologiesdienste wat deur die Nasionale Gesondheidslaboratoriumdienste verskaf word; en
- (h) die inisiasie van wetgewende hervormings ten einde die bekendstelling van Nasionale Gesondheidsversekering moontlik te maak, met inbegrip van veranderinge aan die—
- (i) Wet op Medisyne en Verwante Stowwe, 1965 (Wet No. 101 van 1965);
 - (ii) Wet op Bedryfsiektes in Myne en Bedrywe, 1973 (Wet No. 78 van 1973);
 - (iii) Wet op Gesondheidsberoep, 1974 (Wet No. 56 van 1974); 15
 - (iv) Wet op Tandtegnici, 1979 (Wet No. 19 van 1979);
 - (v) Wet op Verwante Gesondheidsberoep, 1982 (Wet No. 63 van 1982);
 - (vi) Wet op Mediese Skemas, 1998 (Wet No. 131 van 1998);
 - (vii) “Mental Health Care Act, 2002” (Wet No. 17 van 2002);
 - (viii) “National Health Act”, 2003 (Wet No. 61 van 2003); 20
 - (ix) “Nursing Act, 2005” (Wet No. 33 van 2005);
 - (x) Wet op Tradisionele Gesondheidspraktisyns, 2007 (Wet No. 22 van 2007); en
 - (xi) ander relevante Wette.
- (5) Oogmerke wat in Fase 2 bereik moet word, sluit die instelling en operasionalisering van die Fonds as 'n aankoper van gesondheidsorgdienste deur 'n stelsel van verpligte voorafbetaling in. 25

Herroeping of wysiging van wette

- 58.** (1) Behoudens hierdie artikel en artikel 57 wat oor oorgangsmaatreëls handel, word die wette in die tweede kolom van die Bylae vermeld, hierby herroep of gewysig tot die mate in die derde kolom van die Bylae uiteengesit. 30
- (2) Die herroeping of wysiging van enige wet deur hierdie Wet raak nie—
- (a) die vorige werking van sodanige wet of enigiets kragtens sodanige wet gedoen of toegelaat nie;
 - (b) enige reg, voorreg, verpligting of aanspreeklikheid kragtens sodanige wet verkry, toegeval of opgedoen; of 35
 - (c) enige boete, verbeuring of straf opgedoen ten opsigte van enige misdryf ingevolge sodanige wet gepleeg.

Kort titel en inwerkingtreding

- 59.** (1) Hierdie Wet heet die Wet op Nasionale Gesondheidsversekering, 2023, en tree in werking op 'n datum deur die President by proklamasie in die *Staatskoerant* vasgestel. 40
- (2) Behoudens artikel 57, kan verskillende datums vasgestel word ten opsigte van die inwerkingtreding van verskillende bepalings van hierdie Wet.

SCHEDULE
REPEAL AND AMENDMENT OF LEGISLATION AFFECTED
BY ACT

(Section 58)

No. and year of Act	Short Title	Extent of repeal or amendment
Act No. 101 of 1965	Medicines and Related Substances Act, 1965	<p>1. Section 22G is hereby amended by the substitution for subsection (1) of the following subsection:</p> <p>“(1) The Minister shall after <u>consultation with the National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023</u>, appoint, for a period not exceeding five years, such persons as he or she may deem fit to be members of a committee to be known as the pricing committee.”.</p>
Act No. 78 of 1973	Occupational Diseases in Mines and Works Act, 1973	<p>1. Section 36 is hereby amended by the substitution for subsection (1) of the following subsection:</p> <p>“(1) The cost of any medical examination under this Act, and the cost incurred to keep a person under observation in accordance with any provision of this Act, shall be <u>purchased and paid for by the National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023</u>[—</p> <p>(a) in the case of a person who works at a mine or works, or whom the owner of a mine or works intends to employ, be borne by the owner of the mine or works; and</p> <p>(b) in the case of any other person, be paid by the Director-General from moneys appropriated by Parliament for that purpose].”.</p> <p>2. The deletion of sections 36A and 36B.</p>
Act No. 56 of 1974	Health Professions Act, 1974	<p>1. Section 53 is hereby amended—</p> <p>(a) by the substitution for subsections (1) and (2) of the following subsections, respectively:</p> <p>“(1) Every person registered under this Act (in this section referred to as the practitioner) shall, unless the circumstances render it impossible for him or her to do so, before rendering any [professional] services <u>which are not covered by the National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023</u>, inform the person to whom</p>

BYLAE

HERROEPING EN WYSIGING VAN WETGEWING WAT DEUR WET
GERAAK SAL WORD

(Artikel 58)

No. en jaar van Wet	Kort titel	Omvang van herroeping of wysiging
Wet No. 101 van 1965	Wet op Medisyne en Verwante Stowwe, 1965	<p>1. Artikel 22G word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:</p> <p>“(1) Die Minister stel, na oorleg met die Nasionale Gesondheidsversekeringsfonds ingestel deur die Wet op Nasionale Gesondheidsversekering, 2023, vir ’n tydperk van hoogstens vyf jaar die persone aan wat hy of sy goedvind om lede te wees van ’n komitee wat bekend staan as die pryskomitee.”.</p>
Wet No. 78 van 1973	Wet op Bedryfsiektes in Myne en Werke, 1973	<p>1. Artikel 36 word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:</p> <p>“(1) Die koste van ’n geneeskundige ondersoek ingevolge hierdie Wet, en die koste aangegaan ten einde ’n persoon ooreenkomstig ’n bepaling van hierdie Wet onder waarneming te hou, word aangekoop en voor betaal deur die Nasionale Gesondheidsversekeringsfonds by artikel 9 van die Wet op Nasionale Gesondheidsversekering, 2023, ingestel[—</p> <p>(a) in die geval van ’n persoon wat by ’n myn of bedryf werk, of wat die eienaar van ’n myn of bedryf van voorneme is om in diens te neem, gedra deur die eienaar van die myn of bedryf; en</p> <p>(b) in die geval van enige ander persoon, deur die Direkteur-generaal betaal uit gelde deur die Parlement vir dié doel bewillig.]”.</p> <p>2. Die skraping van artikels 36A en 36B.</p>
Wet No. 56 van 1974	Wet op Gesondheidsberoep, 1974	<p>1. Artikel 53 word hierby gewysig—</p> <p>(a) deur subartikels (1) en (2) onderskeidelik deur die volgende subartikels te vervang:</p> <p>“(1) Tensy die omstandighede dit vir hom of haar onmoontlik maak, moet elke ingevolge hierdie Wet geregistreerde persoon (in hierdie artikel die praktisyn genoem), voordat hy of sy [professionele] dienste lewer <u>wat nie deur die Nasionale Gesondheidsversekeringsfonds ingestel by artikel 9 van die</u></p>

No. and year of Act	Short Title	Extent of repeal or amendment
		<p>the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services—</p> <p>(a) when so requested by the person concerned; or</p> <p>(b) when such fee exceeds that usually charged for such services,</p> <p>and shall in a case to which paragraph (b) relates, also inform the person concerned of the usual fee.</p> <p>(2) Any practitioner who in respect of any [professional] services rendered by him or her which are not covered by the <u>National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023</u>, claims payment from any person (in this section referred to as the patient) shall, subject to the provisions of section 32 of the Medical Schemes Act, 1998 (Act No. 131 of 1998), furnish the patient with a detailed account within a reasonable period.”; and</p> <p>(b) by the substitution in subsection (3) for paragraph (a) of the following paragraph:</p> <p>“(a) The patient may, within three months after receipt of the account referred to in subsection (2), apply in writing to the professional board to determine the amount which in the opinion of the professional board should have been charged in respect of the services to which the account relates and which are not covered by the <u>National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023</u>, and the professional board shall, as soon as possible after receipt of the application, determine the said amount and</p>

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		<p>Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie, die persoon aan wie die dienste gelewer gaan word of iemand wat vir die onderhoud van daardie persoon verantwoordelik is, verwittig van die gelde wat hy of sy voornemens is om vir daardie dienste te vorder—</p> <p>(a) wanneer daartoe deur die betrokke persoon versoek; of</p> <p>(b) wanneer daardie gelde meer is as die gelde wat gewoonlik vir daardie dienste gevorder word, en moet in 'n geval waar paragraaf (b) geld die betrokke persoon ook van die gewone gelde verwittig.</p> <p>(2) 'n Praktisyn wat ten opsigte van [professionele] dienste deur hom of haar gelewer, wat nie deur die Nasionale Gesondheidsversekeringsfonds ingestel by artikel 9 van die Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie, betaling van iemand (in hierdie artikel die pasiënt genoem) vorder, moet, behoudens die bepaling van artikel 32 van die Wet op Mediese Skemas, 1998 (Wet 131 van 1998), binne 'n redelike tydperk aan die pasiënt 'n gespesifiseerde rekening verstrek.”; en</p> <p>(b) deur in subartikel (3) paragraaf (a) deur die volgende paragraaf te vervang:</p> <p>“(a) Die pasiënt kan, binne drie maande na ontvangs van die in subartikel (2) bedoelde rekening, skriftelik by die beroepsraad aansoek doen om die bedrag te bepaal wat volgens die beroepsraad se oordeel gevorder behoort te geword het ten opsigte van die dienste waarop die rekening betrekking het en wat nie deur die Nasionale Gesondheidsversekeringsfonds ingestel by artikel 9 van die Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie, en die beroepsraad moet bedoelde bedrag so gou doenlik na ontvangs van die aansoek bepaal en die pasiënt</p>

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		<p>notify the practitioner and the patient in writing of the amount so determined: Provided that before the professional board determines the said amount, it shall afford the practitioner concerned an opportunity to submit to it in writing his or her case in support of the amount charged.”.</p>
Act No. 63 of 1982	Allied Health Professions Act, 1982	<p>1. Section 38A is hereby amended by the substitution in subsection (1) for the words preceding paragraph (a) of the following words: “Every practitioner shall, unless the circumstances render it impossible for him or her to do so, and before rendering any professional services, inform the person to whom the services are to be rendered or any person responsible for the maintenance of such person, of the fee which he or she intends to charge for such services that are not covered by the <u>National Health Insurance Act, 2023</u>—”.</p>
Act No. 130 of 1993	Compensation for Occupational Injuries and Diseases Act, 1993	<p>1. Section 1 is hereby amended by the deletion of the definition of “medical aid”.</p> <p>2. Section 16 is hereby amended by the substitution in subsection (1) for paragraph (a) of the following paragraph: “(a) the payment of compensation, [the cost of medical aid] or other pecuniary benefits to or on behalf of or in respect of employees in terms of this Act where no other person is liable for such payment;”.</p> <p>3. Section 42 is hereby amended— (a) by the deletion of subsection (2); and (b) by the substitution for subsection (4) of the following subsection: “(4) An employee shall be entitled [at his own expense] to have a medical practitioner or chiropractor of his choice present at an examination by a designated medical practitioner.”.</p> <p>4. The repeal of sections 73 and 75.</p>

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		<p>en die praktisyn skriftelik van die aldus bepaalde bedrag in kennis stel: Met dien verstande dat alvorens die beroepsraad die bedrag bepaal, hy of sy die praktisyn 'n geleentheid moet bied om sy of haar saak ter steuning van die gevorderde bedrag skriftelik aan hom of haar voor te lê.”.</p>
Wet No. 63 van 1982	Wet op Verwante Gesondheidsberoep, 1982	<p>1. Die wysiging van artikel 38A deur in subartikel (1) die woorde wat paragraaf (a) voorafgaan deur die volgende woorde te vervang:</p> <p>“Tensy die omstandighede dit vir hom <u>of haar</u> onmoontlik maak, moet elke praktisyn, voordat hy <u>of sy</u> professionele dienste lewer, die persoon aan wie die dienste gelewer gaan word of iemand wat vir die onderhoud van daardie persoon verantwoordelik is, verwittig van die gelde wat hy <u>of sy</u> voornemens is om vir daardie dienste te vorder <u>wat nie deur die Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie—</u>”.</p>
Wet No. 130 van 1993	Wet op Vergoeding vir Beroepsbeserings en -siektes, 1993	<p>1. Artikel 1 word hierby gewysig deur die omskrywing van “geneeskundige hulp” te skrap.</p> <p>2. Artikel 16 word hierby gewysig deur in subartikel (1) paragraaf (a) deur die volgende paragraaf te vervang:</p> <p>“(a) die betaling van vergoeding, [die koste van geneeskundige hulp] of ander geldelike voordele aan of ten behoeve van of ten opsigte van werknemers ingevolge hierdie Wet waar geen ander persoon vir daardie betaling aanspreeklik is nie;”.</p> <p>3. Artikel 42 word hierby gewysig— (a) deur subartikel (2) te skrap; en (b) deur subartikel (4) deur die volgende subartikel te vervang:</p> <p>“(4) 'n Werknemer is geregtig om [op eie koste] 'n geneesheer of chiropraktisyn van sy keuse by 'n ondersoek deur 'n aangewese geneesheer teenwoordig te hê.”.</p> <p>4. Artikels 73 en 75 word herroep.</p>

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Act No. 56 of 1996	Road Accident Fund Act, 1996	<p>1. Section 17 is hereby amended—</p> <p>(a) by the substitution for subsection (4B) of the following subsection:</p> <p>“(4B) (a) The liability of the Fund or an agent regarding any tariff contemplated in subsections (4)(a), (5) and (6) shall be based on [the tariffs] the reimbursement strategy for health care services [provided by public health establishments] contemplated in the [National Health Act, 2003 (Act No. 61 of 2003), and shall be prescribed after] <u>National Health Insurance Act, 2023</u>, in consultation with the Minister of Health.</p> <p>(b) The tariff for emergency medical treatment provided by a health care provider [contemplated in the National Health Act, 2003—</p> <p>(i) shall be negotiated between the Fund and such health care providers; and</p> <p>(ii) shall be reasonable taking into account factors such as the cost of such treatment and the ability of the Fund to pay.</p> <p>(c) In the absence of a tariff for emergency medical treatment the tariffs contemplated in paragraph (a) shall apply] shall be determined, under the <u>National Health Insurance Act, 2023</u>.”;</p> <p>and</p> <p>(b) by the deletion of subsections (5) and (6).</p>
Act No. 89 of 1998	Competition Act, 1998	<p>1. Section 3 is hereby amended—</p> <p>(a) by the substitution in subsection (1) for paragraph (b) of the following paragraph:</p> <p>“(b) a collective agreement, as defined in section 213 of the Labour Relations Act, 1995; [and]”;</p> <p>and</p> <p>(b) by the insertion in subsection (1) after paragraph (b) of the following paragraph:</p> <p>“(bA) <u>the operations of the National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023, as single public purchaser and single payer of health care services; and</u>”.</p>

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Wet No. 56 van 1996	Padongelukfondswet, 1996	<p>1. Artikel 17 word hierby gewysig—</p> <p>(a) deur subartikel (4B) deur die volgende subartikel te vervang:</p> <p>“(4B) (a) Die aanspreeklikheid van die Fonds of ’n agent betreffende ’n tarief beoog in subartikels (4)(a), (5) en (6) word gebaseer op die [tariewe] terugbetalingstrategie vir gesondheidsorgdienste [verskaf deur openbare gesondheidsinrigtings] beoog in die [“National Health Act, 2003” (Wet 61 van 2003), en word voorgeskryf na] Wet op Nasionale Gesondheidsversekering, 2023, in oorlegpleging met die Minister van Gesondheid.</p> <p>(b) Die tarief vir nood- mediese behandeling verskaf deur ’n gesondheidsorgverskaffer [beoog in die “National Health Act, 2003” (Wet 61 van 2003)—</p> <p>(i) moet onderhandel word tussen die Fonds en sodanige gesondheidsorgverskaffers; en</p> <p>(ii) moet redelik wees met inagneming van faktore soos die koste van sodanige behandeling en die vermoë van die Fonds om te betaal.</p> <p>(c) By gebrek aan ’n tarief vir nood- mediese behandeling is die tariewe beoog in paragraaf (a) van toepassing].</p> <p>word vasgestel kragtens die Wet op Nasionale Gesondheidsversekering, 2023.”; en</p> <p>(b) deur subartikels (5) en (6) te skrap.</p>
Wet No. 89 van 1998	Wet op Mededinging, 1998	<p>1. Artikel 3 word hierby gewysig—</p> <p>(a) deur in subartikel (1) paragraaf (b) deur die volgende paragraaf te vervang:</p> <p>“(b) ’n kollektiewe ooreenkoms, soos omskryf in artikel 213 van die Wet op Arbeidsverhoudinge, 1995; [en]”; en</p> <p>(b) deur die volgende paragraaf na paragraaf (b) in subartikel (1) in te voeg:</p> <p>“(bA) die bedryf van die Nasionale Gesondheidsversekeringsfonds ingestel by artikel 9 van die Wet op Nasionale Gesondheidsversekering, 2023, as alleen openbare aankoper en alleen betaler van gesondheidsorgdienste; en”.</p>

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Act No. 111 of 1998	Correctional Services Act, 1998	<p>1. Section 12 is hereby amended—</p> <p>(a) by the substitution for subsection (1) of the following subsection: “(1) The Department must provide, within its available resources <u>provided by the National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023</u>, adequate health care services, based on the principles of <u>universal access to primary health care</u>, in order to allow every inmate to lead a healthy life.”; and</p> <p>(b) by the substitution for subsection (3) of the following subsection: “(3) Every inmate may be visited and examined by [a medical practitioner of his or her choice and] <u>an accredited health care service provider</u>, subject to the permission of the Head of the Correctional Centre [, may be treated by such practitioner, in which event the inmate is personally liable for the costs of any such consultation, examination, service or treatment].”.</p>
Act No. 131 of 1998	Medical Schemes Act, 1998	<p>1. Section 1 is hereby amended—</p> <p>(a) by the substitution for the definition of “business of a medical scheme” of the following definition: “‘business of a medical scheme’ means the business of undertaking, in return for a premium or contribution, the liability associated with one or more of the following activities:</p> <p>(a) Providing for the obtaining of any relevant health care service <u>that is not covered by the provisions of the National Health Insurance Act, 2023</u>;</p> <p>(b) granting assistance in defraying expenditure incurred in connection with the rendering of any relevant health care service <u>that is not covered by the provisions of the National Health Insurance Act, 2023</u>;</p> <p>or</p>

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Wet No. 111 van 1998	Wet op Korrektiewe Dienste, 1998	<p>1. Die wysiging van artikel 12—</p> <p>(a) deur subartikel (1) deur die volgende subartikel te vervang:</p> <p>“(1) Die Departement moet genoegsame gesondheidsorgdienste, binne die beskikbare hulpbronne <u>voorsien deur die Nasionale Gesondheidsversekeringsfonds by artikel 9 van die Wet op Nasionale Gesondheidsversekering, 2023, ingestel</u>, gebaseer op die beginsels van universele toegang tot primêre gesondheidsorg, voorsien ten einde dit moontlik te maak vir elke ingehoudene om ’n gesonde lewe te lei.”; en</p> <p>(b) deur subartikel (3) deur die volgende subartikel te vervang:</p> <p>“(3) Elke ingehoudene mag deur [’n mediese praktisyn van sy of haar keuse] ’n <u>geakkrediteerde gesondheidsorgdiensverskaffer</u> besoek en ondersoek word [en mag behandel word deur sodanige praktisyn], onderworpe aan die toestemming van die Hoof van die Korrektiewe Sentrum[, in welke geval die ingehoudene persoonlik aanspreeklik sal wees vir die koste van enige sodanige ondersoek, konsultasie, diens of behandeling].”.</p>
Wet No. 131 van 1998	Wet op Mediese Skemas, 1998	<p>1. Artikel 1 word hierby gewysig—</p> <p>(a) deur die omskrywing van “besigheid van ’n mediese skema” deur die volgende omskrywing te vervang:</p> <p>“‘besigheid van ’n mediese skema’ die besigheid om in ruil vir ’n premie of bydrae, aanspreeklikheid te onderneem wat met een of meer van die volgende aktiwiteite vereenselwig word:</p> <p>(a) Die bewerkstelling van verkryging van ’n toepaslike [gesondheidsdiens] <u>gesondheidsorgdiens wat nie deur die bepalings van die Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie</u>;</p> <p>(b) verlening van bystand ter bestryding van uitgawes wat in verband met die lewering van ’n toepaslike [gesondheidsdiens] <u>gesondheidsorgdiens wat nie deur die bepalings van die Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie, aangegaan is; of</u></p>

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		<p>(c) rendering a relevant health care service <u>that is not covered by the provisions of the National Health Insurance Act, 2023</u>, either by the medical scheme itself, or by any supplier or group of suppliers of a relevant health service or by any person, in association with or in terms of an agreement with a medical scheme;” and</p> <p>(b) by the substitution for the definition of “relevant health service” of the following definition: “ ‘relevant health service’ means any health care treatment [of any person by a person registered in terms of any law] <u>that is not covered by the provisions of the National Health Insurance Act, 2023, which treatment is complementary to health care services funded by the State and has as its object—</u></p> <p>(a) the physical or mental examination of that person;</p> <p>(b) the diagnosis, treatment or prevention of any physical or mental defect, illness or deficiency;</p> <p>(c) the giving of advice in relation to any such defect, illness or deficiency;</p> <p>[(d) the giving of advice in relation to, or treatment of, any condition arising out of a pregnancy, including the termination thereof;]</p> <p>(e) the prescribing or supplying of any medicine, appliance or apparatus in relation to any such defect, illness or deficiency [or a pregnancy, including the termination thereof]; or</p>

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		<p>(c) die lewering van 'n toepaslike [gesondheidsdiens te lewer] <u>gesondheidsorgdiens</u> wat nie deur die bepalings van die <u>Wet op Nasionale Gesondheidsversekering, 2023</u>, gedek word nie, hetsy deur die mediese skema self, of deur enige verskaffer of groep verskaffers van 'n toepaslike gesondheidsdiens, of deur enige persoon in samewerking met, of ingevolge 'n ooreenkoms met, 'n mediese skema;"; en</p> <p>(b) deur die omskrywing van "toepaslike gesondheidsdiens" deur die volgende omskrywing te vervang:</p> <p>“toepaslike gesondheidsdiens’ enige gesondheidsorgbehandeling [van 'n persoon deur iemand wat ingevolge die een of ander wet geregistreer is] wat nie deur die bepalings van die Wet op Nasionale Gesondheidsversekering, 2023, gedek word nie, en welke behandeling aanvullend is tot gesondheidsorgdienste wat deur die Staat gefinansier word en wat ten doel het—</p> <p>(a) die liggaamlike of geestelike ondersoek van daardie persoon;</p> <p>(b) die diagnosering, behandeling of voorkoming van 'n liggaamlike of geestesgebrek, -ongesteldheid of -tekortkoming;</p> <p>(c) die verskaffing van advies met betrekking tot so 'n gebrek, ongesteldheid of tekortkoming;</p> <p>[(d) die verskaffing van advies met betrekking tot, of die behandeling van, enige toestand voortspruitend uit 'n swangerskap, met inbegrip van beëindiging daarvan;]</p> <p>(e) die voorskryf of verskaffing van enige medisyne, toestel of apparaat met betrekking tot so 'n gebrek, ongesteldheid of tekortkoming [of 'n swangerskap, met inbegrip van die beëindiging daarvan]; of</p>

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		<p>(f) nursing or midwifery, and [includes an] subject to the provisions of the <u>National Health Insurance Act, 2023</u>, may include complementary and top up and ambulance service, and the supply of accommodation in [an] a private institution established or registered in terms of any law as a hospital, maternity home, nursing home or similar institution where nursing is practised, or any other institution where surgical or other medical activities are performed, and such accommodation is necessitated by any physical or mental defect, illness or deficiency [or by a pregnancy].”.</p> <p>2. Section 2 is hereby amended—</p> <p>(a) by the substitution for subsection (1) of the following subsection:</p> <p>“(1) If any conflict, relating to the matters dealt with in this Act, arises between this Act and the provisions of any other law save the Constitution and the <u>Public Finance Management Act, 1999 (Act No. 1 of 1999)</u>, the <u>National Health Insurance Act, 2023</u>, or any Act expressly amending this Act, the provisions of this Act shall prevail.”; and</p> <p>(b) by the deletion of subsection (2).</p> <p>3. Section 24 is hereby amended by the substitution for subsection (1) of the following subsection:</p> <p>“(1) The Registrar shall, if he or she is satisfied that a person who carries on the business of a medical scheme which has lodged an application in terms of section 22, complies or will be able to comply with the provisions of this Act, as well as with <u>the provisions of the National Health Insurance Act, 2023</u>, register the medical scheme, with the concurrence of the Council, and impose such terms and conditions as he or she deems necessary.”.</p>

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		<p>(f) verpleging of verloskundige verpleging, [met inbegrip van 'n] en kan behoudens die <u>bepalings van die Wet op Nasionale Gesondheidsversekering, 2023, aanvullende en opvul-en ambulansdiens</u>, en die verskaffing van akkommodasie in 'n private inrigting wat ingevolge 'n wet as 'n hospitaal, kraaminrigting, verpleeginrigting of soortgelyke inrigting waar verpleging beoefen word, of enige ander inrigting waar chirurgiese of ander geneeskundige bedrywighede verrig word, opgerig of geregistreer is, en daardie akkommodasie genoodsaak word deur 'n liggaamlike of geestesgebrek, -ongesteldheid of -tekortkoming [of deur 'n swangerskap] insluit;”.</p> <p>2. Artikel 2 word hierby gewysig— (a) deur subartikel (1) deur die volgende subartikel te vervang: “(1) Indien enige teenstrydigheid met betrekking tot die aangeleenthede wat in hierdie Wet behandel word, ontstaan tussen hierdie Wet en die bepalinge van enige ander wet, behalwe die Grondwet, die Wet op Openbare Finansiële Bestuur, 1999 (Wet No. 1 van 1999), die Wet op Nasionale Gesondheidsversekering, 2023, of enige ander wet wat hierdie Wet uitdruklik wysig, geld die bepalinge van hierdie Wet.”; en (b) deur subartikel (2) te skrap.</p> <p>3. Artikel 24 word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang: “(1) Die Registrateur moet, indien hy of sy oortuig is dat die 'n persoon wat die besigheid van 'n mediese skema wil bedryf wat kragtens artikel 22 aansoek gedoen het, voldoen of sal kan voldoen aan die bepalinge van hierdie Wet, asook die bepalinge van die Wet op Nasionale Gesondheidsversekering, 2023, die mediese skema, met die instemming van die Raad, registreer en die bedinge en voorwaardes wat hy of sy nodig ag, oplê.”.</p>

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		<p>4. Section 33 is hereby amended by the substitution for subsection (1) of the following subsection:</p> <p>“(1) A medical scheme shall apply to the Registrar for the approval of any benefit option [if such a medical scheme provides members with more than one benefit option] that <u>constitutes complementary or top up cover and that does not overlap with the personal health care service benefits purchased by the National Health Insurance Fund on behalf of users as provided for in the National Health Insurance Act, 2023.</u>”.</p>
Act No. 61 of 2003	National Health Act, 2003	<p>1. Section 1 is hereby amended by the substitution for paragraph (c) of the definition of “health agency” of the following paragraph:</p> <p>“(c) <u>who procures health care personnel or health services for the benefit of a user excluding the National Health Insurance Fund established by section 9 of the National Health Insurance Act, 2023, and its functionaries;</u>”.</p> <p>2. Section 21 is hereby amended—</p> <p>(a) by the insertion in subsection (2)(b) after subparagraph (vi) of the following subparagraph:</p> <p>“(viA) <u>develop and manage the national health information system;</u>”;</p>

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		<p>4. Artikel 33 word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:</p> <p>“(1) ’n Mediese skema moet by die Registrateur aansoek doen om die goedkeuring van ’n voordeel-opsie [indien so ’n mediese skema meer as een voordeel-opsie aan lede voorsien] wat aanvullende of opvuldekking daarstel en wat nie oorvleuel met die persoonlike gesondheidsorgdienste deur die Nasionale Gesondheidsversekeringsfonds namens gebruikers aangekoop soos ingevolge die Wet op Nasionale Gesondheidsversekering, 2023, voor voorsiening gemaak nie.”.</p>
Molao 61 wa 2003	Molao wa Boitekanelo wa Bosetšhaba, 2003	<p>1. Tlhabololo ya karolo 1 ka kemisetso ya temana (c) ka tlhaloso ya “eijensi ya boitekanelo” ka temana e e latelang:</p> <p>“(c) yo o senkelang badiri ba tsa <u>tlhokomelo ya boitekanelo kgotsa ditirelo tsa boitekanelo gore modirisi a une molemo go sa akaretse Letlole la Inšoreense ya Boitekanelo ya Bosetšhaba le le tlhomilweng ka karolo 9 ya Molao wa Inšoreense ya Boitekanelo ya Bosetšhaba, 2023, le badiredi ba lona;</u>”.</p> <p>2. Tlhabololo ya karolo 21—</p> <p>(a) ka go tsenngwa mo karolotlaleletsong(2)(b) morago ga temanatlaleletso (vi) ga temanatlaleletso e e latelang:</p> <p>“(viA) tlhama le go laola <u>thulaganyo ya tshedimisetso ya boitekanelo ya bosetšhaba;</u>”;</p>

No. and year of Act	Short Title	Extent of repeal or amendment
		<p>(b) by the substitution in subsection (2) for paragraph (c) of the following paragraph: “(c) promote adherence to norms and standards for the training of human resources for <u>the health sector for purposes of rendering health services</u>”;</p> <p>(c) by the substitution in subsection (2) for paragraph (k) of the following paragraph: “(k) facilitate and promote the provision of health services for the management, prevention and control of communicable and non-communicable diseases; [and]”;</p> <p>(d) by the substitution in subsection (2) for paragraph (l) of the following paragraphs: “(l) co-ordinate <u>the health services rendered by the national department with [the health services] those rendered [by] through provinces and District Health Management Office, and [provide] such additional health services as may be necessary to establish a comprehensive national health system</u>;</p> <p>(e) by the insertion in subsection (2) after paragraph (l) of the following paragraphs: <u>(m) plan the development of public and private hospitals, other health establishments and health agencies;</u> <u>(n) control and manage the cost and financing of public health establishments and public health agencies;</u> <u>(o) develop a national policy framework for the procurement and use of health technology;</u> <u>(p) develop guidelines for the management of health districts;</u></p>

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		<p>(b) ka kemisetso mo karotlaleletsong (2) ya temana (c) ka temana e e latelang: “(c) tsweletso ya kobamelo ya ditlwaelo le maemo a katiso ya metswedithuso ya setho a <u>lephata la boitekanelo mabapi le maitlhomo a go abelana ka ditirelo tsa boitekanelo;</u>”;</p> <p>(c) ka kemisetso mo karotlaleletsong (2) ya temana (k) ka temana e e latelang: “(k) nolofatsa le go tswelensa tlamelwa ya ditirelo tsa boitekanelo mabapi le tsamaiso, thibelo le taolo ya malwetse a a tshelanwang le a a sa tshelanwang; [le]”;</p> <p>(d) ka kemisetso mo karotlaleletsong (2) ya temana (l) ka ditemana tse di latelang: “(l) rulaganya ditirelo tsa boitekanelo tse di abiwang ke lefapha la bosetšhaba le [ditirelo tsa boitekanelo] tseo di abiwang [ke] ka diporofense le Kantorotaolo ya Boitekanelo ya Sedika, le [tlamela] ditirelo tsa tlaleletso tsa boitekanelo jaaka go tlhokega go tlhoma thulaganyo ya boitekanelo ya bosetšhaba e e akaretsang;</p> <p>(e) ka go tsenngwa mo karotlaleletsong (2) morago ga temana (l) ga ditemana tse di latelang: “(m) loga maano a tlhabololo ya maokelo a botlhe le a <u>poraefete, ditlhongwa tsa boitekanelo tse dingwe le dieijensi tsa boitekanelo;</u> <u>(n) laola le go laola tshenyegelo le thuso ya matlole ya ditlhongwa tsa boitekanelo tsa botlhe le dieijensi tsa boitekanelo tsa botlhe;</u> <u>(o) tlhama letlhomiso la pholisi la bosetšhaba mabapi le theko le tiriso ya thekenoloji ya boitekanelo;</u> <u>(p) tlhama dikaelo tsa taolo ya didika tsa boitekanelo;</u></p>

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		<p>(q) <u>assist the District Health Management Office in controlling the quality of all health services and facilities;</u> and</p> <p>(r) <u>together with the District Health Management Office promote community participation in the planning, provision and evaluation of health services in a health district.”;</u> and</p> <p>(f) by the substitution for subsection (5) of the following subsection: “(5) The Director-General must integrate the health plans of the national department [and], provincial departments and districts annually and submit the integrated health plans to the National Health Council.”.</p> <p>3. Section 25 is hereby amended—</p> <p>(a) by the substitution in subsection (2) for the words preceding paragraph (a) of the following words: “The head of a provincial department must, in accordance with national health policy and [the] relevant provincial health policy [in respect of or] <u>perform such health functions within the relevant province as may be prescribed—</u>”;</p> <p>(b) by the deletion in subsection (2) of paragraph (b);</p> <p>(c) by the deletion in subsection (2) of paragraph (f);</p> <p>(d) by the deletion in subsection (2) of paragraphs (h) to (l);</p> <p>(e) by the substitution in subsection (2) for paragraph (n) of the following paragraph: “(n) [control] <u>assist the District Health Management Office in controlling the quality of all health services and facilities;</u>”;</p> <p>(f) by the deletion in subsection (2) of paragraph (s); and</p> <p>(g) by the deletion of subsection (3).</p> <p>4. Section 27 is hereby amended—</p> <p>(a) by the deletion in subsection (1)(a) of subparagraphs (i) and (ii);</p> <p>(b) by the deletion in subsection (1)(a) of subparagraphs (iv), (v) and (vi);</p> <p>(c) by the deletion in subsection (1)(a) of subparagraph (viii); and</p> <p>(d) by the deletion in subsection (1) of paragraphs (c) and (d).</p>

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		<p><u>(q)</u> thusa <u>Kantorotaolo ya Boitekanelo ya Sedika mo go laoleng boleng jwa ditirelo tsa boitekanelo tsotlhe le mafelo; le</u></p> <p><u>(r)</u> mmogo le <u>Kantorotaolo ya Boitekanelo ya Sedika go tsweletsa botsayakarolo jwa baagi mo togamaanong, tlamelong le mo tshekatshekong ya ditirelo mo sedikeng sa boitekanelo.”; le</u></p> <p><u>(f)</u> ka kemisetso ya karotlaleletso (5) ka karotlaleletso e e latelang: “(5) Mokaedikakaretso o tshwanetse go kopanya maano a boitekanelo a lefapha la boitekanelo [le], mafapha a diporofense le didika ka ngwaga le go romelela Khansele ya Boitekanelo ya Bosetšhaba maano a a kopantsweng.”.</p> <p>3. Tlhabololo ya karolo 25—</p> <p><u>(a)</u> ka kemisetso mo karotlaleletsong (2) ya temana (a) ka mafoko a a tlang fa pele ga temana (a) ka mafoko a a latelang: “Tlhogo ya lefapha la porofense e tshwanetse, go tsamaelana le pholisi ya boitekanelo ya bosetšhaba le pholisi ya boitekanelo e e maleba ya porofense [mabapi le kgotsa] go dira ditiro tseo tsa boitekanelo mo porofenseng e e maleba jaaka go ka laelwa—”;</p> <p><u>(b)</u> ka phimolo mo karotlaleletsong (2) ya temana (b);</p> <p><u>(c)</u> ka phimolo mo karotlaleletsong (2) ya temana (f);</p> <p><u>(d)</u> ka phimolo mo karotlaleletsong (2) ya ditemana (h) go fitlha go (l);</p> <p><u>(e)</u> ka kemisetso mo karotlaleletsong (2) ya temana (n) ka temana e e latelang: “(n) [taolo] go thusa <u>Kantorotaolo ya Boitekanelo ya Sedika mo go laoleng boleng jwa ditirelo tsotlhe tsa boitekanelo le mafelo;”;</u></p> <p><u>(f)</u> ka phimolo mo karotlaleletsong (2) ya temana (s); le</p> <p><u>(g)</u> ka phimolo ya karotlaleletso (3).</p> <p>4. Tlhabololo ya karolo 27—</p> <p><u>(a)</u> ka phimolo mo karotlaleletsong (1)(a) ya ditemanatlaleletso (i) le (ii);</p> <p><u>(b)</u> ka phimolo mo karotlaleletsong (1)(a) ya ditemanatlaleletso (iv), (v) le (vi);</p> <p><u>(c)</u> ka phimolo mo karotlaleletsong (1)(a) ya temanatlaleletso (viii); le</p> <p><u>(d)</u> ka phimolo mo karotlaleletsong (1) ya ditemana (c) le (d).</p>

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		<p>5. Section 31 is hereby amended—</p> <p>(a) by the substitution in subsection (2)(a) for subparagraph (iv) of the following subparagraph: “(iv) not more than five other persons, appointed by the relevant member of the Executive Council after consultation with the municipal council of the metropolitan or district municipality or <u>District Health Management Office</u>, as the case may be.”;</p> <p>(b) by the substitution in subsection (3) for paragraph (b) of the following paragraph: “(b) ensure co-ordination of planning, budgeting, provisioning and monitoring of all health services that affect residents of the health district for which the council was established; [and]”;</p> <p>(c) by the insertion in subsection (3) after paragraph (b) of the following paragraph: “(bA) <u>promote community participation in the planning, provision and evaluation of health care services;</u> and”;</p> <p>(d) by the substitution in subsection (5) for paragraph (b) of the following paragraph: “(b) the approval, after consultation with the relevant district health council, by the relevant member of the Executive Council and the municipal council of the metropolitan or district municipality, as the case may be, of the detailed [budget and] performance targets for health services in the health district to which both the provincial and municipal spheres of government must contribute; and”;</p>

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		<p>5. Tlhabololo ya karolo 31—</p> <p>(a) ka kemisetso mo karotlaleletsong (2)(a) ya temanatlaleletso (iv) ka temanatlaleletso e e latelang: “(iv) batho ba bangwe ba ba sa feteng ba le batlhano, ba ba thapilweng ke tokololo e e maleba ya Khanselekhuduthamaga morago ga go rerisana le khansele ya masepala ya masepala wa toropokgolo kgotsa sedika <u>kgotsa Kantorotaolo ya Boitekanelo ya Sedika</u>, go ya ka moo go leng ka teng.”;</p> <p>(b) ka kemisetso mo karotlaleletsong (3) ya temana (b) ka temana e e latelang: “(b) go netefatsa thulaganyo ya togamaano, tekanyetsokabo, tlamelo le kelothoko ya ditirelo tsotlhe tsa boitekanelo tse di amang baagi ba sedika sa boitekanelo seo khansele e tlhomilweng mabapi le sona; [le]”;</p> <p>(c) ka go tsengwa mo karotlaleletsong (3) morago ga temana (b) ga temana e e latelang: “(bA) go tswelatsa botsayakarolo <u>jwa baagi mo togamaanong, tlamelong le mo tshekatshekong ya ditirelo tsa tlhokomelo ya boitekanelo; le</u>”;</p> <p>(d) ka kemisetso mo karotlaleletsong (5) ya temana (b) ka temana e e latelang: “(b) thebolo, morago ga therisano le khansele ya boitekanelo ya sedika e e maleba, ka tokololo e e maleba ya Khanselekhuduthamaga le khansele ya masepala ya masepala wa toropokgolo kgotsa wa sedika, go ya ka moo go leng ka teng, ka ga dintlha tse di feletseng tsa [tekanyetsokabo le] tse di totilweng tsa tiragatso mabapi le ditirelo tsa boitekanelo mo sedikeng sa boitekanelo tseo ka bobedi makala a porofense le a masepala a tshwanetseng go nna le seabe mo go tsona; le”;</p> <p>le</p>

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		<p>(e) by the substitution in subsection (5)(c) for subparagraph (i) of the following subparagraph:</p> <p>“(i) deadlock-breaking mechanisms for cases where agreement between the relevant member of the [Executive Council] District Health Council and the municipal council on the [budget or] performance targets contemplated in paragraph (b) cannot be reached within a period specified in the legislation; and”.</p> <p>6. The insertion of the following section after section 31:</p> <p>“Establishment of District Health Management Offices</p> <p>31A. (1) District Health Management Offices are hereby established as national government components.</p> <p>(2) The Offices established in section (1) above must facilitate and coordinate the provision of primary health care services at district level in compliance with national policy guidelines and relevant law.</p> <p>(3) The District Health Management Office must—</p> <p>(a) prepare annual strategic medium-term health and human resources plans to provide for the exercise of the powers the performance of the duties and the provision of health care services in the district;</p> <p>(b) develop annual district health care plans that identify health care service needs in terms of the demographic and epidemiological profile of a particular district;</p> <p>(c) submit plans contemplated in subparagraphs (a) and (b) to the Director-General within the timeframes and in accordance with the guidelines determined by the National Health Council;</p>

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		<p>(e) ka kemisetso mo karolotlaleletsong (5)(c) ya temanatlaleletso (i) ka temanatlaleletso e e latelang:</p> <p>“(i) ditsela tsa go fedisa go palelana mabapi le dikgetse tse tumalano magareng ga tokololo e e maleba ya [Khanselekhuduthamaga] <u>Khansele ya Boitekanelo ya Sedika</u> le khansele ya masepala e e ka ga [tekanyetsokabo kgotsa] tseo di totlhweng tsa tiragatso tse di umakilweng mo temaneng (b) di sa kgoneng go fitlhelelwa mo pakeng e e totobaditsweng mo molaong; le”.</p> <p>6. Go tsenngwa ga dikarolo tse di latelang morago ga karolo 31:</p> <p>“Go tlhongwa ga Dikantorotaolo tsa Boitekanelo tsa Didika</p> <p>31A. (1) <u>Dikantorotaolo tsa Boitekanelo tsa Didika di tlhongwa jaaka dikarolwana tsa puso ya bosetšhaba.</u></p> <p>(2) <u>Dikantoro tse di tlhomilweng mo karolong (1) fa godimo di tshwanetse go nolofatsa le go rulaganya tlanelo ya ditirelo tsa tlhokomelo ya boitekanelo tsa motheo mo boemong jwa sedika ka kobamelo ya dikaelo tsa pholisi ya bosetšhaba le molao o o maleba.</u></p> <p>(3) <u>Kantorotaolo ya Boitekanelo ya Sedika e tshwanetse go—</u></p> <p>(a) <u>baakanya maano a ngwaga a boitekanelo le metswedithuso ya setho ya togamaano ya pakagare go laela mabapi le tiragatso ya dithata, go dirwa ga ditiro le kabo ya ditirelo tsa tlhokomelo ya boitekanelo mo sedikeng;</u></p> <p>(b) <u>tlhama maano a ngwaga a tlhokomelo ya boitekanelo ya sedika a a tlhagisang ditlhokego tsa tlhokomelo ya boitekanelo go ya ka dipalopalo tsa setšhaba le porofaele ya epidimioloji ya sedika se se rileng;</u></p> <p>(c) <u>romela maano a a umakilweng mo ditemanatlaleletsong (a) le (b) kwa go Mokaedikakaretso mo nakong e e beilweng le go tsamaelana le dikaelo tse di tlhomamisitsweng ke Khansele ya Boitekanelo ya Bosetšhaba;</u></p>

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		<p><u>(d) manage provision of non-personal health services in the district;</u></p> <p><u>(e) interact with community representatives through district health councils;</u></p> <p><u>(f) coordinate and manage the functioning of primary health care within the district, including district specialist support teams, primary health care teams and agents, and school health services;</u></p> <p><u>(g) provide information on the disease profile in a particular district that would inform the design of the health care service benefits for that district;</u></p> <p><u>(h) improve access to health care services at health care facilities and in the community in a particular district;</u></p> <p><u>(i) ensure that the user referral system referred to in section 44 is functional, including the transportation of users between the different levels of care and between public and private facilities accredited by the Fund established by section 9 of the National Health Insurance Act, 2023, if necessary;</u></p> <p><u>(j) facilitate the certification of public health care facilities and accreditation of health care service providers, health establishments and suppliers at district level, including municipal clinics;</u></p> <p><u>(k) facilitate the integration of public and private health care services such as emergency medical services but excluding public ambulance services;</u></p> <p><u>(l) receive and resolve complaints from users in the district in relation to the delivery of health care services;</u></p>

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		<p>(d) <u>laola kabo ya ditirelo tsa boitekanelo tseo e seng tsa bowena mo sedikeng;</u></p> <p>(e) <u>buisana le baemedi ba baagi ka dikhansele tsa boitekanelo tsa didika;</u></p> <p>(f) <u>rulaganya le go laola go dira ga tlhokomelo ya boitekanelo ya motheo mo sedikeng, go akaretsa le ditlhopha tsa tshegetso tsa boitseanape tsa sedika, ditlhopha tsa tlhokomelo ya boitekanelo ya motheo le baemedi, le ditirelo tsa boitekanelo jwa dikolo;</u></p> <p>(g) <u>tlamela tshedimosetso ka ga porofaele ya bolwetse mo sedikeng se se rileng e e tla sedimosetsang kago ya ditshiamelo tsa tirelo ya tlhokomelo ya boitekanelo ya sedika seo;</u></p> <p>(h) <u>tokafatsa phitlhelelo ya ditirelo tsa tlhokomelo ya boitekanelo kwa mafelong a tlhokomelo ya boitekanelo le mo baaging mo sedikeng se se rileng;</u></p> <p>(i) <u>netefatsa gore thulaganyo ya thomelo ya badirisi e e umakilweng mo karolong 44 e a dira, go akaretsa le thomelo ya badirisi magareng ga magato a a farologaneng a tlhokomelo le magareng ga didiriswa tsa botlhe le tsa poraefete e e neilweng tetla semmuso ke Letlole le le tlhomilweng ka karolo 9 ya Molao wa Inšorensense ya Boitekanelo wa Bosetšhaba, 2023, fa go tlhokega;</u></p> <p>(j) <u>nolofatsa kanelo ya mafelo a tlhokomelo ya boitekanelo a botlhe le neoteflasemmuso ya batlamedi ba ditirelo tsa tlhokomelo ya boitekanelo, ditlhongwa tsa boitekanelo le batlamedi mo legatong la sedika, go akaretsa le ditlilini tsa masepala;</u></p> <p>(k) <u>nolofatsa go kopanngwa ga ditirelo tsa tlhokomelo ya boitekanelo tsa botlhe le tsa poraefete jaaka ditirelokalafi tsa tshoganyetso mme go se akaretse ditirelo tsa diemelense tsa botlhe;</u></p> <p>(l) <u>amogela le go rarabolola dingongorego go tswa kwa badirising mo sedikeng mabapi le kabo ya ditirelo tsa tlhokomelo ya boitekanelo;</u></p>

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		<p><u>(m) liaise with and report on a monthly basis to the national office of the Fund established by section 9 of the National Health Insurance Act, 2023, concerning—</u></p> <ul style="list-style-type: none"> <u>(i) difficulties experienced by users relating to access to health care services;</u> <u>(ii) challenges experienced by the Office in respect of service providers;</u> <u>(iii) health needs of users that are not met; and</u> <u>(iv) any other matter required for the efficient functioning of health care services in the relevant district;</u> <p><u>(n) cooperate with the Investigating Units established in terms of section 20(2)(e) of the National Health Insurance Act, 2023, in order to facilitate the investigation of complaints in the district;</u></p> <p><u>(o) control the quality of all health services and facilities within a district to comply with the norms and standards of the Office of Health Standards Compliance;</u></p> <p><u>(p) develop, procure, use, maintain and protect health technology within the district; and</u></p> <p><u>(q) liaise with provincial and municipal health authorities on any matter relevant to users within the relevant district.</u></p> <p><u>(4) The Director-General must together with the District Health Management Office ensure that each health district and each health sub-district is effectively and efficiently managed.”.</u></p> <p>7. Section 41 is hereby amended—</p> <ul style="list-style-type: none"> <u>(a) by the substitution in subsection (1) for the words preceding paragraph (a) of the following words:</u> “<u>The Minister, in respect of a central hospital, and the relevant member of the Executive Council and District Health Management Office, in respect of all other public health establishments within the province and district in question, may—</u>”; <u>(b) by the deletion in subsection (1) of paragraphs (c) and (d); and</u> <u>(c) by the deletion of subsections (2) and (3).</u>

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		<p>(m) <u>golagana le, le go begela ka kgwedi kantoro ya bosetšhaba ya Letlole e e tlhomilweng ka karolo 9 ya Molao wa Inšorensa ya Boitekanelo ya Bosetšhaba, 2023, ka ga—</u></p> <p>(i) <u>mathata a a itemogetsweng ke badirisi a a amanang le phitlhelelo ya ditirelo tsa tlhokomelo ya boitekanelo;</u></p> <p>(ii) <u>dikgwetlho tse di itemogetsweng ke Kantoro mabapi le batlamedi ba ditirelo;</u></p> <p>(iii) <u>ditlhokego tsa boitekanelo tsa badirisi tse di sa fitlhelelwang; le</u></p> <p>(iv) <u>morero mongwe le mongwe ofe o o tlokegang mabapi le go dira ka nonofo ga ditirelo tsa tlhokomelo ya boitekanelo mo sedikeng se se maleba;</u></p> <p>(n) <u>dirisana mmogo le Makala a Dipatlisiso a a tlhomilweng go ya ka karolo 20(2)(e) ya Molao wa Inšorensa ya Boitekanelo ya Bosetšhaba, 2023, gore go nolofatswe dipatlisiso tsa dingongorego mo sedikeng;</u></p> <p>(o) <u>laola boleng jwa ditirelo tsothe tsa boitekanelo le mafelo mo sedikeng go obamela ditlwaelo le maemo a Kantoro ya Kobamelo ya Ditekanyetso tsa Boitekanelo;</u></p> <p>(p) <u>tlhama, go reka, go dirisa, go tlhokomela le go sireletsa thekenoloji ya boitekanelo mo sedikeng; le</u></p> <p>(q) <u>buisana le bothati jwa boitekanelo jwa porofense le bomasepala ka ga morero ofe o o amanang le badirisi mo sedikeng se se maleba.</u></p> <p>(4) <u>Mokaedikakaretso o tshwanetse mmogo le Kantorotaolo ya Boitekanelo ya Sedika go netefatsa gore sedika sengwe le sengwe sa boitekanelo le sedikatlaleletso sengwe le sengwe se laolwa ka nonofo le ka bokgoni.”.</u></p> <p>7. Tlhabololo ya karolo 41—</p> <p>(a) ka kemisetso mo karolotlaleletsong (1) ya mafoko a a tlang fa pele ga temana (a) ka mafoko a a latelang: “Tona, mabapi le bookelobogolo, le tokololo e e maleba ya Khanselekhuduthamaga le Kantorotaolo ya Boitekanelo ya Sedika, mabapi le ditlhongwa tsothe tse dingwe tsa boitekanelo mo porofenseng le mo sedikeng se se umakwang o ka—”;</p> <p>(b) ka phimolo mo karolotlaleletsong (1) ya ditemana (c) le (d); le</p> <p>(c) ka phimolo ya dikarolotlaleletso (2) le (3).</p>

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		<p>8. Section 90 is hereby amended—</p> <p>(a) by substitution in subsection (1) for the words preceding paragraph (a) of the following words: “The Minister, after consultation with the National Health Council [for the Office, as the case may be], may make regulations regarding—”;</p> <p>(b) by the substitution in subsection (1)(b) for subparagraph (i) of the following subparagraph: “(i) the fees to be paid to public health establishments for health services rendered in <u>consultation with the Fund established by section 9 of the National Health Insurance Act, 2023;</u>” and</p> <p>(c) by the substitution in subsection (1) for paragraphs (d) and (e) of the following paragraphs, respectively: “(d) the development of an essential drugs list and medical and other assistive devices list <u>together with the Health Products Procurement unit;</u> (e) <u>human [resource] resources planning, development and management;</u>”.</p>
Act No. 70 of 2008	Prevention of and Treatment for Substance Abuse Act, 2008	<p>1. The substitution for section 7 of the following section:</p> <p>“Support for services delivered by service providers</p> <p>7. (1) The Minister may—</p> <p>(a) from funds [appropriated by Parliament for that purpose] <u>received from the National Health Insurance Fund</u>, provide financial assistance to service providers that provide services in relation to substance abuse; and</p> <p>(b) for the purposes of <u>paragraph (a)</u> prioritise certain needs of and services for persons affected by substance abuse[;].</p> <p>[(c) in the prescribed manner enter into contracts with service providers to ensure that the services contemplated in paragraph (b) are provided; and</p>

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		<p>8. Tlhabololo ya karolo 90—</p> <p>(a) ka kemisetso mo karolotlaleletsong (1) ya mafoko a a tlang fa pele ga temana (a) ka mafoko a a latelang: “Tona, morago ga go rerisana le Khansele ya Boitekanelo ya Bosesšhaba [kgotsa Ofisi, go ya ka moo go leng ka teng], o ka dira melawanataolo mabapi le—”;</p> <p>(b) ka kemisetso mo karolotlaleletsong (1)(b) ya temanatlaleletso (i) ka temanatlaleletso e e latelang: “(i) dituelo tse di tlileng go duelwa kwa ditlhongweng tsa boitekanelo mabapi le ditirelo tsa boitekanelo tse di abilweng ka therisano le <u>Letlole le le thomilweng ka karolo 9 ya Molao wa Inšoreense ya Boitekanelo wa Bosesšhaba, 2023;</u>” le</p> <p>(c) ka kemisetso mo karolotlaleletsong (1) ya ditemana (d) le (e) ka ditemana tse di latelang, ka tatelano: “(d) tlhamo ya lenane la bothokwa la diritibatsi le kalafi le lenane la didiriswathuso tse dingwe <u>mmogo le lekala la Theko ya Dithagiswa tsa Boitekanelo;</u> (e) togamaano ya [motswedithuso] <u>metswedithuso, ya setho le taolo;</u>”.</p>
Molao 70 wa 2008	Molao wa Thibelo le Kalafi ya Tirisobotlhaswa ya Sere, 2008	<p>1. Kemisetso ya karolo 7 ka karolo e e latelang:</p> <p>“Tshegetso mabapi le ditirelo tse di abilweng ke batlamedi ba ditirelo</p> <p>7. (1) Tona o ka—</p> <p>(a) go tswa mo matloleng [a a abilweng ke Palamente mabapi le maitlhomo ao] a a <u>amogetsweng go tswa mo Letloleng la Inšoreense ya Boitekanelo ya Bosesšhaba</u>, neela batlamedi ba ditirelo thuso ya matlole ba ba tlamelang ditirelo mabapi le tirisobotlhaswa ya diritibatsi; le</p> <p>(b) mabapi le maitlhomo a temana (a) go baya kwa godimo ditlhokego tse di rileng tsa le ditirelo tsa batho ba ba amilweng ke tirisobotlhaswa ya diritibatsi [;].</p> <p>[(c) ka mokgwa o o laetsweng go dira dikonteraka le batlamedi ba ditirelo go netefatsa gore ditirelo tse di umakilweng mo temaneng (b) di a tlamelwa; le</p>

No. and year of Act	Short Title	Extent of repeal or amendment
		<p><i>(d)</i> provide assistance to persons who establish substance abuse services.</p> <p>(2) The Minister must—</p> <p><i>(a)</i> prescribe conditions for the receiving of financial assistance referred to in subsection (1)(a), including accounting and compliance measures;</p> <p><i>(b)</i> prescribe remedies for failure to comply with the conditions contemplated in paragraph (a);</p> <p><i>(c)</i> establish and maintain a register of all assets bought by service providers with Government funds; and</p> <p><i>(d)</i> prescribe conditions for the management and disposal of assets contemplated in paragraph (c).</p> <p>(3) Service providers who procure any immovable property with the funds appropriated in terms of subsection (1) must ensure that the Registrar of Deeds makes the necessary entries in the title deed indicating the state ownership of such property.]</p>

No. en jaar van Wet	Kort titel	Omvang van herroeping of wysiging
		<p>(d) go tlamela batho ba ba tlhomang ditirelo tsa tirisobothaswa ya diritibatsi thuso.</p> <p>(2) Tona o tshwanetse go—</p> <p>(a) laela dipeelo tsa kamogelo ya thuso ya matlole e e umakilweng mo karotlaleletsong(1)(a), go akaretsa le ditekanyetso tsa go rwala maikarabelo le kobamelo;</p> <p>(b) laela dithuso tsa go retelelwa ke go obamela dipeelo tse di umakilweng mo temaneng (a);</p> <p>(c) tlhoma le go tlhokomela rejisetara ya dithoto tsotlhe tse di rekilweng ke batlamedi ba ditirelo ka matlole ke Puso; le</p> <p>(d) laela dipeelo tsa taolo le tatlho ya dithoto tse di umakilweng mo temaneng (c).</p> <p>(3) Batlamedi ba ditirelo ba ba rekang thoto efe e e sa suteng ka matlole a a abilweng go ya ka karotlaleletso (1) ba tshwanetse go netefatsa gore Mokwadisi wa Dikano o kwadisa kano ya bong e e tlhokegang e e bontshang gore puso ke mong wa thoto eo.]”.</p>

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