Federal Capital Territory Health Insurance Agency Bill, 2019

Arrangement of Sections

Section:

Part I - Establishment of the FCT Health Insurance Agency and Board

1. Establishment of the FCT Health Insurance Agency
2. Objective of the Agency
3. Establishment of the Board
4. Tenure of office and cessation of membership of the Board

Part II - Objectives, Functions and Powers

5. Functions of the Agency
6. Powers of the Agency
7. Additional powers of the Agency
8. Functions and Powers of the Board
9. Qualification and tenure of the Executive Secretary

Part III - Administrative Structure and Control

10. Organogram
11. Employees of the Agency
12. Pensions
13. Confidentiality and non-disclosure

Part IV - Establishment of FCT Health Insurance Scheme

14. Establishment of the FCT Health Insurance Scheme
15. Components of the FCT Health Insurance Scheme
16. Applicability of the Scheme
17. Appointment of licences actuary for the Agency
18. Registration of all FCT residents
19. Registration and services of HCPs
20. Registration of TPAs and other health insurance agents
21. Refusal of License
22. Revocation of License
23. Functions of TPAs and HIAs
24. Direct Delivery of health care services
25. Contribution to be inalienable
26. Provisions of the Companies and Allied Matters Act on Liabilities
27. Role of the FCT Executive Committee
28. Professional Indemnity
29. Immediate access to the Fund of uninsured individuals with pre-existing conditions
30. Reinsurance for early Retirees
31. Non-Discrimination
32. Participation of Area Councils through the appointment of focal persons

PART V - FINANCIAL PROVISIONS
33. Establishment of the FCT Health Insurance Scheme Fund (PHISF)
34. Disbursement of funds
35. Investment of Funds
36. Powers to accept gifts
37. Annual estimates, Accounts and external audit
38. Inspection of Audit and record books HCPs) and HIAs
39. Failure to keep record books
40. Pooling of contribution under the Scheme

PART VI - MISCELLANEOUS PROVISIONS
41. Dispute Resolution
42. Offences and penalties
43. Offences by bodies
44. Prosecution by the Agency
45. Jurisdiction
46. Commencement of proceedings
47. Limitation of suits against the Agency
48. Court order
49. Notices, summons and other documents
50. Restriction of execution on the property of the Agency
51. Interpretation
52. Citation

Schedule
A BILL
FOR
AN ACT TO ESTABLISH THE FEDERAL CAPITAL TERRITORY HEALTH INSURANCE AGENCY TO INSTITUTE THE FEDERAL CAPITAL TERRITORY HEALTH INSURANCE SCHEME AND PROVIDE COMPREHENSIVE, QUALITY AND AFFORDABLE HEALTH CARE SERVICES FOR ALL RESIDENTS OF THE FEDERAL CAPITAL TERRITORY; AND FOR RELATED MATTERS.

Sponsored by Hon. Uzoma Nkem Abonta

ENACTED by the National Assembly of the Federal Republic of Nigeria:

1. PART I - ESTABLISHMENT OF THE FCT HEALTH INSURANCE AGENCY AND BOARD

1.- (1) There is established the Federal Capital Territory (FCT) FCT Health Insurance Agency (in this Act referred to as "the Agency").

(2) The Agency:

(a) is a body corporate with perpetual succession and a common seal;

(b) may sue and be sued in its corporate name;

(c) may acquire, hold or dispose of any moveable or immovable property for the purpose of its functions under this Act.

2. The objective of the Agency is to, supervise and ensure the effective administration of the FCT Health Insurance Scheme.

3.- (1) There is established for the FCT Health Insurance Agency a Governing Board (in this Act referred to as "the Board").

(2) The Board shall consist of:

(a) a chairman;

(b) the Chairman of Association of Local Governments of Nigeria (ALGON), FCT Chapter;
(c) Chairman of the FCT Traditional Council;
(d) one representative each of:
(i) the Health and Human Services Secretariat, not below the rank of a Director,
(ii) the FCT Hospitals Management Board, not below the rank of a Director,
(iii) the Executive Secretary, FCT Primary Health Care Board,
(iv) the Department of FCT Economic Planning, Research and Statistics, not below the rank of a Deputy Director,
(v) the Department of Treasury, not below the rank of a Deputy Director,
(vi) the Nigeria Employers Consultative Association, FCT Chapter,
(vii) Nigeria Labour Congress, FCT Chapter,
(viii) Trade Union Congress, FCT Chapter,
(ix) Health Care Providers Association of Nigeria, FCT Chapter,
(x) FCT Co-ordinator, National Health Insurance Scheme; and
(e) the Executive Secretary of the Agency, who shall also be the Secretary to the Board.

(3) At least two of the members of the Board shall be females.
(4) Members of the Board other than the Executive Secretary, shall be on part-time and appointed by the Minister on the recommendation of the Secretary Health and Human Services Secretariat (HHSS).
(5) The Chairman shall be a person of integrity with a minimum qualification of first degree or its equivalent and a minimum of 10 years professional experience.
(6) Other members of the Board shall be persons of proven integrity.
(7) The supplementary provisions set out in the Schedule to this Act shall have effect with respect to the proceedings of the Board and the other matters contained in the Schedule.
4.- (1) All members of the Board shall hold office for four years and may be re-appointed for another four years and no more.  

(2) The office of a member of the Board becomes vacant if the member:

(a) resigns by notice in writing under his hand addressed to the Minister, submitted through the Secretary of the Board to the Secretary HHSS, and the resignation takes effect only on acknowledgement by the Minister;

(b) becomes bankrupt or makes a compromise with his creditors;

(c) is convicted of a criminal offence; or

(d) becomes incapable of discharging the duties assigned to him by reason of mental or bodily infirmity.

(3) The Minister may remove a member of the Board from office, if he is satisfied that it is in the interest of the Agency or the public that the member should not continue in office.

(4) Where a vacancy occurs in the membership of the Board, it shall be filled by the appointment of a successor to hold office for the remainder of the term of office of his predecessor, provided that the successor shall represent the same interest as the predecessor.

PART II - OBJECTIVES, FUNCTIONS AND POWERS

5. The Agency shall:

(a) regulate, supervise, implement and ensure effective administration of the Scheme;

(b) ensure that all residents of the FCT have financial protection, physical access to quality and affordable health care services;

(c) regulate the cost of healthcare services provided under the Scheme;

(d) ensure equitable distribution of healthcare costs across all residents of the FCT;
(e) maintain high standard of healthcare delivery services within the Scheme;
(f) ensure efficiency in healthcare service delivery provided under the Scheme;
(g) improve and harness private sector participation in the provision of healthcare services;
(h) facilitate adequate distribution of health facilities within the FCT;
(i) ensure appropriate patronage at all levels of the healthcare delivery system;
(j) ensure the availability of alternative sources of funding to the health sector for improved services;
(k) in cases where residents do not have available medical and other health services, take such measures as are necessary to plan, organise and develop medical and other health service commensurate with the needs of the residents; and
(l) facilitate access to emergency ambulance or ancillary service, with emergency service provider or under a private public partnership arrangement for the benefit of residents of the FCT;

6. The Agency shall:
(a) ensure the effective implementation of the policies and procedures of the Scheme;
(b) issue appropriate regulations and guidelines, as approved by the Board, to maintain the viability of the health scheme;
(c) manage the health Scheme in accordance with the provisions of this Act;
(d) approve formats of contracts for the Third-Party Administrations (TPAs) and all HCPs;
(e) carry out public awareness and education on the establishment and management of the Scheme;
(f) promote the development of other programs for wider
participation in the Scheme including developing new health plans;

(g) implement the basic minimum benefit package as defined under the National Health Act;

(h) define benefit packages to be provided under the health plans as provided under section 5 of this Act;

(i) register National Health Insurance Scheme (NHIS) accredited TPAs, FCT accredited healthcare facilities and other relevant institutions;

(j) classify healthcare facilities and providers in a manner that shall help improve health outcomes in the FCT as required under the National Health Act;

(k) reimburse health care providers in line with services delivered under the scheme;

(l) determine the percentage of the premiums or other contributions from private health plans that shall be payable as cross subsidy to the Fund for the purpose of financing the EHP under Section 15 for the poor and vulnerable;

(m) approve format of contracts for the TPAs and all healthcare providers;

(n) determine, after due consideration capitation, fee-for-service and other payment mechanisms due to health care providers, by the TPAs.

(o) advise the relevant bodies on inter-relationship of the agency with other social security services;

(p) coordinate research and statistics;

(q) establish quality assurance for all stakeholders;

(r) ensure the collection, collation, analysis, and reporting on quarterly returns from the TPAs and other scheme stakeholders;

(s) exchange information and data with the National Health Insurance Scheme, FCT Health Management Information System, relevant financial institutions development partners, non-governmental organisations and other relevant bodies;
(i) ensure the training and development of staff of the Agency;
(u) receive and investigate complaints of impropriety leveled against
any TPAs, Health Care Provider enrollee and other relevant institutions and
ensure appropriate sanctions are given; and
(v) perform such other activities as are necessary or expedient for the
purpose of achieving the objectives of the Agency under this Act;
7.- (1) The Agency shall have powers to regulate, implement and issue
guidelines for the:
(a) registration of employers and employees liable to contribute under
this Act;
(b) registration of dependents of employees covered by the Agency;
(c) compulsory payment of contributions by employers and
employees;
(d) amount of contributions to be paid by each employee;
(e) compulsory payment of contributions by self-employed persons
and other persons and rates of such contributions;
(f) maintenance of the records to be kept for the Agency and the
records to be kept by employers in respect of contributions payable under this
Act and in respect of their employees;
(g) methods of receiving contributions under this Act;
(h) imposition of surcharges in respect of late payment of
contributions by employers or employees;
(i) manner and circumstances under which contributions may be
remitted and refunded;
(j) negotiated fees and charges payable for medical, dental,
pharmaceutical and all other health services provided under the Scheme;
(k) nature and amount of benefits to be provided under this Scheme,
the circumstances and the manner under which the benefits are to be provided;
(l) nature and amount of capitation, fee-for-service, per-diem or other
payment options under this Scheme;
(m) reduction, suspension or withdrawal of any payment under this
Scheme;

(n) submission of returns by employers regarding the employers
and their employees; and

(o) procedure for assessment of contributions made under this
Scheme.

(2) Any other matter on which, in the opinion of the Agency, is
necessary or desirable to make regulation and issue guidelines for giving
effect to this Act.

(3) The guidelines issued under subsection (1) (a), (c) and (d) may
provide for different levels of contributions payable by different classes of
persons.

8. For the purpose of performing the functions of the Agency, the
Board shall, subject to the direction of the Minister, have powers to:

(a) determine the organisational structure of the Agency;

(b) approve for the Agency, private health maintenance,
organisations operating in the FCT and their private health plans;

(c) determine the overall policies of the Scheme, including the
financial and operative procedures of the Scheme;

(d) ensure the effective implementation of the policies and
procedures of the Scheme;

(e) regulate and supervise the Scheme established under this Act;

(f) establish standards, rules and guidelines for the management of
the Scheme under this Act;

(g) approve, license, regulate and supervise TPAs and other
institutions relating to the health plan as the Agency may determine;

(h) develop or approve mechanisms for identification of the poor
and vulnerable persons who will benefit from the EHP as provided under
section 15;

(i) issue guidelines and approval for the administration and release
of funds under the Scheme;
(j) approve health plans as might be determined and put forward by the Agency;
(k) approve the recommendation of the Agency relating to research, consultancy and training in respect of the Scheme;
(l) keep and update a database on all Scheme activities;
(m) do such other things which, in the opinion of the Agency, are necessary or expedient for the performance of its functions under this Act;
(n) determine the remuneration and allowances of all staff of the Agency;
(o) engage the various ministries and levels of government, stakeholders and the public during strategy development, policies and procedures of the health scheme; and
(p) approve annual reports and statement of accounts of the Agency.

PART III - ADMINISTRATIVE STRUCTURE AND CONTROL

9. The Executive Secretary shall:
(a) be the Chief Executive and Accounting Officer of the Agency;
(b) be responsible for the management of the affairs of the Agency;
(c) be a person of integrity with relevant qualifications in health management, health economics or public health with a minimum of 10 years professional experience; and
(d) hold office for four years on such terms and conditions as may be specified in his letter of appointment and may be reappointed for another four years and no more.

10. The Agency shall have the power to establish and maintain such departments, offices, subsidiary divisions, sections and units and make other administrative arrangements as may, in its opinion, be necessary or expedient for the performance of its functions.

11. Without prejudice to extant legislation, Public Service Rules, Scheme of Service and Operational Guidelines of the Agency, the Agency:
(a) may appoint or employ such contract or permanent employees
whether professional or non-professional, including reputable and
competent external consultants, as it may require to perform its functions;
and
(b) shall determine the allowances and other terms and conditions
of service of staff.

12.- (1) Employment in the Agency shall be scheduled service for
purposes of the Pension Reforms Act.
(2) Employees of the Agency are entitled to pensions and other
retirement benefits in accordance with the Pension Reform Act or such other
Act as may be in force to regulate pension matters.

13.- (1) Members of the Board, employees and other persons
engaged to work for the Agency shall:
(a) not use any information which may come to their knowledge in
the exercise of their powers or which may be obtained by them in the
ordinary course of duty for personal gain except for the purpose of
performing their function under this Act;
(b) treat as confidential any information which may be obtained by
them in the performance of their functions under this Act; and
(c) not disclose any information referred to under paragraph (a)
except when required to do so by an arbitration, litigation or similar panel of
the Court or in such other circumstances as may be prescribed by the Board.

(2) Any person who contravenes subsection (1), commits an
offence and is liable on conviction to penalties contained in Section 42 (3).

PART IV - ESTABLISHMENT OF THE FCT HEALTH INSURANCE SCHEME

14. There is established the FCT Health Insurance Scheme (in this
Act referred to as "the Scheme").

15.- (1) The Scheme shall consist of the:
(a) FCT Equity Health Plan (EHP) which is a basic plan for
vulnerable groups as defined in this Act and other criteria for eligibility into
the health plan is as approved by the FCT Executive Committee on the
recommendation of the Agency and the point of entry is designated primary
health care facilities;

(b) Informal Health Plan (IHP) which is an 'affordable' Plan providing
a prescribed package of healthcare services at an agreed contribution
accessible to all residents of the FCT employed or engaged in the informal
sector and the point of entry is designated public and private health facilities;

(c) Formal Health Plan (FHP) which is a contributory plan for all
public and organised private formal sector employees wherein the employer
and employees shall make contributions as determined by the Board; and

(d) any other component as may be developed by the Agency with the
approval of the Board.

(2) The operational guideline shall explicitly define the content of
each health plan.

16. The Scheme is compulsory and applies to all residents of the FCT
except those already covered by the NHIS.

17.-(1) The Agency shall appoint a licensed actuary on such terms and
conditions as the Board may determine.

(2) The actuary shall review the service package and evaluate it
actuarially, including the rates of contributions payable for the service and
make appropriate recommendation to the Agency.

(3) If, having regard to the review and evaluation carried out by the
actuary under subsection (2), the Agency considers that the rates of
contributions have not retained their value in relation to the general level of
earning in Nigeria, the Agency shall, in consultation with the actuary, modify
the rates to the extent considered appropriate and bring the new rates to the
notice of the persons affected by the modification.

18. Subject to such guidelines and regulations as may be made under
this Act:

(a) all residents of the FCT shall be registered under the Scheme; and
(b) all employers and their employees in both public and private sectors shall register with the Agency and obtain a Corporate Identification Number (CIN).

19.-(1) Without prejudice to existing legislations regulating the professional practices of HCPs:
(a) the accreditation and registration of participating HCPs under the Scheme shall be in accordance with guidelines as the Agency shall issue under the Act; and
(b) only the HCPs registered with the HHSS shall be accredited and registered to participate under this Scheme.

(2) A HCPs registered under subsection (1) shall, in consideration for an approved capitation payment or fee for service and any other form of payment, to the extent and manner prescribed herein, provide services in accordance with:
(a) the approved Health Plan as is actuarially determined and reviewed annually by the Board;
(b) Approved Treatment Guideline; and
(c) Approved Drug Formulary

20.-(1) The Agency shall register NHIS accredited TPAs and other Health Insurance Agents (HIA).

(2) Approval for the registration of a TPA or HIA and other allied Agency under the agency shall be in accordance with guidelines issued by the Board, requiring the TPA, and other HIA to:
(a) be financially viable before and after registration;
(b) have a track record of sustained relationship with private healthcare providers;
(c) make a complete disclosure of the ownership structure and composition of the organisation;
(d) have account with one or more banks as maybe designated by the Agency;
(e) comply with other accreditation requirements of the NHIS in the case of HMOs;

(f) give an undertaking that the organisation shall perform activities outsourced to it pursuant to this Act in accordance with the guidelines to be issued by the Agency; and

(g) be registered with the Corporate Affairs Commission (CAC) or other bodies required by legislations.

(3) Registration of TPA and other HIAs shall be renewed annually.

21.- (1) The Agency may refuse to issue a licence to any applicant on an application made under section 20 of this Act if it is satisfied that the:

(a) information contained in the application for a license is false; or

(b) application does not meet the requirements prescribed by the Agency for grant of a licence;

(2) Where the Agency refuses to register any organisation, it shall forthwith notify the applicant in the prescribed form, specifying the reasons for such refusal if need be, but such an organisation may re-apply at a time it has fulfilled all the necessary conditions for registration.

22.- (1) The Agency may revoke a licence issued to an organisation, if:

(a) it discovers, after the grant of licence, that a statement was made in connection with the application thereof which the applicant knew to be false;

(b) the organisation is subject to any insolvency proceeding or is to be wound up or otherwise dissolved;

(c) the conduct of affairs of the organisation does not conform to the provisions of this Act or any regulations made or directive issued under this Act;

(d) any event occurs which renders the organisation ineligible to discharge its duties;

(e) the organisation is in breach of any condition attached to its licence, and

(f) the organisation fails or neglects to disclose the accurate data of its
private health plan enrollee to the Agency.

(2) The Agency shall, before revoking the licence of 30 days' notice
of its intention, consider any representation made to it in writing by the
organisation within that period before the revocation.

23.- (1) The organisations referred to in section 20(1) of this Act are
responsible for:

(a) sensitisation of the populace on the Scheme;
(b) management of their Private Health Plan;
(c) remittance of 1% of total collection from their Private Health
Plan to the FCT Health Insurance Scheme Fund;
(d) supervision of healthcare providers;
(e) processing of claims;
(f) the payment approved by the TPAs and HCPs which shall be in
accordance with operational guidelines released by the Scheme;
(g) rendering to the Agency, returns on its activities as may be
required by the Board;
(h) contracting only with the health care providers approved under
the Scheme for the purpose of rendering health care services as provided by
this Act;
(i) ensuring that all money received from the commission are kept
in accordance with guidelines issued by the Board; and
(j) establishing and maintaining of a quality assurance.

24. Notwithstanding anything contained in this Act, TPAs shall
not be involved in the direct delivery of health care services.

25. Contributions payable under this Act are inalienable and are
not assets for the benefit of creditors in the event of the bankruptcy or
insolvency of a contributor or an organisation.

26. Where, an order is made by a Court, on mergers which include
the transfer to the company of the whole property and liabilities of a
transferor company, the order shall include provisions for the taking over, as
from such date as may be specified in the order, of any liability for any
contribution which has become due and payable under this Act together with
any accrued interest, in respect of the employees concerned in the undertaking,
property or liability transferred.

27. The FCT Executive Committee shall collaborate with relevant
Federal Government Agencies in the realisation of the set objective of this Act.

28. Health care providers shall be required to take professional
indemnity cover from a list of insurance companies as may be designated by
the Agency in consultation with NHIS.

29. Any person who is proven to be indigent in the FCT and is not
insured with the Agency, but has a pre-existing critical medical condition
which he cannot pay for, shall have access to the Fund of the Agency.

30. Early retirees shall have access to the fund to the extent of
available fund retirees

31. No person or group of persons in the FCT with a pre-existing
medical condition shall be discriminated against to the extent of allotted funds.

32. An Area Council Chairman may, in consultation with the Primary
Healthcare Board, appoint focal persons who are senior serving officers in the
service of the Area Council's Department of Health, to coordinate and
collaborate with the Agency.

PART V - FINANCIAL PROVISIONS

33.- (1) There is established the FCT Health Insurance Scheme Fund
(in this Act referred to as "the Fund").

(2) The Fund shall consist of:

(a) the scale up grant from the Federal Capital Territory
Administration (FCTA) for operational expenses and administration of the
Agency;

(b) equity fund contribution of at least 2% of the consolidated revenue
of the FCTA on behalf of vulnerable persons;

(c) 1% of the total value of each contract executed by the FCTA;
(d) funds from NHIS;
(e) funds from the Basic Health Care Provision Fund (BHCPF);
(f) such money as may be due from HMOs;
(g) contributions received from the formal and informal enrollees and their employers including the FCTA and Area Councils for public sector enrollees;
(h) fees, fines and commission charged by the Agency;
(i) donations or grants-in-aid from private organisations, philanthropists, international donor organisations and non-governmental organisations;
(j) interests from investments; and
(k) all other money which may accrue to the Agency.

(3) The Fund shall be ring-fenced from other government funds and not subject to virement for other purposes other than those listed under section 35.

(4) The funds shall be rolled over at the end of the financial year and not subject to refund to the treasury.

34.- (1) The Agency shall disburse at least 80% of premium funds directly to the HCPs from the Fund.

(2) The Agency shall, with the approval of the Board, apply administrative funds at its disposal-
(a) for and in connection with the non-medical objectives of the Agency under this Act;
(b) to the cost of administration of the Agency;
(c) to the payment of fees, allowances and benefits of members of the Board;
(d) for marketing and distribution costs directly or indirectly payable to health insurance agents;
(e) for reserve to cater for future liabilities.
35.-(1) All contributions not immediately required shall be invested by the Agency in non-speculative short-term instruments with the objectives of safety and maintenance of fair returns on amount invested and in accordance with the regulations and guidelines issued by the Agency.

(2) Subject to guidelines issued by the Agency, the Fund shall be invested in any:

(a) bonds, bills and other securities issued or guaranteed by the Federal Government and the Central Bank of Nigeria;

(b) bonds, bills and other securities issued by the FCT and Area Councils; or

(c) bank deposit.

36.-(1) The Agency may accept gifts of land, money or other property on such terms and conditions, if any, as may be specified by the person or organisation making the gift.

(2) The Agency shall not accept any gift if the conditions attached by the person or organisation offering the gift are inconsistent with the objectives and functions of the Agency under this Act.

37.-(1) The Board shall cause to be prepared, not later than the 30th day of September in each year, an estimate of the income and expenditure of the Agency during the next succeeding year and when prepared, they shall be submitted to the FCT Treasury or Department of Economic Planning through the HHSS Secretary.

(2) The Board shall cause to be kept proper accounts of the Agency and proper records and when certified by the Board, the accounts shall be audited by external auditors appointed by the Board.

38. The Agency, through its appointed officers, may enter, inspect and audit any premise, book, account and record of any HCP or HIAs that has received payments under this Act at any time and may require the scheme stakeholder to verify in a manner prescribed, any information submitted to the Agency.
39. Where a HCP or HIA fails to keep the books, records and returns required under this Act or any regulation made under it, the Agency may levy appropriate sanction against the HCP or HIA including withholding payments due to it until the HCP or HIA complies with the provisions of this Act and the regulation made under it.

40.- (1) The FCT Health Insurance Scheme Fund shall be administered through carefully selected banks as approved by the Board, for the pooling of all contributions.

(2) The Agency shall cause HIA's to pay or remit contributions or agreed proportions of contributions received from private health plans to designated Agency bank accounts.

(3) The Agency shall cause HIAs to produce, in a recognised format and subject to guidelines to be issued by it performance or security bond from accredited banks or insurance companies.

PART VI - MISCELLANEOUS PROVISIONS

41.- (1) Whenever there is a dispute amongst parties under this Act, it shall first be referred to arbitration, mediation or conciliation before resorting to litigation.

(2) The membership of the panel shall be subject to the applicable Arbitration and Conciliation Act.

42.- (1) Any person who produces, to an admitting official of a healthcare facility, a Medical Practitioner or a member of his staff, or to a person authorised by this Act to provide other health services or a member of his staff, a registration card:

(a) knowing that the person named in the card is at the time of the production, not covered under the Act commits an offence and is liable on conviction to a fine of at least N100,000.00 or imprisonment not exceeding two years or both; or

(b) knowing that the person on behalf of whom and to facilitate whose treatment it is produced is not the person named in the card or a
dependent of that person, commits an offence, and is liable on conviction, to a fine of N100,000.00 or such sum as may be specified by the Board, in addition to the bills incurred.

(2) Any member or agent of the Agency who fails, without reasonable cause, to comply with a requirement of an auditor under section 38 of this Act, commits an offence and is liable on conviction to a fine not exceeding N100,000 or imprisonment for a term not exceeding three months or both.

(3) A person convicted of an offence under section 13(1) of this Act is liable:

(a) in the case of a first offender, to a fine of at least N100,000.00 or imprisonment not exceeding two years or both; and

(b) in the case of a second or subsequent offender, to a fine of at least N250,000 or imprisonment of not more than five years and not less than two years or both.

43.- (1) Where an offence is committed under this Act by a body corporate, firm or other association of individuals, a person who at the time of the offence:

(a) was an officer of the body corporate, firm or other association; or

(b) was purporting to act in the capacity of an officer or the body corporate, firm or other association, is deemed to have committed the offence and liable to be prosecuted and punished for the offence in like manner as if he had himself committed the offence.

(2) In this section, "officer" includes:

(a) in the case of Ministries, Departments and Agencies (MDAs) the accounting officer;

(b) in the case of a body corporate, Chief Executive, a Director, by whatever name called, Manager and Secretary of the body corporate;

(c) in the case of a firm, a partner, manager and secretary of the firm; and

(d) in the case of any other association of individuals, a person
involved in the management of the affairs of the association.

44. Any person who contravenes any of the provisions of this Act shall be prosecuted by the legal officers of the Agency with the necessary flat of the Attorney-General of the Federation.

45.- (1) The High Court of the FCT shall have jurisdiction to:
(a) try offenders under this Act; and
(b) impose the penalties provided for the offences in this Act.

46. Proceedings for an offence under this Act may be commenced at any time after the commission of the offence.

47.- (1) Subject to the provisions of this Act, the provisions of the Public Officers Protection Act shall apply in relation to any suit instituted against any officer or employee of the Agency.

(2) No suit shall be commenced against the Agency, a member of the Board, the Executive Secretary, officer or employee of the Agency before the expiration of a period of one month after written notice of intention to commence the suit is served upon the Agency by the intending plaintiff or his agent.

(3) The notice referred to in subsection (2) shall clearly state the cause of the action, the particulars of the claims, the name and place of abode of the intended plaintiff and the relief which he claims.

48. The Court before which a person is convicted of an offence under this Act may, without prejudice to any civil remedy, order a person to pay to the Fund of the Scheme the amount of any contributions or other payments together with interest and penalty, certified by the Agency to be due and payable at the date of the conviction and such amount shall be paid into the Fund.

49. A notice, summons or other document required or authorised to be served on the Agency under the provisions of this Act or any other enactment may be served by delivering it to the Executive Secretary or by sending it by registered post and addressed to the Executive Secretary at the
50.-(1) In any action or suit against the Agency, no attachment or process shall be issued against the Agency unless 90 days' notice of intention to execute or attach has been given to the Agency.

(2) Any sum of money which may, by the judgment of any court, be awarded against the Agency shall, subject to any direction given by the court where notice of appeal of the said judgment has been given, be paid from the general reserve fund of the Agency.

(3) No judgment sum or debt shall be attached or issued against the Fund of the Scheme established under section 33 (1) of this Act.

51. In this Act:

"actuary" means a professional who calculates risk and probabilities for payment plan;

"administrative charge" means a portion of the Fund pooled by the FCT Health Insurance Scheme, dedicated to managing the operations of the Scheme;

"Agency" means FCT Health Insurance Agency;

"Area Council Chairman" means the political head of an Area Council;

"Basic Health Plan" means an affordable plan providing a prescribed benefit package of accessible healthcare services;

"BPHCF": means Basic Health Care Provision Fund;

"Board" means the Governing Board established under section 4 of this Act for the Agency;

"capitation" means a payment to a health care provider in respect of covered services to be provided to an insured person registered with the healthcare provider, whether the person uses the services or not;

"contribution" means a premium payable to TPA's and the Fund or any other funds under this Act;

"Executive Secretary" means the Executive Secretary of the Agency;

"employee" means any person who is ordinarily resident in FCT and is employed in the public service or private sector;
"employer" means an employer with five or more employees which includes the Federal, FCT and Area Council, any Extra-Ministerial Department or a person with whom an employee has entered into a contract of service or apprenticeship and who is responsible for the payment of the wages or salaries of the employee including the lawful representative, successor or assignee of that person;

"FCT" Means Federal Capital Territory;

"fee-for-service" means payment made directly by TPAs, MHAs for completed healthcare services, not included in the capitation fees paid to healthcare providers following approved referrals or professional services (specialist consultation, pharmaceuticals, laboratory and radiological investigations, optometric service sand similar services under the Health Scheme);

"FHIS" means FCT Health Insurance Scheme;

"formal sector" means the Public and the organised private sector workers;

"Health Care Provider (HCP)" means any government or private healthcare facility, hospital, maternity Centre, community pharmacies, and all other service providers registered by the Agency for the provision of prescribed health services for insured persons and their dependents under this Scheme;

"HIA" means Health Insurance Agents, which refers to organisations tasked with discrete functions by the FHIS which may relate to serving as intermediaries between the FHIS and residents, enrollees or healthcare providers;

"informal sector" means workers not part of the Formal Sector;

"insured person" means any person and eligible dependent who pays the required contribution under this Scheme;

"marketing and distribution charge" means a portion of the Funds pooled by the FCT Health Insurance Scheme, dedicated to marketing and distribution of health plans to residents;

"Medical Practitioner" means a person with a degree registered with the
Medical and Dental Council of Nigeria;

"member" means a member of the Governing Board and it includes the Chairman

"MHA" means a Mutual Health Association registered under section 20 of this Act to provide healthcare services through healthcare providers approved by the Agency;

"Minister" means the Minister of FCT, Abuja;

"NHIS" means National Health Insurance Scheme as defined in the National Health Insurance Act;

"persons" means any person corporate or individual;

"premium" means the contribution from the persons covered under any benefit package of this scheme;

"Staff" means staff of the Agency;

"TPA" means Third Party Administrators; and

"vulnerable group" refers to pregnant women, children under the age of five, the aged as defined by the FCT HIS operational guidelines, the disabled, the poor and others in need of special care, support, or protection because of health status, age, disability, socio-economic status or risk of abuse or neglect.

This Bill may be cited as the Federal Capital Territory Health Insurance Agency Bill, 2019.
SCHEDULE

Section 3 (7)

SUPPLEMENTARY PROCEEDINGS RELATING TO THE BOARD

Quorum

1.-(1) Subject to this Act and Section 27 of the Interpretation Act, the Agency may make standing orders regulating its proceedings and those of any of its committees.

(2) The quorum of the Board shall be the Chairman or the member presiding at the meeting and five other members and the quorum of any Committee of the Board shall be determined by the Board.

Meeting of the Board

2.- (1) The Board shall meet quarterly in a year and the Board shall meet whenever it is summoned by the Chairman, and if the Chairman is required to do so, by notice given to him by at least seven other members, he shall summon a meeting of the Board to be held within 14 days from the date on which the notice is given.

(2) At any meeting of the Board, the Chairman shall preside but if he is absent, the members present at the meeting shall appoint one of them to preside at the meeting.

Power to Co-opt

3. Where the Board desires to obtain the advice of any person on a particular matter, the Board may co-opt him to the Board for such period as it deems fit, but a person who is in attendance by virtue of this subparagraph is not entitled to vote at any meeting of the Board and shall not count towards a quorum.

Committee

4.- (1) The Board may constitute one or more committees to perform, on behalf of the Board such of its functions as it may determine.

(2) A committee established under this Paragraph shall consist of such number of persons (not necessarily members of the Board as may be
determined by the Board), and a person other than a member of the Board shall
hold office on the Committee in accordance with the terms of his appointment.

Miscellaneous

5.- (1) The seal of the Agency is authenticated by the signature of the
Executive Secretary.

(2) Any contract or instrument, which if made or executed by a person
not being a body corporate, would not be required to be under seal, may be
made or executed on behalf of the Board by the Executive Secretary or any
person authorised for that purpose by the Board.

(3) Any document purporting to be a document duly executed under
the seal of the Agency shall be received in evidence and shall, unless the
contrary is proved, be presumed to be so executed.

(4) The validity of any proceeding of the Board or of a committee
thereof is not adversely affected by:

(a) any vacancy in the membership of the Board or committee; or

(b) reason that a person not entitled to do so, took part in the
proceedings of the Board or committee.

EXPLANATORY MEMORANDUM

This Bill seeks to establish the Federal Capital Territory Health Insurance
Agency to institute the Federal Capital Territory health insurance scheme and
provide comprehensive, quality and affordable health care services for all
residents of the Federal Capital Territory.