CAYMAN ISLANDS

HEALTH INSURANCE ACT

(2021 Revision)

Supplement No. 1 published with Legislation Gazette No. 12 of 5th February, 2021.

PUBLISHING DETAILS

Law 15 of 1997 consolidated with Laws 28 of 2001, 13 of 2003, 13 of 2004, 9 of 2005, 34 of 2010, 19 of 2012 (part), 30 of 2012, 8 of 2016, 6 of 2017, 35 of 2020, 38 of 2020 and 56 of 2020 and as amended by the Cayman Islands (Constitution) (Amendment) Order 2003 (U.K.S.I. 2003 No. 1515), the Cayman Islands Constitution Order 2009 (U.K.S.I. 2009 No.1379) and the Cayman Islands Constitution (Amendment) Order 2020 (U.K.S.I. 2020 No. 1283).

Revised under the authority of the *Law Revision Act (2020 Revision)*.

Originally enacted —

Law 15 of 1997-19th June, 1997
Law 28 of 2001-26th September, 2001
Law 13 of 2003-18th July, 2003
Law 13 of 2004-11th June, 2004
Law 9 of 2005-28th February, 2005
Law 34 of 2010-15th September, 2010
Law 19 of 2012-31st August, 2012
Law 30 of 2012-21st November, 2012
Law 8 of 2016-6th May, 2016
Law 6 of 2017-27th March, 2017
Law 35 of 2020-4th September, 2020
Law 38 of 2020-4th September, 2020
Law 56 of 2020-7th December, 2020.

Originally made —

U.K. Order 2003-12th June, 2003
U.K. Order 2009-10th June, 2009
U.K. Order 2020-11th November, 2020.

Consolidated and revised this 31st day of December, 2020.

Note (not forming part of this Act): This revision replaces the 2018 Revision which should now be discarded.

CAYMAN ISLANDS

HEALTH INSURANCE ACT

(2021 Revision)

Arrangement of Sections

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CAYMAN ISLANDS

HEALTH INSURANCE ACT

(2021 Revision)

Short title

1. This Act may be cited as the *Health Insurance Act* (*2021 Revision*).

Definitions

2. In this Act —

"**approved insurer**" means an insurer licensed under the *Insurance Act, 2010 [Law 32 of 2010]* as a Class "**A**" insurer and approved by the Commission, under section 4A(3)(a) of this Act, to provide standard health insurance contracts;

"**Caymanian**" means a Caymanian as defined in the *Immigration (Transition) Act* (*2021 Revision*);

"**child**" means an s who is under the age of eighteen and who is —

(a) the offspring of a party, or both parties, to a marriage, civil partnership or a common law union; or

(b) an individual who has been treated by a party, or both parties, to a marriage, civil partnership or common law union as a child of the family, including a step child, an adopted or foster child or a child born to parents who were not married or in a civil partnership;

"**civil partner**" has the meaning assigned by the *Civil Partnership Act, 2020 [Law 35 of 2020]*;

"**civil partnership**" has the meaning assigned by the *Civil Partnership Act, 2020 [Law 35 of 2020]*;

"**Commission**" means the Health Insurance Commission established under the *Health Insurance Commission Act* (*2016 Revision*);

"**compulsorily insured person**" means a person in respect of whom an employer is required to effect a standard health insurance contract under section 5;

"**dependant**", in relation to an insured person or a prospective insured person, means a child of that person, the unemployed spouse or unemployed civil partner of that person, and any dependent offspring of that person;

"**dependent offspring**", in relation to an insured person, means —

(a) a child of the insured person;

(b) an individual who is eighteen years of age or over and who for medical or physical reasons is dependent on the insured person for shelter or care (whether or not the individual is financially independent); or

(c) an individual who is eighteen years of age or over but under thirty years of age and who, for financial reasons, is dependent on the insured person for shelter or care;

but "dependent offspring" does not include a grandchild of an insured person, unless the grandchild has been adopted by, or is the foster child of, the insured person;

"**employee**" means any individual who enters into or works under a contract of employment with an employer whether the contract be oral or written, express or implied, and the term includes a person whose services have been interrupted by a suspension of work during a period of leave or temporary lay-off;

"**employer**" means any person who has entered into a contract of employment with an employee, and includes any agent, representative or manager of such person who is placed in authority over an employee;

"**health care facility**" includes the George Town Hospital in Grand Cayman, the Faith Hospital in Cayman Brac and any public hospital or health care centre established or operated in the Islands by the Government, and any private hospital or medical practice approved under the *Health Practice Act* (*2021 Revision*);

"**high risk insurance person**" means a person who has been provided with cover under the standard health insurance contract by an approved insurer but who, by reason of a medical condition or illness, may be subject to rates that exceed the standard premium;

"**indigent person**" means a person who, in the opinion of the Minister for the time being responsible for social services acting on the advice of the Director of

the Department of Children and Family Services, is unable, by reason of inadequate financial resources, to pay for health insurance or medical services;

"**inspector**" means a person appointed, pursuant to regulations made under section 25(1)(e), as inspector for the purposes of this Act;

"**insured person**" means any person, group, or organisation for whom or for which cover is provided by an approved insurer under the terms and conditions of a contract of health insurance;

"**legal resident**" means a Caymanian or a person entitled to reside in the Islands in accordance with the *Immigration (Transition) Act* (*2021 Revision*);

"**prescribed**" means prescribed by regulations under section 25;

"**prescribed health care benefits**" means the minimum benefits prescribed by regulations under section 25 to be included in the standard health insurance contract;

"**registered dental practitioner**" means a person registered to practise dentistry under the *Health Practice Act* (*2021Revision*);

"**registered medical practitioner**" means a person registered to practise medicine under the *Health Practice Act* (*2021 Revision*) and includes a registered dental practitioner;

"**seaman**" means a person who resides in the Islands and who —

(a) is a member of either the Veterans' and Seamen's Society of Cayman Brac and Little Cayman or of the Cayman Islands Seafarers Association;

(b) first went to sea before the 1st January, 1985; and

(c) was a Caymanian during the period of time when the person was at sea;

"**self employed person**" means a person over school leaving age whose earnings (otherwise than in the capacity of an employee) derive from that person's production (in all or part) of goods or services in or from the Islands;

"**spouse**", in relation to a person, means a legal resident who is —

(a) the legal husband, wife or civil partner of that person; or

(b) a person who, although not legally married to that person, or in a civil partnership with that person, lives with that person in the same household under the same domestic arrangements as a legal husband, wife or civil partner and has been so living with that person for a continuous period of five years,

and any reference in this Act to marriage or civil partnership or to a married person or civil partner shall be construed, with the necessary changes being made, so as to give effect to paragraph (a) or (b), as the case may be; but where a person is judicially or otherwise separated from a legal spouse or civil partner that person shall not be considered to have any other spouse or civil partner except that legal spouse or civil partner;

"**standard health insurance contract**" means a contract issued by an approved insurer to provide insurance cover in respect of the prescribed health care benefits, being a contract that complies with the prescribed terms and conditions; and under such a contract an approved insurer shall not —

(a) require a compulsorily insured person to pay for a benefit if that benefit is covered by the contract; or

(b) require a compulsorily insured person to pursue third party claims before claiming under the standard health insurance contract;

"**standard premium**" means a premium charged under a standard health insurance contract for any person other than a high risk insurance person;

"**Superintendent**" means the person appointed under section 6(1) of the *Health Insurance Commission Act* (*2016 Revision*), to serve as Superintendent of Health Insurance;

"**supplemental health care benefits**" means —

(a) dental benefits;

(b) vision benefits; and

(c) alternative medicine benefits;

"**supplemental medical benefits**" means benefits provided to compulsorily insured persons in excess of benefits under the standard health insurance contract, including in-patient and out-patient services, routine medical examinations and tests, emergency medical services, hospital services, and other medical services specifically defined by an approved insurer;

"**unemployed civil partner**" in respect of an employer or employee, means a legal resident who is the civil partner of that employer or employee and who —

(a) is not living apart from that employer or employee under a deed of separation or order of the court;

(b) is not an employer or employee; and

(c) is resident in the Islands,

and includes a retired person;

"**unemployed spouse**", in respect of an employer or employee, means (in the case of a male employer or employee) a female legal resident, or (in the case of a female employer or employee) a male legal resident, to whom that employer or employee is married and who —

(a) is not living apart from that employer or employee under a deed of separation or order of the court;

(b) is not an employer or employee; and

(c) is resident in the Islands,

and includes a retired person;

"**uninsurable person**" means a person who, by reason of a medical condition or illness, has been deemed unacceptable for cover under the standard health insurance contract by two or more approved insurers and has been certified by the Commission to be uninsurable and eligible for coverage with an approved insurer designated by the Commission;

"**veteran**" means a person who resides in the Islands, served in any armed force before 1973 and was a Caymanian at the date of service; and

"**Veterans' Association**" means the Cayman Islands Veterans' Association.

Administration of this Act

3. The Superintendent shall be responsible for the administration of this Act.

Restriction on issue of health insurance

4. (1) No person carrying on business in or from within the Islands, other than an approved insurer, shall issue a contract of health insurance to provide insurance cover in respect of health care benefits relating to a person resident in the Islands.

(2) A person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of one hundred thousand dollars and to imprisonment for one year, and in the case of a continuing offence to a fine of ten thousand dollars for each day during which the offence continues.

Approved insurer certificate

4A. (1) An insurer licensed under the *Insurance Act, 2010 [Law 32 of 2010]* as a Class "A" insurer shall make written application to the Commission for approval to provide the standard health insurance contract.

(2) An application under subsection (1) shall be accompanied by a fee of one thousand five hundred dollars.

(3) On receipt of an application by an insurer under subsection (1) and the fee specified under subsection (2), the Commission shall consider the application and may —

(a) grant the insurer approval to provide the standard health insurance contract; or

(b) reject the application and return the fee.

(4) Where approval is granted under subsection (3)(a), the Commission shall issue to the insurer a certificate stating that the insurer has been approved by the Commission to provide the standard health insurance contract.

(5) A certificate issued under subsection (4) shall be subject to —

(a) a condition that the holder of the certificate shall provide cover to individuals, groups and organisations under the terms and conditions of a contract of health insurance; and

(b) such other conditions as the Commission sees fit;

and, subject to section 4B(1)(a), the Commission may revoke the certificate upon breach of any condition.

(6) A certificate issued under subsection (4) shall be valid for a period of one year unless earlier revoked under subsection (5).

Cease and desist orders

4B. (1) Subject to subsection (2), where the Commission makes a determination that there are reasonable grounds for believing that the holder of a certificate issued under section 4A(4) —

(a) failed to comply with a condition of the certificate;

(b) prepared or submitted false or misleading information to the Commission;

(c) failed to contribute or meet its obligation to the segregated insurance fund established under the *Health Insurance Commission Act* (*2016 Revision*); or

(d) is acting in contravention of this Act or any regulations made under this Act,

the Commission may revoke the certificate or may order the holder of the certificate —

(i) to cease or refrain from committing the act;

(ii) to cease the issuing of any new contract of health insurance that would provide health insurance cover in respect of healthcare benefits relating to a legal resident; and

(iii) to carry out such acts as in the opinion of the Commission are necessary to remedy the matter.

(2) Before making a determination under subsection (1) in relation to the holder of a certificate, the Commission shall —

(a) advise the holder of the certificate, in writing, of the nature of the conduct alleged against the holder;

(b) provide an opportunity for the holder of the certificate to give an explanation of the alleged conduct; and

(c) take into consideration any explanation given by the holder of the certificate.

(3) An order under subsection (1)(i), (ii) and (iii) shall —

(a) state the nature of the alleged conduct and the name of the approved insurer against whom the allegation is made; and

(b) be accompanied by documents, if any, in support of the allegation.

Compulsory health insurance

5. (1) Every person resident in the Islands shall, unless that person is —

(a) covered by a contract of insurance effected by an employer under subsection (2);

(b) covered by a contract of insurance effected by Government under subsection (3), or where Government does not effect such a contract, medical services are provided to that person by Government in accordance with the *Personnel Regulations* (*2019 Revision*); or

(c) an uninsurable person,

effect a standard health insurance contract in respect of themselves and their dependants.

(2) Subject to this section, every employer shall effect and continue on behalf of —

(a) themselves;

(b) the employer's dependants;

(c) each of the employer's employees; and

(d) the dependants of each of the employer's employees,

a standard health insurance contract.

(3) Government may effect and continue on behalf of —

(a) each officer in a pensionable office or on probation to such an office;

(b) each officer serving under a local or an overseas contract;

(c) **Repealed** by section 4 of the *Health Insurance (Amendment) Act, 2010 [Law 34 of 2010]*;

(d) each officer in a temporary office;

(e) each public office pensioner;

(f) each indigent person;

(g) each elected member of the Cayman Islands Parliament and, where the Speaker is not a member of the Cayman Islands Parliament, the Speaker;

(ga) each past Speaker who was not a member of the Cayman Islands Parliament;

(h) each past elected member of the Cayman Islands Parliament who is a public office pensioner; and

(i) the dependants of any person specified in paragraphs (a) to (h),

a contract of health insurance on such terms and conditions as are specified in regulations made by the Cabinet.

(4) Government may, on written application to it by or on behalf of —

(a) a seaman fifty-five years of age or older and that seaman's dependants;

(b) a widow of a seaman;

(c) a veteran and the veteran's dependants;

(d) a widow of a veteran;

(e) a surviving civil partner of a seaman or veteran; or

(f) any other person approved by the Cabinet,

where that person is not covered by a contract of health insurance, agree to effect a contract of health insurance with an approved insurer on behalf of such person on such terms and conditions as are specified in regulations made by the Cabinet in respect thereof.

(5) Government may, on written application to it by or on behalf of a partially uninsurable person or an underinsured person, agree to pay for health care services provided to that person at a government health care facility in respect of any medical condition of that person which is the subject of an exclusion or limitation in that person's standard health insurance contract, and that person shall, unless that person is indigent, repay the cost of such health services to the Government.

(6) If a spouse or civil partner ceases to be the unemployed spouse or unemployed civil partner of an employee within the meaning of section 2, the obligation imposed on the employer shall, subject to subsection (7), cease to have effect.

(7) Where an employee and the employee's spouse or civil partner are employed by different employers, each employee may, subject to their employer's agreement, elect which employer shall insure both of them or whether they shall be insured separately by each employer.

(8) Subsection (1) shall not require more than one health insurance contract to be effected in respect of any person and, accordingly, if a person is employed by more than one employer, insurance must be effected on that person's behalf and on behalf of that person's dependants by that person's principal employer.

(9) Where a person is employed by two or more employers, the principal employer of that person shall be deemed to be the employer who employs that person for the most hours each week.

(10) Where a person is employed by two or more employers and each employer employs the person for a similar amount of hours a week, the principal employer shall be that employer who first retained the services of the employee.

(11) The children of two employees and who are employed by different employers who are spouses or civil partners of each other shall be covered under only one insurance contract which shall be determined by the employees.

(12) The employer who is liable in accordance with subsection (11) to provide health insurance for the children of an employee shall provide health insurance for children born after such health insurance has been provided and the insurance shall cover post-natal care for a period of not less than one month after birth in those cases where the children are Caymanian or where the children are entitled to reside in the Islands in accordance with the *Immigration (Transition) Act* (*2021 Revision*).

(13) The employer of a child shall not be required to effect a contract of health insurance in respect of a child where that child is employed on a part-time basis or only during school holidays.

(14) Subsection (1) shall apply to every self-employed person, and every partner in a partnership shall be regarded as self-employed.

(15) Where, after the 22nd September, 2003, an employee applies for health insurance for that employee's spouse or civil partner as defined in paragraph (b) of the definition under this Act, that person shall provide to that person's employer an affidavit stating that the person's spouse falls within the definition.

(15A) Except as permitted by regulations prescribed under section 25, no underwriting is permitted under the standard health insurance contract.

(16) A person who fails to comply with subsection (1) or (2) commits an offence and is liable on summary conviction to a fine of thirty thousand dollars, and on conviction on indictment to a fine of forty thousand dollars.

Insurance for high risk insurance persons

6. High risk insurance persons shall be insured as prescribed by regulations made by the Cabinet.

Payment of premium

7. An employer shall be liable to pay under section 5(2) —

(a) the total cost of the standard premium payable under any standard health insurance contract effected in respect of an employee who is not a high risk insurance person; and

(b) the total cost of the premium payable under any health insurance contract effected in respect of an employee who is a high risk insurance person,

but shall be entitled to recover directly from the employee or to deduct, from the salary, wage or other remuneration of each employee —

(i) in the case of an employee specified in paragraph (a), an amount not exceeding fifty per cent of the premium so paid in respect of the employee; and

(ii) in the case of an employee specified in paragraph (b), the difference between the amount of the premium paid by the employer and the amount the employer would have been liable to pay if the employee was not a high risk insurance person and was covered under a standard health insurance contract.

Premium of dependants

8. An employer shall be liable to pay the total cost of the standard health insurance contract effected in respect of the dependants of an employee under section 5(2), but shall be entitled to deduct from the salary, wage or other remuneration of the employee, in addition to any amount deducted under section 7, the total cost of the premiums so paid in respect of the dependants of that employee.

Unlawful deductions by employer

9. An employer who deducts from the salary, wage or other remuneration of an employee more than the amount which that employer is entitled to deduct in respect of any person under section 7 or 8 commits an offence and is liable on summary conviction to a fine of thirty thousand dollars, and on conviction on indictment to a fine of forty thousand dollars.

Employees to provide information to employer

10. (1) Every employee shall keep that person's employer informed of all facts related to the employer's liability under section 5(2) and of any change of circumstances which would affect the employer's liability under that section.

(2) An employee who contravenes subsection (1) is liable to that person's employer for any expense incurred by the employer for which that employer would otherwise not have been liable.

Duty of employer to provide information to employee

11. (1) An employer, within fifteen days after the commencement of an employee's employment with that employer, shall give a written statement to the employee consisting of —

(a) the name and address of the approved insurer with whom the employee's standard health insurance contract has been effected;

(b) the effective date of cover under the contract; and

(c) the insurance number of the contract of health insurance.

(2) Where an employer fails or refuses to comply with subsection (1), the employee may make a written complaint to the Commission and the Commission, where

it is satisfied that the employer has so failed or refused, shall notify the employer in writing that the employer is in breach of subsection (1) and shall give the employer such period of time as the Commission considers necessary to give the statement to the employee.

(3) Where the employer fails to comply with the notice under subsection (2) within the period of time set out in the notice the Commission shall advise the Director of Public Prosecutions that the employer has contravened subsection (1).

(4) An employer who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of fifteen thousand dollars and to a further fine of one thousand dollars for each day or part of a day during which the contravention continued after receipt of a notice from the Commission under subsection (2).

(5) Where, in proceedings for an offence under this section, the court is satisfied that the employee or any of the employee's dependants has suffered or is likely to suffer loss or damage because of the contravention of this section by the employer, the court, on convicting the employer, may make such orders as it considers appropriate against the employer for the purpose of compensating the employee or any of the employee's dependants wholly or in part for the loss or damage or preventing or reducing the extent of the loss or damage.

Recovery of damages from employer in default

12. (1) Where an employer to whom this Act applies fails or neglects —

(a) to effect any contract of health insurance which the employer is required to effect by section 5; or

(b) to comply with the requirements of this Act or any regulations made thereunder relating to the payment of premiums and submission of records,

and, by reason thereof, any person has lost any benefit to which that person would have been entitled if such failure or neglect had not occurred, that person shall be entitled to recover from the employer in a court of summary jurisdiction for loss or damages which result directly from the employer's failure or neglect.

(2) In any proceedings brought under subsection (1), a certificate issued by the Commission specifying the amount of any benefit which would, in the absence of any failure or neglect of an employer, have been payable for any benefit under the standard health insurance contract shall be evidence of the facts stated therein.

(3) In any proceedings under this section relating to the failure or neglect of an employer to comply with this Act in respect of the dependants of an employee, it shall be a defence for the employer to prove that the employer did not know, and could not reasonably be expected to have known, that the employee in question had dependants or that such dependants were persons in respect of whom the employer was required to effect a contract of insurance.

Voluntary health insurance

13. Notwithstanding section 5, nothing in this Act shall be construed as preventing any person from concluding with any approved insurer, in addition to a standard health insurance contract, any other contract of health insurance providing for that person, that person's employees or that person's employee's dependants supplemental health care benefits or supplemental medical benefits that are in addition to those contained in a standard health insurance contract, and such additional contract may provide that benefits to an employee or the employee's dependants shall be covered under the additional contract for any stated period of time while that person is employed, or after the employee has retired.

Reporting to the Commission

14. (1) The Commission, in order to monitor effectively the performance of the health insurance industry in the Islands, shall at such times each year as it may determine, by notice in writing, request from approved insurers specified information or information of a specified description and shall request such approved insurers to produce specified documents or documents of a specified description relating to —

(a) the number of insured persons in the Islands;

(aa) the number of contracts of health insurance under each of which only one person is provided with cover;

(ab) the number of contracts of health insurance under each of which more than one person is provided with cover;

(b) the premiums paid for health insurance; and

(c) the financial performance and status of the approved insurers,

and the approved insurers shall provide such information.

(2) Further to subsection (1), the Commission shall request and the approved insurers shall provide audited annual reports relating to the information specified in subsection (1).

(3) The Commission shall submit the information received under this section to the Cabinet once a year and at such other times as the Minister for the time being responsible for health may direct.

(4) An approved insurer who fails to comply with subsection (1) or (2) commits an offence and is liable on summary conviction to a fine of thirty thousand dollars, and in the case of a continuing offence to a fine of two thousand dollars for each day or part of a day during which the offence continues.

Termination of contract

15. (1) An approved insurer shall not terminate, fail or refuse to renew a standard health insurance contract except where —

(a) the premiums under the contract are thirty days or more in arrears, in which case the contract shall terminate on the last day of the month for which premiums were fully paid;

(b) the contract was obtained —

(i) by non-disclosure of a material fact; or

(ii) by representation of a fact that was false in some material particular; or

(c) the employer has given written notice to the approved insurer that —

(i) a new contract of health insurance has been effected with an approved insurer; or

(ii) the employer's business has been taken over by or amalgamated with another employer.

(2) A standard health insurance contract terminates on the first day of the month next following the date of termination of employment of an employee; but if that employee does not become compulsorily insured with any other employer, cover under the contract shall continue for a period of three months from the date of termination of employment or until that person becomes employed, whichever is earlier.

(3) An employee shall be liable to pay the total cost of the premiums payable under a contract of health insurance which has been continued pursuant to subsection (2).

(4) An employer who, having been notified by that person's former employee that that person is not employed and that that person is not compulsorily insured, fails or refuses to extend the cover under the contract as provided in subsection (2) commits an offence and is liable on summary conviction to a fine of thirty thousand dollars.

Prohibition against reduction of level of benefits

15A.(1) An approved insurer shall not reduce the level of supplemental health care benefits or supplemental medical benefits provided under a contract of health insurance, except where the contract was obtained —

(a) by non-disclosure of a material fact; or

(b) by representation of a fact that was false in some material particular.

(2) An approved insurer who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of ten thousand dollars.

False declarations, etc.

16. A person who, for the purpose of obtaining a benefit or other payment under a standard health insurance contract, whether for themselves or some other person, or for any other purpose connected with this Act, knowingly —

(a) makes a false statement or false representation; or

(b) produces or furnishes or causes or allows to be produced or furnished information or any document which that person knows or believes to be false in a material particular,

commits an offence and is liable on summary conviction to a fine of two thousand dollars and on conviction on indictment to a fine of five thousand dollars.

Liability of officers of corporate bodies

17. (1) Where an offence under this Act committed by a corporate body is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of, a manager, director, secretary or other similar officer of the corporate body, or any person who was purporting to act in any such capacity, that person commits an offence and is liable on summary conviction to a fine of five thousand dollars and on conviction on indictment to a fine of fifteen thousand dollars.

(2) Where the affairs of a corporate body are managed by its members, subsection (1) shall apply in relation to the acts and defaults of a member in connection with that member's functions of management as if that member were a director of the corporate body.

(3) A person may be convicted of an offence under subsection (1) although no proceedings are brought against the corporate body in respect of the offence or the corporate body is found not guilty in respect of the offence.

Filing of medical fees

18. (1) Every health care facility and registered practitioner shall file with the Commission annually, and not later than one month after any adjustment, the maximum fee charged for each health benefit provided by such health care facility and registered practitioner.

(2) A health care facility or a registered practitioner who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of fifteen thousand dollars.

Fees to be paid by approved insurers

19. The Cabinet, after consultation with the Commission, shall cause to be published in the Gazette the fee an approved insurer shall be liable to pay under a standard health insurance contract for a health care benefit provided to a compulsorily insured person.

Recovery of payment by provider of a health benefit

20. (1) Subject to subsection (2), a sum due to a health care facility or to a registered medical practitioner in respect of medical care or dental care provided to a compulsorily insured person may, without prejudice to any other remedy, be recovered as a debt either from that person or from the approved insurer, and the health care facility or registered medical practitioner shall first seek to recover such debt from the approved insurer.

(2) Notwithstanding any provision of the *Limitation Act* (*1996 Revision*), no sum due to a health care facility or to a registered medical practitioner in respect of medical care or dental care provided to a compulsorily insured person, shall be recovered as a debt under subsection (1), either from that person or from the approved insurer, after the expiration of one hundred and eighty days from the date on which the medical care or dental care was provided.

Approved insurer shall pay benefit directly to health provider

21. (1) Subject to subsection (2), an approved insurer shall pay directly to a health care facility or to a registered medical practitioner the cost of or such part of the cost as the approved insurer is liable to pay under a standard health insurance contract of a benefit provided to a compulsorily insured person by that health insurer.

(2) Where a compulsorily insured person provides a receipt or other evidence that that person has paid the cost of a benefit received by that person, an approved insurer shall reimburse such person the cost of or such part of the cost of a benefit as the insurer is liable to pay under the contract.

(3) In respect of any health care benefit provided to a compulsorily insured person an approved insurer shall be liable only to pay the fee or that part of the fee (as the case may be) filed and published in accordance with section 19.

Disputes

22. Any disputed claim to a health benefit or a question arising in connection with a standard health insurance contract shall be determined by the Commission in the first instance after such inquiry as the Commission may deem necessary.

Appeals

23. (1) A person aggrieved by a decision of the Commission under section 4A, 4B or by a decision of the Commission on any claim or question referred to the Commission under section 22 may, within ninety days of the date on which the decision was given, appeal to the Grand Court.

(2) On an appeal under this section, the Grand Court may confirm or reverse the decision of the Commission.

Administrative fines

24. The Superintendent may —

(a) subject to such conditions as the Superintendent thinks fit, stay or compound any proceeding for an offence under section 5, 11, 14, 15 or 15A (irrespective of when the offence was committed); and

(b) subject to a right of appeal to a court of summary jurisdiction, impose a fine of one thousand dollars, and in the case of a continuing offence to a fine of one hundred dollars for each day or part of a day during which the offence continues,

and the fines collected by the Superintendent under this section shall be paid into the revenue of the Islands.

Restitution

24A.(1) Where a person is convicted of an offence under this Act, the court before which that person is convicted may order that person to pay restitution to the person against whom the offence has been committed.

(2) Restitution shall compensate, where applicable, for any of the following —

(a) costs of medical and psychological treatment;

(b) costs of physical and occupational therapy and rehabilitation; and

(c) any other losses, suffered by the person against whom the offence has been committed, which the court considers applicable.

Regulations

25. (1) Subject to subsection (2), the Cabinet may make regulations for the purpose of carrying this Act into effect and, without prejudice to the generality of the foregoing, such regulations may —

(a) prescribe the health care benefits to be covered by one or more standard health insurance contracts;

(b) prescribe the terms and conditions of a standard health insurance contract, including allowable exclusions and exceptions, provisions as to termination and cancellation, and automatic renewal;

(c) prescribe the way in which deductions may be made from the remuneration of employees to cover premiums paid in respect of standard health insurance contracts;

(d) prescribe the reports and records relating to compulsorily insured persons that approved insurers shall submit to the Commission and when and how they shall be submitted;

(e) provide for the appointment of, and the conferment of powers on, inspectors for the purposes of this Act;

(f) provide for the maintenance of records relating to standard health insurance contracts;

(g) provide for the manner in which disputed matters may be referred to the Commission and the procedures to be adopted by the Commission when considering such matters;

(h) provide for insurance cover for high risk insurance persons; and

(i) provide for fines for contravention of the regulations.

(2) Regulations made under this Act are subject to affirmative resolution by the Cayman Islands Parliament.

Validation

26. (1) The non-payment and non-collection of any amounts —

(a) specified in regulation 5(1)(a) and (b) of the *Health Insurance Regulations* (*2013 Revision*); and

(b) relating to premiums charged by Cayman Islands National Insurance Company during the operative period in respect of an insured person, other than an insured person who is specified in section 5(3)(a) to (i) or (4)(a) to (e) of the *Health Insurance Act* (*2016 Revision*),

are validated and deemed not to be in contravention of regulation 5(1) or (3) of the *Health Insurance Regulations* (*2013 Revision*).

(2) In section 26(1) —

"**operative period**" means the period commencing on 1st July, 2014 and ending on 20th June, 2016.

Transitional provisions

27. (1) An existing approved insurer shall, within ninety days of the 5th May, 2017, the date of commencement of the *Health Insurance (Amendment) Act, 2017 [Law 6 of 2017]*, make written application under section 4A(1) of this Act for approval to provide the standard health insurance contract and the provisions of that section shall apply with any necessary changes except that the Commission shall consider the application for no more than ninety days before deciding whether to grant the approval or reject the application.

(2) In section 27(1) —

"**existing approved insurer**" means an insurer who at 5th May, 2017 is licensed under the *Insurance Act, 2010 [Law 32 of 2010]* as a Class "**A**" insurer and approved by the Commission to provide standard health insurance contracts.

Publication in consolidated and revised form authorised by the Cabinet this 5th day of January, 2021.

Kim Bullings
Clerk of the Cabinet

ENDNOTES

Table of Legislation history:

SL #	Law #	Legislation	Commencement	Gazette
	56/2020	Citation of Acts of Parliament Act, 2020	3-Dec-2020	LG89/2020/s1
	38/2020	Health Insurance (Amendment) Law, 2020	4-Sep-2020	LG64/2020/s4
	35/2020	Civil Partnership Law, 2020	4-Sep-2020	LG64/2020/s1
		Health Insurance Law (2018 Revision)	21-Mar-2018	GE23/2018/s2
	6/2017	Health Insurance (Amendment) Law, 2017	5-May-2017	GE38/2017/s1
		Health Insurance Law (2016 Revision)	2-Sep-2016	GE69/2016/s10
	8/2016	Health Insurance (Amendment) Law, 2016	20-Jun-2016	G13/2016/s2
		Health Insurance Law (2013 Revision)	21-Oct-2013	G21/2013/s2
2/2013		Health Insurance (Amendment) Law, 2012 (Commencement) Order, 2013	4-Jan-2013	GE2/2013/s2
	30/2012	Health Insurance (Amendment) Law, 2012	1-Mar-2013	G26/2012/s5
	19/2012	Direction of Public Prosecutions (Miscellaneous Amendments) Law, 2012 (part)	17-Sep-2012	GE90/2012/s17
		Health Insurance Law (2011 Revision)	7-Nov-2011	G23/2011/s3
1/2013		Health Insurance (Amendment) Law, 2010 (Commencement) Order, 2013	4-Jan-2013	GE2/2013/s1
	34/2010	Health Insurance (Amendment) Law, 2010	1-Mar-2013	GE66/2010/s1
		Health Insurance Law (2005 Revision)	8-Aug-2005	G16/2005/S5
	9/2005	Health Insurance (Amendment) Law, 2005	4-Apr-2005	G7/2005/s9
	13/2004	Health Insurance (Amendment) Law, 2004	30-Jun-2004	GE23/2004s3
		Health Insurance Law (2003 Revision)	11-Aug-2003	G16/2003/s2
	13/2003	Health Insurance (Amendment) Law, 2003	22-Sep-2003	G19/2003/s5
	28/2001	Health Insurance (Amendment) Law, 2001	26-Oct-2001	GE25/2001/3
		Health Insurance Law, 1997 (Commencement) Order, 1998	16-Feb-1998	G4/1998/s11
	15/1997	Health Insurance Law, 1997	1-Jul-1998	G19/1997/s13

(Price: $5.60)