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CONTENT

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THE BUSIA COUNTY HEALTH SERVICES BILL, 2015

ARRANGEMENT OF CLAUSES

Clause

THE BUSIA COUNTY HEALTH SERVICES BILL, 2015

A Bill for

AN ACT of the County Assembly of Busia to provide for the consolidation of health services in the County; establish a health service system for efficient and effective delivery of medical, public health and primary health-care services; to provide for the regulation of the services and for connected matters and purposes.

ENACTED by the County Assembly of Busia as follows—

PART I—PRELIMINARY

Short title

1. This Act may be cited as the Busia County Health Services Act, 2015 and shall come into operation on the 14th day after Gazzettement.

Interpretation

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

"access" in relation to health services, means availability, proximity and or affordability;

"authorized officer" means a person who is appointed as an authorized officer under this Act;

"blood product" means a blood product derived from or produced from blood;

"category 1 condition" means a medical condition listed under category 1 in schedule 1;

"category 2 condition" means a medical condition listed under category 2 in schedule 1;

"category 3 condition" means a medical condition listed under category 3 in schedule 1;

"category 4 condition" means a medical condition listed under

category 4 in schedule in schedule 1;

"category 5 condition" means a medical condition listed under category 5 in schedule 1;

"child" means a human person under 18 years of age irrespective of gender whether or not that person is under the care of any other person;

"Constitution" means the Constitution of Kenya 2010;

"County Chief Officer" means the County Chief Officer in the County Executive Department responsible for health and sanitation appointed by the Governor

"County Gazette" means a gazette published by the authority of the County government or a supplement of such gazette;

"County Government" means the County Government of Busia;

"disease" refers to a physical or mental condition that causes dysfunction, pain, distress or discomfort to persons inflicted and or affected

"drinking water" means water that is intended, or likely, to be used for human consumption, or for purposes connected with human consumption, such as—

(a) the washing or cooling of food; or

(b) the making of ice for consumption, or for preservation of unpackaged food; whether or not the water is used for other purposes;

"e-health" means the employment and combined use of electronic communication and information technology in the health sector;

"Executive Member" means the Member of the County Executive Committee in charge of health and sanitation;

"exercise" a function includes performance of a duty;

"function" includes a power, authority or duty;

"Governor" means the Governor of the County, elected pursuant to and in accordance with the Constitution;

"health" means a state of mental, physical or social wholesomeness;

"health care professional" means a person who has undergone professional training and education in matters of health and attained requisite qualifications therein;

"health care services" health related services;

"health care workers" include health professionals and any person qualified and versed in matters of health who provides health services at any level;

"health facility" means an institution at which health services are provided;

"health practitioner" has the same meaning as it has in the national health Act;

"health system" means a mechanism to deliver health services to any person whenever and wherever needed;

"noxious article" means any article or animal that—

(a) has been in contact with a person who has an infectious disease that is transmissible by contact with the article or animal or

(b) is or likely to be infested with vermin, or

(c) is or is likely to be a risk to health as a result of its having been in contact with any article, person or animal that is infested with vermin;

"occupier" of premises or a part of premises (including premises that

are vacant) means—

(a) except as provided by paragraph (b), the owner of the premises or part, or

(b) if any other person is entitled to occupy the premises or part to the exclusion of the owner, the person so entitled.

"safe water advice" for drinking water means advice to the effect that water should not be used for human consumption (or for purposes connected with human consumption) until after it has been boiled or otherwise treated;

"premises" includes any land, temporary structure, vehicle or vessel;

"public authority" means an incorporated or unincorporated body constituted by or under an Act for a public purpose;

"public health establishment" or "public health facility" means an establishment or facility where health services are provided which is wholly or partly run and maintained by public funds;

"public health officer" means a public health officer appointed under this Act;

"public place" means a place (including a place in any vehicle or vessel) that the public, or a section of the public, is entitled to use or that is open to or is used by, the public or a section of the public (whether on payment of money, by virtue of membership of a club or other body, or otherwise);

"scheduled medical condition" means any medical condition listed in schedule 1;

"skin penetration procedure" means any procedure (whether medical or not) that involves skin penetration (such as acupuncture, tattooing, ear piercing or hair removal), and includes any procedure declared by the

regulations to be a skin penetration procedure;

"temporary structure" includes a booth, tent or other temporary enclosure (whether or not part of the booth, tent or enclosure is permanent), and also includes a mobile structure;

"treatment" of water means any process or technique used to improve the quality of water;

"unsafe water" means—

(a) drinking water that the public health officer suspects to be unfit for human consumption, or

(b) any other water that the Public Health officer suspects is, or likely to be, a risk to public health.

Objects and purposes of the Act

3. The objects and purposes of this Act include—

(a) to establish a county health service system to facilitate the provision of health services in the County in accordance with the Constitution;

(b) to create a system and mechanism for improvement, promotion and provision of a high standard of health services in the County;

(c) to establish a County health care system that encompasses both the public and private sector actors;

(d) to facilitate the establishment of a collaborative mechanism for the County in the management of a health service and care delivery system that ensures the realization of the highest attainable standards of health;

(e) to set out the duties and responsibilities for different players in the County Health Services delivery system;

(f) to decentralize, promote ensure provision of effective, efficient, proximate, easily accessible and cost-effective health services delivery in the County;

(g) to establish, maintain and guarantee for the people of the County a safe and healthy environment;

(h) to promote the prevention and control the spread and risk of infectious diseases;

(i) to collaborate with national and other institutions engaged in the provision of health services and health care in the County.

The duty of the County Government to provide high standards of health

4. (1) The County Government shall have the primary duty and responsibility for the provision, promotion, and protection of health and health care services in the County that are of quality, safe, accessible, affordable and proximate.

(2) In discharging its responsibility under sub-section (1), the County Government shall take progressive measures for the realization by the people of their constitutional right to the highest obtainable standards of health.

(3) For the purpose of subsection (2), the County Government shall—

(a) develop policies, enact laws and implement measures necessary to ensure the promotion, improvement, investment in and maintenance of health services in the County;

(b) ensure effective and efficient provision of health services

at affordable cost for the people of the County;

(c) encourage and promote private sector participation and investment in the provision of health services and care through—

(i) affording the creation of a conducive legal and institutional frameworks for the private sector to establish and operate facilities and provide health services in the County;

(ii) collaborate and establish partnerships with the private sector to provide comprehensive health services in the County;

(d) promote, protect and improve public health in the County and control the risks to public health;

(e) cooperate and collaborate with national and international health organizations and agencies to curtail and prevent transnational disease spread and infections.

Measures to aim at improvement to health services

5. (1) The measures undertaken under section 4 of this Act shall aim at providing health services and care that address the prevention, the promotion, treatment and rehabilitation of health services for the people of the County.

(2) The Executive Member may cooperate and collaborate with national and international disease control and management agencies to establish centers to prevent, detect, monitor, control and manage the spread and transmission of trans-boundary diseases and infections.

Promotion of environmental health

6. (1) The County Government shall, in consultation and collaboration with other County and national agencies and institutions, devise, initiate and implement strategies and programs to prevent and counter influences that adversely affect health that include—

(d) the burden of communicable diseases;

(e) poor maternal and child health care;

(f) environmental health care;

(g) poor or inadequate nutrition;

(h) HIV and AIDS;

(i) lack of access to e-health; and

(j) other medical/surgical conditions.

(2) The County Government shall take measures to manage environmental risk factors and improve public health with a view to forestalling, curtailing and reducing the occurrence, distribution, spread and transmission of water and vector-borne diseases, HIV aids and other communicable and or infectious diseases.

(3) The County Government shall in particular, adopt measures, policies and programs directed at promoting interventions in relation to—

(a) maternal and child health care;

(b) HIV/AIDS and Tuberculosis control and management;

(c) nutrition, food safety and security; drug resistance;

(d) alcohol, tobacco use, obesity and physical inactivity that highly contribute towards rise in non communicable disease conditions.

Provision of e-health and national law

7. (1) In promoting e-health, the County Government shall ensure that any national law relating to e-health services and e-medicine are adhered to and complied with.

(2) Any person or health service provider who engages in the provision of e-health services in contravention of the national law or regulation with regard thereto commits an offence and, in addition to any other penalty provided by such law, may have his/her or its license to operate in the County revoked upon conviction.

County blood transfusion service

8. (1) To ensure access to blood transfusion and other product services in the County, the County Government shall establish and maintain a functional and continuously stocked blood and blood products bank in the County and may, for that purpose—

(a) establish blood transfusion services in the County at such centers as may be desirable; or

(b) collaborate or cooperate with any blood transfusion service agency in the provision of that service in the County; or

(c) license the Kenya national Blood Transfusion Centre or Service to offer and provide blood transfusion services in the County.

(2) Any person or agency providing blood transfusion services in the County shall adhere to and comply with existing national law and standards regarding the provision of such services and shall only withdraw from a living human person and use tissue, blood, blood products or other genetic material for prescribed medical or dental

purposes.

(3) No person may use for any other purpose, a tissue, blood, blood product or other genetic material withdrawn from a living person in the County for the purpose of subsection (2) without the consent of the Executive Member and in accordance with the national law in respect thereof.

Health research in the County

9. (1) In accordance with national law in that regard and subject thereto, the County Government may enter into an agreement or other collaborative arrangement with the national or other research agency or person to—

(a) support research in a particular health or medical field, study or experiment;

(b) establish a research or training institution in the field of health.

(2) Notwithstanding any other law to the contrary, no research activity in the area of health shall be undertaken in the County without the prior notice to and consent of the Executive Member.

(3) The County Executive Member shall ensure that the findings of any research conducted under this section shall be published, shared and used in the County.

(4) The County Executive member shall create a local/regional ethical committee to oversee/approve all researches conducted in the County.

PART II—COUNTY HEALTH SERVICES AND CARE SYSTEM

County health service and care system

10. (1) The County Health Services and Care System shall include—

(a) the County Department responsible for health and sanitation;

(b) all the levels of healthcare service delivery;

(c) health workers and providers both in the public and private sectors, traditional and alternative medicine;

(d) disaster Preparedness and response committee; and

(e) other health care providers engaged in the promotion of health and prevention and treatment of illnesses or rehabilitation health services.

(2) The County Health Service and Care System and every person working therein shall work in a manner that respects and complies with the objects and principles of devolution and shall progressively seek the realization of the objectives.

(3) The County Health service and care system shall aim at facilitating the establishment and maintenance of a comprehensive, inclusive and participatory approach to harness health services delivery at all levels by engaging all actors.

The role of participants in the County Health and Care System

11. Every person and institution within the County Health System shall—

(a) Cooperate *inter-se* and with the national and international organizations and institutions on issues pertaining to health in the County;

(b) work to guarantee the people of the County an environment that is healthy and conducive to the enjoyment of the right to the highest standard of health;

(c) cooperate and collaborate with other stake-holders to create awareness, promote and improve public health in the County;

(d) progressively, endeavor to realize the objectives and purposes of this Act; and

(e) ensure effective and efficient performance by the County of its functions under Part 2 of the Constitution.

The responsibilities of the Executive Member in the County Health System

12. Member of the Executive Committee shall be responsible for—

(a) the development, review and implementation of policy on health in the County;

(b) the promotion, protection and improvement of the health and well-being of the people;

(c) the implementation of both the County and national policy on health services and care and ensure compliance therewith, this Act and relevant national laws;

(d) promotion of collaboration with the national and international institutions and other interested parties in prioritization of health issues and investment in the health sector in the County;

(e) decentralization and coordination of health services and appointment of authorized officers to perform the functions

and for effective and efficient delivery of services expressed under this Act;

(f) set out the duties and responsibilities of different players in the County Health Services and Care System;

(g) provision of infrastructure in public health facilities, equipment, and human resource;

(h) put in place measures to guarantee healthy and hygienic environment and sanitary living conditions;

(i) ensuring that proximate health services are available and accessible to the public;

(j) ensuring that the right to the highest standard of health services in the County by County Government is promoted observed and respected;

(k) providing and ensuring availability of adequate financing for the performance by the County of its functions in the health sector under the Constitution.

Provision of infrastructure for public health facilities

13. (1) Without prejudice to section 12, the Executive Member shall ensure that public health facilities and establishments in the County—

(a) are established at decentralized levels and units so as to provide proximate, accessible and cost effective health services;

(b) have proper and adequate infrastructure suitable for the provision of quality health services and care at the decentralized units;

(c) are sufficiently and adequately equipped with facilities and

equipment (including ambulances) to provide requisite health services and care;

(d) have pharmacies with all important and essential medicines, vaccines, diagnostics and other medical goods;

(e) are staffed with adequate, qualified, competent and skilled human resource necessary for efficient and effective health services delivery;

(f) have human resource for health development programmes;

(g) have modern health information systems capable of delivering e-health services.

(2) For the purposes of sub-section (1), and in order to ensure access to essential medicines and pharmaceutical services in the County, the Executive Member shall, in collaboration with the boards, cause to be established in every health facility a pharmacy that shall be continuously stocked with all important and essential medicines, subject to availability of resources.

Primary responsibility for procurement and storage of essential medicines

14. (1) To ensure availability of essential and important medicines in all public health facilities in the County, the procurement and storage of medicines, vaccines, diagnostics and other medical goods for the public health facilities in the County shall be the responsibility of the Executive Member.

(2) Upon such other terms and conditions as may be agreed, the County may, either alone or in conjunction with another county or counties or bodies, procure the supply of such medicines, vaccines, diagnostics and or other medical goods through the Kenya Medical

Supplies Agency, Mission for Essential Drugs and Supplies or such other source as may be decided.

Guidelines in procurement distribution and storage of essential medicines

15. (1) The procurement of pharmaceutical products and medicines shall be done in a transparent and accountable manner in accordance with the law on procurement subsisting and applying in County.

(2) Medicines and pharmaceutical products shall be stored, dispensed and sold in the County in accordance with this Act, the national regulations and guidelines and the conditions of the license issued by the Executive Member under this section.

(3) No person may procure. import into, distribute or dispense in the County any medicine or pharmaceutical product that is not approved and authorized by the Pharmacy and Poisons Board in accordance with the law in force.

(4) Every person intending to or conducting any business in the County to store, distribute, dispense or sell any medicine or pharmaceutical product shall first apply for and obtain a license in accordance with regulations made by the Executive Member and passed by the County Assembly.

(5) The County Government shall, in consultation with the relevant national institutions and agencies, provide guidelines for the procurement, distribution, storage and management of essential medicines at all public County health facilities.

Additional roles and responsibilities of the Executive Member

16. Without prejudice to any other roles and responsibilities stated under this Act, the Executive Member shall—

(a) in consultation with the County Public Service Board and the national regulatory authority or authorities responsible for regulation in the medical and related professions—

(i) continuously conduct medical human resource analysis, mapping and rationalization;

(ii) project training needs in the County health sector;

(iii) plan and implement health human resource development strategy.

(b) recommend recruitment and retention of competent staff in the health sector;

(c) in consultation with the national regulatory authority or authorities responsible for regulation in the medical and related professions, advise the County government on development and implementation, in the health sector, of—

(i) human resource manuals;

(ii) staffing norms and standards;

(iii) codes of regulations for health workers;

(iv) recruitment, deployment and redeployment policies and guidelines;

(v) schemes of service;

(vi) performance management;

(vii) disciplinary measures and appeals with regard to professional Code of Conduct.

Responsibilities of health service and care personnel

17. (1) Health service and care personnel in the County shall—

(a) conscientiously and to the best of their knowledge and professional ability, provide health services and or care to every person entrusted to their care or seeking their service and or support;

(b) provide emergency medical treatment; be entitled to safe working conditions and environment;

(c) not be unfairly discriminated against on any account;

(d) have a right to refuse to treat a patient or health user who is physically or verbally abusive or who sexually harasses a health service provider or care personnel unless in an emergency situation where no alternative is available;

(2) Health service and care personnel in the County shall inform a user of the County Health Care System in the manner that he or she understands, that user's health status and—

(a) available diagnostic procedures and treatment options and costs thereof;

(b) the benefits, risks, costs and consequences that could be associated with each option; and

(c) the user's right to decline any treatment or procedure.

Duties and responsibilities of health users

18. It shall be the duty of every user of the County Health Service and Care System to—

(a) adhere to the guidelines, rules and regulations of a health establishment at which the health service or care is being provided;

(b) adhere to the medical advice and treatment provided by the health establishment or provider;

(c) cooperate with and give to the health service provider full and accurate information relating to his or her health status; and

(d) respect and treat health service and care providers with dignity.

PART III—RIGHTS, DUTIES AND RESPONSIBILITIES

Right to health

19. (1) Every person has a right to the highest attainable standard of preventive, promotive, curative and rehabilitative health services in the County.

(2) The County Government and every person working within the County Health Services and Care System shall work for the progressive realization of the right.

(3) The Executive Member shall—

(a) decentralize health services to the decentralized units in the County to facilitate provision of proximate and easily available efficient and effective health services;

(b) collaborate with other County Government and national Government departments and agencies, the communities, civil society and development partner in the provision of health services; and

(c) mobilize financial and other resources for the provision of quality and effective health services.

Right to emergency treatment

20. (1) In accordance with the Constitution, every person in the County has a right to emergency medical treatment and no health service provider of first contact shall deny emergency treatment to any person.

(2) Emergency medical treatment shall include—

(a) pre-hospital care for stabilizing the health status of an individual; and

(b) arranging for transfer of the individual in cases where the health provider of first contact does not have facilities or capability to stabilize the health status of the individual.

Community health services

21. For the purpose of enhancing access to health services, the County Government shall promote community health services by—

(a) employing and deploying Community Health Assistants at decentralized units of the County;

(b) seeking to engage community health workers;

(c) establishing health clinics in the decentralized units;

(d) establishing pharmacies for essential medicines and other medical stores at the decentralized units; and

(e) promoting community and public health services in the decentralized units.

Right to information

22. (1) A patient or health user seeking or getting health services from a health provider or medical practitioner shall be entitled to information from the provider or practitioner about his or her condition relating to—

(a) health status;

(b) range of available promotive, preventive, and or diagnostic procedures and treatment options; and

(c) the benefits or risks attendant to and costs implied in one or other options of treatment or procedures available.

(2) Where the patient or user is a minor, such information as he or she may be entitled to under sub-section (1) may be given to the minor's parent or guardian.

Consent of patient to treatment

23. Every health provider and or medical practitioner providing health or medical services to a patient or health user shall, before providing such service obtain informed consent of the patient in respect thereof unless—

(a) the patient is unable to give such consent in which case:

(i) the patient's guardian, may give such consent, with the written authorization of the patient; or

(ii) the next of kin where the patient is unable to give the consent and there is no written authorization; or

(b) the patient is unable to give consent and the law authorizes the giving of such service without the consent; or

(c) the patient is being treated in an emergency situation ; or

(d) failure to give the treatment may result in a serious risk to the health of the public or

(e) failure to give the treatment may result in the death or irreversible damage to the patient.

PART IV—QUALITY AND STANDARDS IN HEALTH SERVICES DELIVERY

The Executive Member to consult on issues of quality

24. Without prejudice to the provisions of the Constitution and any right by a professional regulatory authority to regulate matters relating to the profession, the Executive Member shall, in consultation with the relevant County and national regulatory authority or authorities:—

(a) facilitate the accreditation of health facilities to be established and providers to render health service and or care in the County;

(b) in accordance with such law, regulations and criteria relating thereto, designate County referral hospitals;

(c) establish and publish a complaint system relating to health service and care delivery in the County;

(d) establish and publish the procedure for the laying of complaints within the public and private health care providers; and

(e) provide the procedure for reference to the professional regulatory body (1) For the purpose of ensuring delivery of quality, effective and efficient health services and care in the County.

Role of the Executive Member in regulation of quality in health

25. In consultation with the national regulatory authority or authorities responsible for regulation in the medical and related professions, the Executive Member shall—

(a) advise the County government on development and implementation, in the health sector;

(b) promote, improve and maintain the standards of health in the County; and

(c) ensure that the health services provided in the County are of the highest attainable standards.

Health service practise to be governed by national law and conform therewith

26. (1) Every health service practice established in the County shall conform to and comply with the national law and regulatory regime pertaining to the health service sector or the section thereof in Kenya to which the health service business or practice relates.

(2) Any person who contravenes this section or section 27 commits an offence.

Health services to be licensed

27. Every person intending to and carrying on business or practice as a health provider or practitioner in the County shall—

(a) be authorized by the relevant regulatory authority to conduct the intended business or practice;

(b) posses, either as an owner or tenant, premises in the County from which that person will conduct the business or practice; and

(c) apply for and obtain a license to conduct the business or practice in accordance with the rules and regulations made by the Executive Member.

Nursing homes to be staffed by registered nurses

28. (1) A person operating a private health facility shall ensure the staffing norms are as per the regulations.

(2) The regulations may prescribe the minimum qualifications

for appointment as clinician-in-charge of a private health facility.

Establishment and composition of health service boards

29. (1) The Executive Member shall cause to be established in every health facility or establishment in the County, a board called the Health Management Board (HMB) comprising and consisting of—

(a) the medical head of the health facility as the secretary;

(b) one person, qualified and experienced in matters of health or public administration, nominated by the Executive Member in consultation with the Association of Health Professionals in the County to represent health professionals;

(c) seven persons, qualified and experienced in matters of health or public administration nominated by the Executive Member in consultation with the local community to represent the local leadership within which the health facility is situate; and

(d) one person to represent development partners engaged and working in the health sector in the County.

(e) the chairperson who shall be elected from amongst the seven nominated members.

(2) Members of a board established under sub-section (1) shall be appointed by the Executive Member and be responsible and answerable to the Chief Officer.

(3) In making appointments under subsection (1), the Executive Member shall ensure gender balance and representation of youth, persons with disability and minorities and marginalized groups.

Functions of health service boards

30. A board established under section 29 shall be responsible for and, at the health facility or establishment—

(a) be in charge of and coordinate and manage the affairs of the health facility or establishment on the day to day basis to ensure effective and efficient service delivery;

(b) implement County health policy and ensure maintenance of quality and standards;

(c) ensure due compliance with the provisions of this Act, other laws and regulations and the standards set in the health sector;

(d) superintend and ensure adherence by the health facility, its workers and others to the policies and guidelines provided;

(e) liaise and cooperate with the community, other County and national agencies on issues of health services and care delivery.

Partnerships by Boards

31. (1) On such terms and conditions as may be agreed and subject to any relevant law, a board established under this Part may, with the consent of the Executive Member, enter into a partnership with any person for the purpose of establishing and enhancing health services delivery at a health service facility or establishment.

(2) The Executive Member shall make rules and regulations to govern and guide partnerships established pursuant to sub-section (1).

PART V—SCHEDULED MEDICAL CONDITIONS

Spread of condition 2, 3, 4 or 5

32. (1) A person who-

(a) has a category 2, 3, 4 or 5 condition; and

(b) is in a public place, shall take reasonable precautions against spreading the condition.

(2) It shall be a defense to proceedings for an offence under this section if the defendant shall satisfy the court that, at the time of commission of the alleged offence, he or she was unaware that he or she had the medical condition on which the prosecution is based.

Notification of other conditions

33. (1) If a registered medical practitioner or other person while providing a pathology service to a patient forms the opinion that the patient is suffering from a medical condition or a disease that may pose a significant risk to public health may, in writing in the approved form, notify the Executive Member the particulars of the person and the condition or disease.

(2) On receiving a notification under this section, the Executive Member may direct the medical practitioner or that other person to provide further information as to the patient's condition and risk factors.

(3) The medical practitioner or that other person shall, subject to the provisions of this Act, provide information.

(4) This section shall not apply to a medical condition or disease for which notification is otherwise provided under this Act.

Notification of death arising from scheduled medical condition

34. If, while registering the death of a person, it becomes apparent that the cause of the person's death could have arisen out of a scheduled medical condition, the person registering the death shall cause the register to be immediately sent to the Public Health Officer stating—

(a) the name, age and address of the deceased;

(b) the scheduled medical condition from which the death occurred;

(c) the name of the person who certified the cause of the death; and

(d) such other particulars as may be prescribed by the regulations.

Procedure with regard to category 1 and 2 conditions

35. (1) A registered medical practitioner shall, as soon as practicable, if, while attending a person in connection with any medical condition or as a result of conducting a post-mortem examination, reasonably suspects that the person has a category 1 or 2 condition or that a person's death involved a category 1 or 2 condition—

(a) record the particulars of a person's medical condition as may be prescribed by the regulations; and

(b) send them to the Executive Member and a certificate thereof in the approved form.

(2) A registered medical practitioner shall—

(a) keep any such particulars for the period prescribed by the regulations; and

(b) provide the Executive Member with such further information concerning the persons medical condition and

transmission and risk factors as is available to the medical practitioner and as the Executive Member may request.

(3) A registered medical practitioner shall not fail to comply with the requirements of this section without a reasonable excuse.

(4)) A registered medical practitioner who attends a person as a patient at a hospital shall not be required to comply with this section if—

(a) the category 1 or 2 condition concerned is a notifiable disease; and

(b) the medical practitioner believes, on reasonable grounds, that the Executive Member has been notified of the disease.

(5) It shall be a defense to any proceedings for an offence under this section for the defendant allege and satisfy the court that—

(a) the record could not to have been made or kept; or

(b) the certificate could not have been sent, or sent by another registered medical practitioner.

Pathology laboratories to notify the Executive Member of category 3 conditions

36. (1) Where a registered medical practitioner makes a request that a pathology test be carried out for the purpose of determining whether a person has a category 3 condition and the test has a positive or negative result, the person who certifies the test results ("the certifier") shall send to the Public Health Officer a report, in the approved form, as to those results as soon as practicable.

(2) For the purpose of compiling and completing the report under subsection (1), the certifier may request, and the requesting practitioner shall provide the certifier, within 72 hours after the request is

made, sufficient information to enable the certifier to complete the report.

(3) If, on its receipt it appears to the Public Health Officer that the report is incomplete or in any way incorrect, the Public Health Officer may direct any medical practitioner involved in the treatment of the person concerned to provide such information –

(a) as may be necessary to complete or correct the report; and

(b) such other additional or further information concerning the person's medical condition and transmission and risk factors as is available to the medical practitioner.

(4) It shall be lawful for a medical practitioner who is asked to provide such information authorized to do so notwithstanding any other law to the contrary.

Protection of patient's identity

37. (1) Without prejudice to section 36, a registered medical practitioner shall not include a patients name or address in a certificate under section 35 or a written or oral communication made by the medical practitioner—

(a) if the condition to which the certificate relates is a category 5 condition; or

(b) for the purpose of arranging a test to determine whether the patient has a category 5 condition.

(2) Subsection (1) (b) shall not apply where the patient concerned—

(a) is receiving hospital services or other health services provided by a hospital; or

(b) consents to the disclosure of his or her name and address in the relevant communication.

(3) A person who in the course of providing a service, including the conduct of a pathology test under section 36, acquires information that another person—

(a) has been, is to be or is required to be tested for a category 5 condition; or

(b) is, or has had, a category 5 condition, shall take all reasonable steps to prevent that information from being disclosed to any other person.

Provided that subsection (3) shall not apply to the disclosure of such information—

(a) with the consent of the person concerned; or

(b) to a person who is involved in the provision of care, treatment or counseling to the person concerned so long as the information is relevant to the provision of such care, treatment or counseling; or

(c) in connection with the administration of this Act or the regulations; or

(d) for the purposes of any legal proceeding arising out of this Act or the regulations or any report of any such proceedings; or

(e) in the circumstances prescribed by the regulations.

Executive Member may apply for an order of disclosure of identity

38. (1) The Executive Member may apply to a Chief Magistrate's Court for an order authorizing the service on a medical practitioner of a notice requiring disclosure of a name and address that would otherwise be protected by this Act, from disclosure if the Executive Member has reasonable grounds for believing that—

(a) the person whose name and address are sought is suffering from a category 5 condition; and

(b) the identification of the person is necessary in order to safeguard the health of the public.

(2) An application to the Court under this section shall be heard and determined in accordance with the rules of the Court and in the absence of members of the public.

(3) Upon hearing the application, the court shall make the order applied for only if satisfied that there are reasonable grounds for making the order; and if not so satisfied, dismiss the application.

Executive Member's direction with regard to category 4 or 5 condition

39. (1) Where, on reasonable grounds, the Executive Member suspects that a person may be having a category 4 or 5 condition in the County and that the person, on that account, may be a risk to public health and considers that the nature of the suspected condition is such as warrant examination, the Executive Member may, by a written notice, direct the person concerned to undergo a specified kind of medical examination and associated tests, within a specified period, by—

(a) a registered medical practitioner in general practice; or

(b) a registered medical practitioner practicing in a specified field.

(2) If the person fails to comply with a direction under subsection 1, the Executive Member may, by further notice in writing, direct the person to undergo the specified kind of medical examination and associated tests, at a specified time and place by a specified registered medical practitioner and any person who, without a reasonable excuse,

fails to comply with the direction commits an offence.

(3) A direction under subsections 1 or 2 shall have due regard to the sensitivities of the person concerned in relation to the gender, ethnicity and cultural background of the registered medical practitioner by whom the examination is to be carried out.

Authorised medical practitioner may make public health order with regard to category 4 or 5 condition

40. (1) If satisfied, on reasonable grounds that a person has a category 4 or 5 condition and, because of the way the person behaves as a consequence of that condition, he or she may be a risk to public health, an authorized medical practitioner may make a public health order in writing in respect of the person.

(2) The public health order shall—

(a) give the name and address of the person subject to the order;

(b) state the grounds on which it is made; and

(c) state that, unless sooner revoked, the order shall expire at the end of a specified period (not exceeding 28 days) after it is served on the person subject to the order.

(3) The public health order may require the person subject to the order to do any one or more of the following—

(a) refrain from specified conduct;

(b) undergo specified treatment;

(c) undergo counseling by one or more specified persons or by one more persons belonging to a specified class of persons;

(d) submit to the supervision of one or more specified persons or of more persons belonging to a specified class of

persons; or

(e) undergo specified treatment at a specified place.

(4) A public health order based on category 4 condition requiring a person to undergo specified treatment at specified place, may authorize the person subject to the order to be detained at that place while undergoing the treatment.

(5) A public health order based on a category 5 condition may authorize the person subject to the order to be detained at a specified place for the duration of the order.

(6) In deciding whether or not to make a public health order, the authorized medical practitioner shall take into account—

(a) the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health; and

(b) any matters prescribed by the regulations for the purposes of this section.

(7) A public health order may include provisions ancillary to, or consequential on, the matters included in the order.

(8) A public health order shall not take effect until it is served personally on the person the subject thereof or if it's a minor the parent/guardian or lawful attorney.

Duration of a public health order

41. Unless it is sooner revoked, a public health order based on a category 4 or 5 condition shall expire at the end of the period specified in the order.

Arrest of persons who contravene public health orders

42. (1) An authorized medical practitioner may issue a certificate to the effect that the named person is contravening a public health order issued by an authorized medical practitioner under this Part, and send it to a police station with a request that the named person be arrested and taken before a magistrate

(2) On receipt of the Certificate and the request, the officer in charge of the police station shall apply for a warrant of arrest in relation to the person named and, if satisfied that there are reasonable grounds for doing so, the authorized warrants officer may issue the warrant in relation to the person so named.

(3) A warrant of arrest under this section shall be sufficient authority for any police officer to arrest the named person and to bring the named person before a Chief Magistrate Court to be dealt with under section 39.

Arrest of escapee

43. (1) A person arrested pursuant to section 39 may be detained by a public health officer pending appearance in Court and a detainee or person arrested under section 42 who escapes from the place where he or she is detained may be arrested at any time—

(a) by the person for the time being in charge of that place;

(b) by an authorized medical practitioner;

(c) by a police officer; or

(d) by any person assisting a person referred to in paragraphs (a) to (c).

(2) On being arrested, the escapee shall be returned to the place

from which he or she has escaped.

Action following arrest or surrender

44. (1) If a person in respect of whom an authorized medical practitioner has issued a certificate for an alleged contravention of a public health order is arrested and brought or otherwise appears before the Chief Magistrate's Court, the Court shall conduct an inquiry into the allegation and may following its inquiry—

(a) confirm the order; or

(b) vary the order and confirm it as varied; or

(c) caution the person and take no further action in the matter.

(2) The court's power to vary a public health order under this section shall include a power to—

(a) omit a requirement from the order, or

(b) include in the order a requirement that could have been included in the order when it was made; or

(c) substitute a requirement that could have been included in the order when it was made for any one or more of the requirements already included in the order.

(3) A person may be dealt with under this section for an alleged contravention of a public health order notwithstanding that he or she has been charged with an offence in relation to the same contravention.

Conditions applicable if person detained pursuant to public health order

45. (1) A public health detainee shall be subject to the conditions specified in the relevant public health order with respect to the person's security.

(2) Despite subsection (1) a public health detainee may, with the

approval of an authorized medical practitioner, be permitted to leave the place of detention only under the personal supervision of a person, or one of a number of persons nominated by the medical practitioner.

(3) A public health detainee who evades or attempts to evade any supervision to which he or she is subject under subsection (2) shall be deemed to have failed to comply with a requirement of the relevant public health order.

Unlawful release from detention

46. (1) Any person who, without lawful authority, releases, or attempts to release a public health detainee or a person arrested under this Act is guilty of an offence.

(2) It shall be a defense to proceeding for an offence under this section if the defendant satisfies the court that the defendant s action was not a risk to public health and that the defendant knew this to be so.

Public health and disease registers that may be established

47. (1) The Executive Member may establish or cause to be established in the County one or more public health or disease register for any of the following purposes of facilitating—

(a) care, treatment and follow up of persons who have or have been exposed to communicable and preventable diseases to facilitate the identification of sources of infection and the control of outbreaks of diseases;

(b) the identification and monitoring of risk factors for communicable and preventable diseases or conditions that have a substantial adverse impact on the population;

(c) the measurement and monitoring of outcomes of specified

population health interventions;

(d) the identification and monitoring of exposure to chemicals or other environmental factors that impact, or may impact adversely on the health of individuals.

(2) If he or she decides to do so, the Executive Member may, by order published in the County Gazette, specify the public health or disease registers, or classes of public health or disease registers that may be established and maintained under this Act.

(3) The order or orders under sub-section (2) shall specify–

(a) the information that a register shall contain;

(b) the particular objects or purposes of a specified register; and

(c) any other matter that may be deemed necessary.

(4) A register for practitioners within the county shall not contain identifying particulars of a person except with the consent of that person or his or her guardian or lawful attorney.

Agreements for information management

48. (1) For the purpose of ensuring that the register or registers established is or are properly maintained for the provision and utilization of information therein contained, the Executive Member may enter into an agreement or arrangement with the national government, a non government agency or any other person.

(2) When directed to do so in writing by the Executive Member in accordance with this Act or other written law, a public health organization shall provide any information from the registers or any of them.

(3) The Executive Member or a person authorized in writing by

the Executive Member for that purpose may provide personal information about a person to a health records linkage organization for the purpose of establishing and providing a unique identifier number to be used for purposes of a register

PART VI—OTHER DISEASE CONTROL MEASURES AND NOTIFICATIONS

Medical practitioners to provide information to patients with sexually transmitted infections.

49. (1) A registered medical practitioner who suspects that a person receiving attention from him or her has a sexually transmitted infection shall, as soon as practicable, provide the person with such information concerning the condition.

(2) A registered medical practitioner shall not, without reasonable excuse, fail to comply with this section.

(3) It shall be a defense to proceedings for an offence under this section if the defendant satisfies the court that he or she believed that the relevant information had previously been supplied to the patient by some other registered medical practitioner.

Duties of persons in relation to sexually transmitted infections

50. (1) A person who, while knowing that he or she suffers from a sexually transmitted infection, willfully has sexual intercourse with another person regardless of that other person's age, is guilty of an offence.

(2) An owner or occupier of a building or other place who knowingly permits another person to have sexual intercourse at the building or place for the purpose of prostitution; and in doing so, commits an offence under subsection (1) is guilty of an offence.

(3) It shall be a defense in any proceedings for an offence under this section to show that, before the intercourse, the defendant:

(a) informed the person with whom intercourse was proposed of the risk of contracting a sexually transmitted infection; and the other person voluntarily agreed to take and accept the risk; and

(b) took all reasonable precautions to prevent the transmission of the sexually transmitted infection.

Health practitioners to make hospital CEO aware of notifiable diseases

51. (1) Where a Chief Executive Officer or other health practitioner, while in charge of a hospital or health facility or while providing professional care or treatment at a hospital, suspects that a patient at the hospital has or a former patient has had a notifiable disease while a patient at the hospital, he or she—

(a) in the case of the Chief Executive Officer or the officer in charge of the hospital, shall, as soon as practicable, provide the Executive Member with such information as may be prescribed by the regulations in relation to the patient or former patient; and

(b) in the case of or other health practitioner, shall ensure that the Chief Executive Officer or the officer in charge of the hospital is made aware of this fact.

(2) The Chief Executive Officer or officer in charge of the hospital shall provide the Executive Member with such additional information of the case as the Executive Member may request.

(3) It shall be a defense to proceedings for an offence under this

section if the Chief Executive Officer, officer in charge or health practitioner satisfies the Court that he or she believed that the relevant information had previously been provided.

Notification of deaths arising after anaesthesia or sedation for operations or procedures

52. (1) Where a patient or former patient dies while under or as a result of or within 24 hours after, the administration of an anesthetic or a sedative drug administered in the course of a medical, surgical or dental operation or procedure or other health operation or procedure (other than a local anesthetic or sedative drug administered for the purpose of facilitating a procedure for resuscitation from apparent or impending death), the health practitioner responsible for the administration of the anesthetic or sedative drug shall, as soon as practicable:

(a) in case it was administered at a hospital, inform or ensure that the Chief Executive Officer or officer in charge thereof is notified of the death; or

(b) if it was not administered at a hospital, ensure that the Executive Member is notified, in writing, of the death in the approved form.

(2) Upon notification, the Chief Executive Officer or the officer in charge of the hospital who is notified under this section or otherwise becomes aware that a death of a patient or former patient of the hospital to which this section applies, shall, as soon as practicable, ensure that the Executive Member is given notice in writing in the approved form of the death.

(3) The Chief Executive Officer, officer in charge and any health practitioner responsible for or involved in the administration of the anesthetic or sedative drug concerned, shall provide the Executive

Member with such additional information concerning the treatment and death as the Executive Member may request.

(4) It shall be a defense in any proceedings for an offence under this section for a person to show that he or she reasonably believed that the relevant information had previously been provided to the Executive Member.

Parents to ensure that children are immunized and certificates issued

53. (1) Every child born or residing in the County shall be immunized as may from time to time be directed by the Executive Member.

(2) It shall be the responsibility of the parent or guardian of every child required to be immunized to ensure that such a child is immunized and a certificate in respect thereof kept.

Responsibilities of head teachers of primary schools with respect to immunization

54. (1) The parent or guardian of every child applying to be or enrolled in any school or learning institution in the County may present and submit to the head-teacher of such a school or learning institution an immunization certificate for the child unless the head-teacher is satisfied that the certificate can be obtained under subsection (4).

(2) The head-teacher of the school to whom a child's immunization certificate is submitted shall retain an immunization certificate in safe custody for such period as may be prescribed by the regulations and shall produce it for inspection on request by a public health officer.

(3) The Executive Member may by regulations, prescribe other occasions when an immunization certificate of a child may be required.

(4) If a child's immunization certificate has been lodged with the head-teacher under subsection (1) and the child subsequently becomes enrolled at another primary school, the head-teacher of the school or other learning institution in which a child was previously enrolled shall, on being asked to do so by a parent or guardian of the child or the head-teacher of that other school, forward the certificate to the head of the other school.

(5) The head-teacher of a school to whom a child's immunization certificate has been submitted shall record in the approved form the immunization status of each child enrolled at the school, as indicated by the child's immunization certificate, and, for that purpose, a child for whom no immunization certificate has been submitted shall be deemed not to have been immunized against any of the vaccine preventable diseases.

Responsibilities of head masters during outbreaks of vaccine preventable diseases

55. (1) On becoming aware that a child enrolled at a school or other learning institution has a vaccine preventable disease, the head-teacher of the school or learning institution shall—

(a) forthwith, inform a public county health officer; and

(b) ensure that the child is excluded from the school or learning institution concerned for the duration of the outbreak of the disease unless the requirements specified in the notice have been duly complied with.

(2) Save and except as provided by this section, no member of staff of a school or other learning institution shall subject a child who attends or seeks to attend the school or learning institution to any detriment because of the child s immunization status.

(3) On being informed that a child in a given school or learning institution has a vaccine preventable disease, the County public health officer may direct the head-teacher of the school or learning institution where the child is to do either or both of the following, both in respect of the child that has the disease and any other child enrolled at the school or facility who is a child at risk:

(a) give to the parents of each such child a notice to the effect that, unless specified requirements are complied with in respect of the child within a specified period, the child should not attend the school or learning institution for the duration of the outbreak of the disease; and or

(b) take other specified action with respect to each such child.

(3) In giving any such direction, the County public health officer shall not fail to comply with any requirements prescribed by the regulations for the purposes of this section.

(4) Upon receipt of a direction pursuant to subsection (3), the head-teacher of a school or learning institution shall not, without reasonable excuse, fail to comply with the direction.

(5) Subsections (1) and (3) shall not apply while the school or learning institution is closed for a public holiday or vacation, unless such a school or learning institution would reopen before the end of the duration of the outbreak of the disease.

(6) For the purposes of this section, the duration of the outbreak of vaccine preventable disease shall be determined by the public health officer.

PART VII—MISCELLANEOUS HEALTH SERVICES

Deceptive and misleading advertisement

56. A Person shall not advertise or otherwise promote the provision of a health service in a manner that is—

(a) false, misleading or deceptive; or

(b) likely to mislead or deceive ; or

(c) creates or is likely to create an unjustified expectation of beneficial treatment.

Inquiries by the Executive Member

57. (1) The Executive Member may inquire into any matter relating to health and inspect a public authority's documents in relation thereto and for that purpose may direct a public or any other authority—

(a) to make any such document available for inspection; or

(b) in the case of a document that is not in writing but is capable of being reduced into writing, to produce and make available for inspection, a written copy of the document.

(2) The Executive Member may make copies of or take extracts from, any documents made available under this section.

(3) The Executive Member may authorize a person in writing to exercise the functions specified by the authority for the purposes of assisting the inquiry.

(4) The Executive Member may obtain, use and disclose any information that he or she may obtain under this Act if he or she is of the opinion that it is reasonably necessary to do so for the purposes of the inquiry or for the purposes of protecting the health of the public.

Inspection of and extracts from births, deaths and marriages registers

58. (1) A public health officer or an officer of the department authorized by the Executive Member may, at any reasonable time, request access to the register kept under the Births and Deaths Registration Act in the County.

(2) The Register of Births, Deaths and Marriages shall make such arrangements as may be necessary for the supply of information from the register if required by a public health officer or any such officer of the department.

Powers of authorised officers to enter premises

59. An authorized officer under this Act may enter and inspect any premises, either alone or together with such other person or persons as the authorized officer considers necessary and, while there:—

(a) inspect any documents that are on the premises;

(b) direct the occupier of the premises to make available for inspection any documents that are in the possession or under the control of the occupier; or

(c) produce and make available for inspection any document that is not in writing but is capable of being reduced to writing;

(d) make a written copy or take extracts from any such document;

(e) for the purposes of analysis, take samples of any substance found on the premises;

(f) examine and inspect any apparatus or equipment on any premise;

(g) take such photographs, films, audio, video or other

recordings as authorized officers may consider necessary; and

(h) for the purposes of collecting evidence of a contravention of this Act or the regulations, take samples of any substance or take possession of anything that the authorized officer believes may constitute such evidence.

(2) An authorized officer may not exercise a power conferred under subsection (1) unless the officer—

(a) is in possession of a search warrant or a certificate of authority that identifies him or her as an authorized officer;

(b) produces the warrant or certificate of authority if required to do so by the occupier of the premises; and

(c) unless it is being exercised in an emergency and the giving of notice would defeat the purpose for which it is intended, gives fourteen (14) days notice to the occupier of the premises of intention to exercise the power.

(3) A certificate of authority shall be issued by the appointing authority and shall—

(a) give the name of the person to whom it is issued;

(b) describe the nature of the powers conferred and the source of such powers;

(c) state the date, if any, on which it expires;

(d) describe the kind of premises to which the power extends; and

(e) bear the signature of the person by whom it is issued and state the capacity in which the person is acting in issuing the certificate.

(4) This section shall not be construed to authorize entry into any premises or part of premises that is used solely for residential purposes unless the entry is—

(a) with the consent of the occupier of the premises; or

(b) under the authority of a search warrant.

(5) An authorized officer entering any premises in pursuance of this section shall not be liable to pay any admission fee.

General penalty

60. Where person is convicted of an offence under this Act for which no penalty is expressly provided, the person shall be liable to a fine not exceeding three million shillings or to imprisonment for a term not exceeding two years, or to both such fine and such imprisonment.

SCHEDULE ONE — CATEGORIES OF DISEASES

Category 1

Cystic fibrosis in a child under the age of one year.

Hypothyroidism in a child under the age of one year.

Prenatal death.

Phenylketonuria in a child under the age of one year.

Pregnancy with a child having a congenital malformation (as described in the international statistical classification of diseases and related health problems), cystic fibrosis, hypothyroidism, thalassaemia major or phenylketonuria.

Sudden infant death syndrome.

Thalassaemia major in a child under the age of one year.

Category 2

Acute viral hepatitis.

Adverse event following immunization.

Avian influenza in humans.

Creutzefeldt-jakob disease (CJD) and variant creutzfeldt-jakob disease (VCJD).

Foodborne illness in two or more related cases.

Gastroenteritis among people of any age in relation in an institution (for example among persons in educational or residential institutions).

Leprosy.

Measles.

Middle East respiratory coronavirus.

Pertusis (whooping cough).

Severe acute respiratory syndrome.

Smallpox.

Syphilis.

Tuberculosis.

Category 3

Anthrax.

Avian influenza in humans.

Botulism.

Brucellosis.

Cancer.

Chancroid.

Chlamydia.

Cholera.

Congenital malformation (as described in the international statistical classification of diseases and related health problems).

Cryptosporidiosis.

Cystic fibrosis.

Diphtheria.

Giardiasis.

Gonorrhea.

Haemophilus influenza type b.

Hendra virus infection.

Hepatitis A.

Hepatitis B.

Hepatitis C.

Hepatitis D.

Hypothyroidism in a child under the age of one year.

Influenza.

Invasive pneumococcal infection.

Lead poisoning (as defined by a blood lead level).

Legionella infections.

Leptospirosis.

Listeriosis.

Lyssavirus.

Malaria.

Meningococcal infections.

Middle east respiratory syndrome coronavirus.

Mumps.

Paratyphoid.

Pertussis (whooping cough).

Phenylketonuria.

Plague.

Poliomyelitis.

Psittacosis.

Q fever.

Rabies.

Rotavirus.

Rubella.

Salmonella infections.

Severe acute respiratory syndrome.

Shiga toxin producing and vero toxin producing escherichia coli infection.

Shigellosis.

Smallpox.

Syphilis.

Tuberculosis.

Typhoid.

Tularaemia.

Thalassaemia major in a child under the age of one year.

Tuberculosis.

Typhoid.

Typhus (epidemic).

Viral hemorrhagic fevers.

Yellow fever.

SCHEDULE THREE—VACCINE PREVENTABLE DISEASES

Diphtheria.

Haemophilus influenza type b.

Measles.

Meningococcal type c.

Mumps.

Pertusis (whooping cough).

Poliomyelitis.

Rubella.

Tetanus.

MEMORANDUM OF REASONS AND OBJECTS

This Bill seeks to provide for the consolidation of health services in the County, establish a health service system for efficient and effective delivery of medical, public health and primary health-care services, and to provide for the regulation of these services.

Part I deals with preliminary provisions of the Bill and includes the objectives that the Bill seeks to achieve. At Clause 4, the Bill prescribes the duties of the County Government in providing health standards to the people.

Clauses 5, 6 and7 deal with improvement of health services, e-health, and Research of health systems.

Part II covers Clauses 10, 12, 13 and 14 among others which collectively provide for the responsibilities of the Executive Member in charge of health in the County, provision of infrastructure for public health facilities, procurement guidelines and storage of essential medicines.

Clauses 17 and 18 highlight the duties and responsibilities of health care personnel and of health users.

Part III at clause 19 provides for rights, duties and responsibilities of persons and the county government to county health services and care system. Clause 20 and clause 23 seek to address emergency treatment, rights to information and requirement for consent to treatment.

Part IV at clause 25 provides for the roles of the Executive Member in charge of health in the regulation of health services. Clause 26 provides for conformity of health services provided at the county level with the National law and all regulatory regimes pertaining to the health service sector.

Clauses 27, 29, 30 and 31 deal with licensing of health services, composition of health service board, functions of the said board and partnership by the health board.

Part V prescribes the various scheduled medical conditions. Clauses 32, 34 and 37 provide for spread of various medical conditions, notifications of death from scheduled medical conditions to the public health officer, protection of patients identity by medical practitioners if a patient's condition is listed in the schedule and procedure for disclosure of the said identity.

Clauses 40, 41, 43 and 44 deals with public health orders with regard to condition 4 or 5 and procedures thereat, duration of heath orders, and arrest of persons contravening public health orders.

Part VI deals with disease control measures and notifications and that a registered medical practitioner shall provide information to patients with sexually transmitted infections.

Clauses 50, 51 and 52 stipulate the duties owed by persons with sexually transmitted infections, awareness of notifiable diseases by health practitioners to hospital CEOs, notifications of deaths arising after anaesthesia or sedation for operations or procedures, and immunization and issuance of certificates to children from time to time.

Part VII deals with miscellaneous health services, clause 58 particularly deals with inspection of and extracts from birth, deaths and marriage register by public health officers and or authorized officers. Clause 60 provides for general offences and their respective penalties.

Pursuant to Standing Order No. 114 of the Busia County Assembly Standing Orders, the bill does not delegate any legislative powers to any person or body.

The Bill does not limit any fundamental rights and freedoms of members of the public.

This Bill concerns the County Government and is under the ambit of County Government functions as stipulated at paragraph 2 of part 2 of the fourth schedule of the Constitution and as earlier stated at paragraph 1 hereof.

The enactment of this Bill shall not occasion further expenditure of public funds.

HON. ISHMAEL ORODI,

Member of the County Assembly,
Chairman, Health Services and Sanitation Committee.

Clauses 27, 29, 30 and 31 deal with licensing of health services, composition of health service board, functions of the said board and partnership by the health board.

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