Second (2nd) Sitting of the Fifth (5th) Meeting of the Second Session of the Thirteenth (13th) Legislature

THE PARLIAMENT OF TURKS AND CAICOS ISLANDS

OFFICIAL HANSARD REPORT

16 OCTOBER 2026

(Parliament)

Hon. Speaker

Speaker

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PRAYER

OPENING OF THE SITTING

Hon. Gordon Burton:

Good morning, Honourable Members. I now call the second sitting Of the 5th meeting of the 2nd session of the 13th Legislature of the Parliament of the Turks and Caicos Islands, to be held on Friday, 16th October, 2026, at the Honourable N.J.S. Francis Building, Pond Street, Grand Turk, to order. Honourable Members, I now call on our Chaplain, Bishop Coleta Williams III, to pray for the Assembly.

PRAYER

Chaplain:

We conclude our devotional on Habakkuk chapter 2, 2 to 3. Then the Lord answered me and said, write the vision, make it plain on tablets, that he may run who readeth, for the vision is yet for an appointed time. Government leaders need a clear, well-documented vision to guide their constituents and staff effectively, as highlighted in biblical principle Thank you. Write the vision, make it plain, that he may run who read it.

Leadership in government carries immense responsibility. Decisions affect communities, families, and future generations. Without a clear, transparent direction, public servants and citizens wander without purpose, and institutions grow weak. When God grants leaders a blueprint for justice, community growth, or administrative integrity, it cannot remain a vague idea. It must be written down. One, write it. Document the policies, values, and goals so that they survive changing political climates and staff transition. 2, make it plain.

Remove confusion and complexity. Communicate so clearly that everyday citizen and civic service can understand their Role and run with the mission. Finally, wait with faith. Real systematic change takes time. A righteous vision has an appointed time, and leaders must be steadfast even when progress seems slow. Let us pray. Father God, we look to you, the master planner and builder, because except the Lord builds the house, The labor builds in vain.

Except the Lord keeps the city, the watchmen wake but in vain. So, Creator God, as our parliamentarians continue to debate and legislate these 2 major pieces of legislation and policy shift that will change the trajectory of immigration and health in our country and to build on a firm foundation as we seek to move our country forward.

Give the gift of clarity and discernment to our Speaker as he presides. Give the gift of vision and creativity and direction to our Premier and all of our ministers. Our Government Members, give the gift of courage and wisdom to our Leader of the Opposition and its Members, our Independent Member, the gift of sound legal counsel for our Attorney General, the gift of stewardship for our Clerk. Bless this Parliament.

Bless this country. It is in the name of Jesus we pray, and the Parliament say— Amen. The Lord's Prayer. Our Father, which art in heaven, hallowed be thy name. Thy kingdom come, thy will be done on earth as it is in heaven. Give us this day our daily bread. And forgive us our trespasses, as we forgive them that trespass against us. And lead us not into temptation, but deliver us from evil.

For thine is the kingdom, the power, and the glory, forever and ever. Amen.

Hon. Gordon Burton:

Pray be seated. Honourable Premier.

OPENING OF THE SITTING

Hon. Charles Washington Misick, OBE:

Good morning, Mr. Speaker.

Hon. Gordon Burton:

Good morning.

MOTION TO SIT BEYOND THE 6 PM HOUR

Hon. Charles Washington Misick, OBE:

Good morning, colleagues. Good morning to our technical support staff in the gallery. Good morning to others, strangers in the gallery. Good morning to Turks and Caicos Islanders. Wherever you are, at home or abroad, good morning to Turks and Caicos residents across the breadth and length of these islands. And again, Mr. Speaker, to those who are grieving this morning, I extend my sincere condolences, and to those who are experiencing and celebrating high points in their lives, I also align my thoughts with you and congratulate you. Mr. Speaker, pursuant to Standing Order 130, I move that Standing Order 12 be suspended to allow this Honourable House to sit beyond the 6 PM hour. Do I have a seconder?

Hon. Jamell Rayan Robinson:

Second.

Hon. Gordon Burton:

Honourable Members, motion moved by the Honourable Premier. And seconded by the Honourable Deputy Premier, that this Honourable House sits beyond the 6 PM hour. All in favour say aye. All to the contrary, no. The ayes have it. Honourable Premier.

REARRANGEMENT OF BUSINESS AND EXTENSION OF DEBATE

Hon. Charles Washington Misick, OBE:

Thank you. Thank you, Mr. Speaker. Mr. Speaker, Pursuant to Standing Order 130, I move that Standing Order 44 be suspended to allow Government business to have precedence. In that regard, Mr. Speaker, I move to rearrange the Order Paper. Under Standing Order 49, I wish to rearrange the business of the Honourable Parliament so that Government business can have precedence over all the other business.

And so, Mr. Speaker, 2 things: Item No. 50 in the Order of the Day be taken as Item No. 2, that is, starting with the 2nd reading of the bills. In that regard, as it relates to the bill in front of us this morning, I would ask that Standing Order 29, I think it is, be suspended to allow members to speak for up to 25 minutes. And those members who may not wish to speak, there is no reason why you should feel any pressure to speak. But I know there are a few people who may wish to go beyond the 20 minutes, the obligatory 20 minutes. So with that said, Mr. Speaker, I thank you.

ORDERS OF THE DAY

HEALTH SERVICES AUTHORITY BILL 2026 — SECOND READING

Hon. Gordon Burton:

Honourable Members, motion moved by the Honourable Premier, seconded by the Honourable Deputy Premier, that the length of debate on the bill today be extended from 20 minutes to 25 minutes. All in favour say aye. All to the contrary, no. The ayes have it. Honourable Members, I want to again thank you for being here this morning.

I also want to apologise for our slightly delayed start this morning. I want to welcome persons who are in the gallery with us this morning, the technical team in the booth that's live streaming this event, also the technical team from Radio Turks and Caicos. I also want to welcome those persons who are listening via Radio Turks and Caicos and also via our live stream this morning.

Honourable Members, I will now return to the Order Paper, and we are at Orders of the Day. We are still on the Second Reading of Bills, and we will now have the Second Reading of the Health Services Authority Bill, 2026, to be moved by the Honourable Minister for Health and Human Services. Honourable Minister? Oh, sorry. The Chair recognizes the Honourable Attorney General.

Deputy Attorney General:

I'm grateful, Mr. Speaker. Mr. Speaker, I wish to declare a conflict in respect of the Health Services Authority Bill, not necessarily on the bill itself, but given the government's plans in respect of a private provider which involves a family member of mine. And so I intend to withdraw for the period of the debate and the handling of this bill.

Thank you, Mr. Speaker.

Hon. Gordon Burton:

Thank you very much, Honourable Attorney General. Honourable Members, I'll again like to call on the Honourable Minister for Health and Human Services to move the second reading of the Health Services Authority Bill 2026.

Hon. Kyle Knowles:

Good morning, Mr. Speaker. Good morning to those persons listening via radio and internet. Mr. Speaker, in accordance with Standing Order 92, I move that the bill entitled Health Services Authority Bill 2026 now be read for the second time. Do I have a seconder?

Hon. Shaun David Malcolm:

Second.

Hon. Gordon Burton:

Honourable Members, motion moved by the Honourable Minister of Health and Human Services and seconded by the Honourable Minister of Public Safety that the bill entitled Health Services Authority Bill 2026 be now read a second time. All in favour say aye. All to the contrary, no. The ayes have it.

Honourable Members, I will now call on the Honourable Minister to make his presentation on the Health Services Authority Bill 2026. Honourable Minister.

Hon. Kyle Knowles:

Thank you again, Mr. Speaker. Thank you to, again, to those persons listening via radio and internet. Mr. Speaker, before I get into my speech, I want to start with just a few acknowledgments. First of all, Mr. Speaker, I want to acknowledge the Ministry of Health and Thank you, Mr. Speaker.

I would like to thank the Cabinet staff who are visibly present here with us this morning. And, but most importantly, Mr. Speaker, I would like to recognize the Permanent Secretary, the Director of Policy and Planning, and the CMO for their diligent and continuous work with helping us get to this point.

Mr. Speaker, I would also like to thank the AG's Chambers and, and in particularly the drafters who would have helped us accelerate the bill. to be here this morning. Also, the various consultants that would also have been assisting us in achieving this milestone. Mr. Speaker, also the members and significant health sector stakeholders who would have given us the opportunity to hear from them, to give us their views and opinions on what should be and what is relevant in the space of healthcare as we go through this transitionary period.

So, Mr. Speaker, I also want to extend condolences to those who would have lost loved ones and also to congratulate those who are celebrating those significant milestones. Mr. Speaker, it would be remiss of me to continue without thanking my colleague from ED9, as she would have been the co-chair of the 50th Anniversary Committee, who would have had a wonderful and very enjoyable a Heritage Day event in my constituency. And Mr. Speaker, I can tell you that all of the participants, even some of those persons like the clerk who would have come all the way from Grand Turk to help us celebrate, did have a wonderful time. And I do believe in the spirit of heritage, those are the type of initiatives that need to become more entrenched in our communities as we, as we continue to grow. Mr. Speaker, Mr. Speaker, I also just want to plug in That tomorrow morning at 5:00 AM, there's the Walk for the Cure, supported by the various NGOs and most importantly, the Cancer

Society. Mr. Speaker, while I wouldn't have had an opportunity to participate in Providenciales, I will be here to support those here in Grand Turk tomorrow morning. So again, for all of those persons in Grand Turk under the sound of my voice, if you are able to participate, please do so.

For a worthy cause. Mr. Speaker, when I got up this morning and I started to go over my notes, I was preparing myself, and one of the things that I didn't want to stray away from was starting it off right. So, Mr. Speaker, I'll just start by putting into our hearing this morning Proverbs 11:14, and it simply says, where there is no guidance, the people fall.

But in the abundance of counselors, there is victory. And Mr. Speaker, this simply speaks to an emphasis on good leadership and seeking wise counsel in whatever it is that we put our hands to. And in that, in that moment, it was an opportunity for me to self-reflect on where we are now as a country and what we are trying to do in healthcare. As you would know, healthcare isn't without its complexity, its complexity Or its challenges, but with the technical skill sets, the individuals who are vested, all of those significant stakeholders, Mr. Speaker, we hope to achieve something significant here in these Turks and Caicos Islands as we continue in our transitionary period.

And with that, Mr. Speaker, I rise today to lead in this debate on the second reading of the Health Service Authority Bill 2026. A significant piece of legislation that represents an important step in the continued reform and strengthening of our public healthcare system. Mr. Speaker, the Bill reflects the Government's commitment to building a healthcare system that is more responsive to the needs of our people, better equipped to manage the delivery of essential health services, and capable of adapting to the changing demands of our population. The establishment of the Health Services Authority, which I will refer to in this debate as the HSA, is not simply an administrative change.

It is a fundamental reform of the way in which public healthcare services will be organized, managed, delivered, and held accountable across these islands. Our responsibility as a Government is to ensure that the legislative framework we establish is sound, that the transition is carefully managed, and that the interests of the patients, healthcare workers, and the wider public remain at the centre of every decision. Mr. Speaker, the Government has recognized the need for a more integrated and accountable framework—

Hon. Gordon Burton:

Sorry, Honourable Minister, I overlooked that you did not move the motion. So you have to first move the motion before you go into your presentation. He did? Oh yes, he did move the motion. Sorry. Yeah, okay, proceed. Oh, okay, yes, proceed.

Hon. Kyle Knowles:

Thank you, Mr. Speaker. I'll just start right from the beginning here. The government has recognized the need for a more integrated and accountable framework for the delivery of healthcare services. For many years, The organization and delivery of public healthcare have been operated within the arrangements that require the Government to balance its

responsibilities for the national health policy, financing, oversight, and regulation with the practical and day-to-day demands of delivering healthcare services.

The establishment of the HSA provides an opportunity to clarify these responsibilities and to create a more coherent institutional framework for the future. The proposed authority will bring together designated public healthcare services under a statutory body with defined responsibilities for operational management, service delivery, resource utilization, and the implementation of national healthcare priorities. This includes the intended integration of the public hospitals, the Cheshire Hall Medical Centre, and the Cockburn Town Medical Centre. Alongside primary healthcare clinics and other services designated under the legislation.

The objective is to support a more integrated public healthcare delivery system, strengthen coordination between primary and secondary healthcare, and establish a clearer framework for accountability for those services provided to our residents. Mr. Speaker, the Government recognises that establishing a statutory or Authority does not in itself resolve every challenge that we face in our healthcare system. The benefits of this reform will depend on effective governance, competent leadership, appropriate financing, workforce planning, sound clinical governance, and robust performance monitoring. The Bill therefore provides the legislative foundation for a wider programme of health sector reform and institutional development.

Mr. Speaker, one of the central principles underpinning this reform is the need for a clear distinction between the Government's stewardship of the healthcare system and the operational responsibilities of the Authority. The Ministry of Health and Human Services will continue to have responsibility for national health policy, strategic direction, health sector planning, financing arrangements, public health priorities, regulation and oversight, including monitoring the performance of the HSA against agreed objectives. The HSA, in turn, will be responsible for organising and managing the healthcare services placed within its remit and ensuring that those services are delivered effectively, safely and efficiently. Mr. Speaker, this distinction is important.

The Government must remain responsible must retain responsibility for determining national health priorities and ensuring that public resources are directed towards the health needs of its population. At the same time, the Authority must have an appropriate framework within which it operates and exercise professional and clinical judgment. The Bill must therefore support both effective Public accountability and operational independence necessary for delivery of healthcare.

These responsibilities are complementary and not competing. The Ministry and the HSA must work together within— with a clearly defined Role guided by national healthcare priorities and a shared commitment to improving health outcomes for the people of our islands. The creation of the HSA as a statutory body must be accompanied by a strong framework of governance and accountability. The Bill establishes a governance structure that includes a Board responsible for the authority's oversight and strategic management, together with executive leadership responsible for implementing its mandate.

The effectiveness of this structure will depend on clear responsibilities, appropriate professional expertise, transparent decision-making, and mechanisms for holding the Authority accountable for its performance. The Government recognises that public confidence in the HSA will be shaped not only by the services it provides, but also by how responsibly it manages public funds, how transparently it operates, and how efficiently or effectively it responds to the needs and concerns of the patients and the community. Accordingly, accountability must extend beyond financial reporting. It must also encompass access to services, waiting times, service quality, patient safety, patient experience, workforce performance, and progress against agreed health sector priorities.

The annual service agreement contemplated by the Bill is particularly important in this regard. It provides a potential mechanism for defining the services and performance expected from the authority in return for public financing. The Government will need to ensure that this framework is supported by measurable performance indicators, appropriate reporting arrangements, and effective monitoring. The HSA must be able to demonstrate not merely that resources have been spent, but those resources are contributing to the delivery of accessible, safe, and quality healthcare.

Mr. Speaker, strong governance must also be accompanied by appropriate clinical oversight, compliance with applicable health legislation, sound procurement, and financial controls and mechanisms for addressing complaints and improving quality of care. These matters will acquire appropriate attention through this legislation, regulation policies, and operational arrangements governing the authority. Mr. Speaker, the Government recognises that legislation of this importance must be carefully examined and informed by the views of those who will be affected by its implementation. The consultation process has provided an opportunity for stakeholders to examine the proposed legislation framework and identify areas where further clarification, refinement, or strengthening may be warranted.

The Government has received substantive observations concerning the governance of the Authority, the scope of healthcare services, The transfer of staff and assets, continuity of services, patient information, financial accountability, and legal arrangements governing the transition from the existing hospital delivery arrangements. In particular, recommendations have been made concerning the distinction between the National Health Policy and the HSA operational strategy, the inclusion and clarification of certain clinical and diagnostic services, the strengthening of performance accountability, and the need for clear arrangements governing the transition services, employees, premises, contracts, and liabilities. These are important matters, Mr. Speaker, that warrant careful consideration. The Government is committed to ensuring that the final legislation and implementation arrangements are appropriate to the circumstances of the Turks and Caicos Islands and provide a workable foundation for the Authority.

Where recommendations identify matters requiring legal clarification, the Government will continue to rely on the advice of the AG's Chambers and its legal advisers. Where proposals have implications for governance, financing, service delivery, or for the allocation of responsibilities between the Ministry and the HSA, those implications must also be assessed before final decisions are made. Mr. Speaker, consultation is meaningful, but only when the views reviewed or received are properly considered. However, it is equally important that the proposed amendments are assessed against the purpose of the legislation, the wider legal framework, and the practical requirements of establishing and operating the authority.

The Government will therefore continue To consider the submissions received and determine which changes are necessary and appropriate to strengthen the Bill and support the effective implementation. A particularly important consideration in establishing the HSA transition from the existing hospital delivery arrangements involving InterHealth Canada— the Government recognizes that this transition is a complex undertaking requiring careful consideration and coordination across clinical services, human resources, facilities management, equipment, supplies, contracts, patient records, financing, and operational management. Our priority, Mr. Speaker, as a Government, must be to ensure that the transition does not compromise the delivery of essential healthcare services or place the patients, at unnecessary risk. Mr. Speaker, the establishment of this authority must therefore be accompanied by a structured transition and mobilisation programme with clear responsibilities, appropriate sequencing, and arrangements for managing operational risks.

These include preparing for the transfer or the assumption of relevant services and resources, establishing the necessary leadership and management arrangements, And ensuring that the appropriate systems are in place to support continuity of care. The Government must ensure also the respective responsibilities of the Ministry and HSA and other relevant parties are clearly understood throughout this process. The legal arrangements governing the transition must be carefully considered, particularly in relation to existing contracts, liabilities, employment arrangements and other outstanding contractual matters. These issues require appropriate legal scrutiny to protect the interests of the Government and the people of the Turks and Caicos Islands.

Mr. Speaker, the passage of this Bill is an important legislative step, but it is not the end of the transition process. Effective implementation will require detailed operational planning, sound financial management, appropriate staffing, and sustained oversight. The Government will continue to approach this process with the seriousness it deserves. Now, Mr. Speaker, I am going to get to a point that I want to resonate with everyone listening.

Mr. Speaker, no healthcare reform can succeed without the commitment, expertise, and professionalism of the people who deliver it. The Government recognizes the concerns that healthcare workers may have about changes to institutional arrangements, employment, reporting relationships, working conditions, and their future within the public healthcare system. And I think it will be good to note, Mr. Speaker, that in our own act of due diligence, we would have met along with the Premier and the PS and, and others With the relevant hospital staff in Providenciales and in Grand Turk, also with the public service staff as well, and also with the Medical Association. And these are conversations that we would have used to enlighten them about the transition coming, and we continue and we will continue to have those, those conversations as time progresses.

These concerns must be addressed Through clear communication, appropriate consultation, and lawful transition arrangements. The Bill contains provisions addressing the transfer of employees under protection of specified employment terms. These provisions are important to the transition and must be applied in accordance with the legislation and the relevant employment arrangements. The Government will also ensure that the position of employees currently working within different healthcare arrangements are properly understood and that any transfers, secondments, or other engagement arrangements are supported by appropriate legal and administrative processes.

Beyond the immediate transition, the HSA will develop a capable and appropriately supported workforce with attention to recruitment, retention, professional development, workforce planning, and effective deployment of clinical and non-clinical personnel. The objective is to build an organisation in which healthcare professionals can work within a clear management structure, exercise their professional responsibilities appropriately, and contribute to a culture of patient safety, improvement, and accountability. I wish to emphasise that the success of this reform will depend in no small measure on the cooperation of our healthcare workers and the Government's commitment to maintaining an open and constructive arrangement with them.

Mr. Speaker, at the centre of this reform must be our patients. The establishment of the HSA must ultimately translate into a healthcare system that is better organised to respond to the needs of residents, provides greater continuity between levels of care and support the consistent delivery of safe and quality services. The Authority will need to appropriate systems— will need the appropriate systems for clinical governance, quality assurance, patient safety, infection prevention and control, clinical audit, incident review, and continuous improvement. It must also operate within an applicable regulatory framework and maintain appropriate arrangements for patient confidentiality, the protection and management of health information, and the handling of complaints.

The transition provides an opportunity to strengthen the integration of services and improve the system through which clinical performance and patient outcomes are monitored. However, these improvements will require sustained investment, sound management, collaboration among Ministry and the Authority, healthcare professionals, and other partners across the health system. The Government remains committed to ensuring that the development of the HSA is guided by the public interest and the objective of improving the quality, accessibility, and sustainability of health services. Mr. Speaker, the establishment of the HSA also requires a clear, and sustainable approach to financing. The Authority must have an appropriate financial framework to support the

delivery of its services, meet its operational obligations, and plan for future healthcare needs. Public financing must be linked to defined responsibilities, agreed service expectations, and measurable performance.

At the same time, the Authority must maintain a sound financial control effective budgeting, transparent reporting, and responsible management of resources entrusted to it. The Bill contemplates a framework for the Authority's funds, expenditure, and revenue. The practical operation of the framework must be supported by appropriate financial management arrangements and clear accountability between the Authority and Government. The Government must be able to assess, whether the resources allocated to the HSA are being used efficiently, and whether the services delivered are consistent with agreed priorities and public expectations.

Mr. Speaker, this is particularly important in a healthcare environment where demand continues to evolve and where the costs of staffing, medicines, equipment, specialist services, and hospital operations place considerable demands on public resources. The reforms therefore support not only improved service management, but also greater clarity in the relationship between healthcare financing, service delivery, and performance.

Mr. Speaker, just to preempt some of the questions that I am sure the Leader of the Opposition may try to Before we get into, or when he's afforded the opportunity to speak, I want to speak to 3 separate entities, Mr. Speaker, because I know it may be a growing concern for those persons listening and for those persons in the room.

Mr. Speaker, the public may be asking, how does this bill impact the NHIP, particularly in light of the termination of the project agreement Between InterHealth Canada and TCIG. Mr. Speaker, the bill makes provisions for the Health Services Authority to enter into a service agreement. The National Health Insurance Plan was established as a payment mechanism to cover secondary clinical costs provided by the preferred healthcare provider at the time, which was InterHealth Canada. Mr. Speaker, given the termination of the project agreement between TCIG And IHC, the HSA will now have to enter into a service agreement with the NHIP to ensure the continuity of coverage for secondary clinical costs.

So what does that mean? Instead of paying InterHealth Canada for clinical costs, the NHIP will now transfer those funds to the HSA. Mr. Speaker, additionally, when we think of any impact of the Health Regulatory Authority And the Health Professions Authority, like any other health facility, the HSA will have to comply with the regulations set out in law.

All facilities under the HSA will have to be registered and licensed with the HRA. Likewise, all healthcare professionals working under the HSA will have to be licensed with the HPA. Mr. Speaker, how does the Health Service Authority impact the Treatment Abroad Program? Mr. Speaker, the HSA will have— Mr. Speaker, the HSA will not have a negative impact on the treatment abroad program. By expanding primary health care and expanding secondary health care services throughout the HSA, we envision it will help us reduce the level of treatment abroad through the onboarding of additional in-care services.

So, Mr. Speaker, it gives us an opportunity To increase our capacity, be more intentional about specialty services, and have a greater ability to engage our communities going forward. So, Mr. Speaker, all we are saying in a nutshell is that we are demonstrating through the HSA our ability to do what is necessary to advance healthcare, the healthcare reform within these islands.

Mr. Speaker, the Health Service Authority Bill 2026 provides an important opportunity to establish a more integrated institutional framework for public healthcare delivery in the Turks and Caicos Islands. The work ahead will require careful coordination, effective leadership, meaningful engagement with stakeholders, and a disciplined approach to implementation. The Government must ensure that the authority is established on a sound legal and governance foundation, that its responsibilities are clearly defined, that appropriate regulatory and accountability arrangements are managed, and that the transition is managed in a way that protects the patients and supports healthcare workers. We must also recognize that the establishment of the HSA is part of the broader health sector reform agenda.

Its success will depend on continued attention to national health planning, primary health care, workforce development, health financing, quality assurance, public health protection, and the effective use of health information. The Authority cannot operate in isolation from the wider health system. It must function within the coherent national framework in which the Government sets policy, and priorities, the Ministry provides stewardship and oversight, and the HSA delivers the services for which it is responsible. That is the institutional relationship this reform seeks to establish, Mr. Speaker.

So in conclusion, Mr. Speaker, the decision before this Honourable Parliament is an important one. The Health Services Authority Bill 2026 lays the foundation for a new institutional arrangement for the delivery of public healthcare services. It presents an opportunity to clarify responsibilities, strengthen accountability, improve coordination, and establish a more integrated approach to the management of public healthcare. We must proceed with a clear understanding that both opportunities and the responsibilities that accompany this reform. The legislation must be fit for purpose.

The transition must be carefully managed. Public resources must also be responsibly administered. Healthcare workers must be appropriately engaged, and the safety, dignity, and well-being of patients must remain paramount. The Government is committed to considering the substantive feedback received through consultation and to ensuring that the legislative and operational arrangements supporting the HSA are appropriately developed.

Our ultimate measure of success will not be the establishment of a statutory body alone. It will be whether this reform strengthens our capacity to deliver accessibility, safe, responsive, and quality healthcare for the people of the Turks and Caicos Islands. And with that, Mr. Speaker, I commend this Health Services Authority Bill 2026 to this Honourable Parliament for consideration. Thank you, Mr. Speaker.

Hon. Gordon Burton:

Thank you very much, Honourable Minister, for your presentation of the Health Services Authority Bill 2026. Honourable Members, the floor is now open for debate on the bill. Are there any contributions? The Chair recognizes the Honourable Leader of the Opposition.

Hon. Edwin Andre Astwood:

Thank you very much, Mr. Speaker. Mr. Speaker, I was expecting a little longer contributions. I wanted more information to take some notes and respond to. Nevertheless, Mr. Speaker, as you know, Boy Scouts are always prepared and always ready. Yes, yes. And Mr. Speaker, the Minister and I had a pep talk and we both had agreed to cut down our presentations a little, so he put pressure on me to cut down mine.

That's why I said we should always be prepared. So while he was talking, I was cutting out because Initially, I had prepared for the Health Authorities Bill before I did the immigration, and looking back at it, my presentation is about 3 hours long. So I was hoping that while the Minister was talking, I could cut down.

So, Honourable Minister, I am a man of my word. I did cut down. And I hope I can match you in how much we had decided to cut down and Take out a lot of the pomp and pageantry, as they like to say. So again, Mr. Speaker, thank you very much, and it is a pleasure for me to stand to make my contributions to this health authorities bill, Mr. Speaker.

But before I do, I too want to associate myself with all the words of bereavement and condolences that have been offered to those families in our midst, in our islands, throughout our islands, who have suffered loss, Mr. Speaker. We think on the family of Mr.. Lyons here from the prison, untimely death, and the family of Mrs. Joy Charles and the Francis family right here in Grand Turk. As we got the sad news yesterday, Mr. Speaker, and just want to say a pleasant good morning to all those listening in throughout the Turks and Caicos Islands, and especially here in my constituency of Grand Turk South and Salt Cay.

Mr. Speaker, and before, as I am a constituency, Representative, we were hearing that yesterday that, we— Salt Cay was left almost unattended to with— in terms of, public offices not being present. So I'm hoping that the relevant Minister or ministries can really deal with that situation. I don't have to go in detail here. Mr.. Speaker, Also permit me just to associate myself with the Eighth All-Island Elected Member when she talked about the crimes that were happening here in Grand Turk and the urgency that is needed in rectifying that, the burglaries and the robberies. And I want to thank the Honourable Premier for committing to the people of Grand Turk that he will do everything in his power To see that the required action is taken.

So thank you very much, Mr.. Premier, for that. Now, Mr. Speaker, to the Health Services— Health Services Authorities— Health Authorities Bill, Mr. Speaker. Mr. Speaker, overall I see this bill as an attempt to separate policy and oversight from daily management while providing the legal framework for a phased transition of public health operations to the authority. Mr. Speaker, let me go on record and say I agree with the formation of the health authorities.

I am not against it. I fully agree for it. And again, speaking with the Minister, I told him I would be a hypocrite if I come up And knock the transition or the establishment of it, because this is something that, previous governments have wanted to do, but this is the right time. Nothing happens without being in its season, Mr. Speaker.

And Mr. Speaker, with that, I think that's the last time I'm going to receive a clap inside here for the day. Yes, yes, close up right there. Mr. Speaker, a lot, a lot of my criticism of, of the bill is going to be mostly on the transition, the funding, and they've been accountable to the public, records and what is going on, the whole process. And again, a lot of times when I speak and criticize things, a lot of times persons like to say, oh, see, he's knocking the healthcare workers, he's working these workers hard, I'm knocking the immigration workers.

No, it's not them. Trust me, it's never y'all. I'm focusing on them. These are the people I'm focusing on. So it's never you guys, it's the people who are giving you your instructions. I always like to say what Sun Tzu said, if the instructions are clear, it is the fault from the top to the bottom, it is the fault of the subordinates. But when the construction— when the instructions are not clear and obsolete and muddy, it is the fault of those giving the instructions. And Mr. Speaker, I believe that most of the faults that I will be identifying is not at that level. It is at this level here, Mr. Speaker.

So I don't want to hear that the Leader of the Opposition is knocking anybody in the health services. I work directly and indirectly with just about most of them, and I know their capabilities, and I know how they try to provide for the people. But it is my belief that a lot of the times they are being hamstrung But decisions that are made in this body here. And so this is where I will be focusing my attention.

Mr. Speaker, as we heard, this bill is organized into several parts. The preliminary clauses 1 and 2, the process and the core definitions. The authority of the board is set out in Clause 3 to 20, which establish the authority as a corporate body, defines the health services mandate, powers, the 12-member board committee that I will get to. Mr. Speaker, the board, board meetings and decisions is in Clause 25, 21 to 25.

Leadership and workforce, Clause 26 to 34. Provides for the Chief Executive Officer, the Medical Director, employees, specialists, private practice access— something else I'll get to, that private practice access. So I'm just preempting all the things that I'll focus on. Mr. Speaker, Clauses 35 to 47, finances and accountability, covers the funding sources, the spending, the borrowing, the guarantees, the reserves Accounting and auditing, Mr. Speaker, annual reports, annual service agreements with the government. Part 47 to 54 covers the transfer of services and assets, something else that is very

touchy. How are these services, assets going to be transferred to the authorities, Mr. Speaker? That is, Revenant properties, leases, contracts, supplies, equipments that are going to be transferred to the authority, and while keeping pre-commitment liabilities and legal proceedings within the government. And then we have the miscellaneous provisions from Clause 55 to 64 that addresses accountability, indemnity, Confidentiality, offences, pensions, rulemaking, regulations, repeal and savings, Crown applications, and transitional support.

Mr. Speaker, there is also a schedule list that designates health facilities across Grand Turk, Salt Cay, South Caicos, Middle Caicos, North Caicos, And Providenciales to the authority. Mr. Speaker, let us begin with the board, which is very important. Mr. Speaker, the Minister— the bill says that the Minister controls the board appointment cycles, the Minister controls all appointments of members, the Minister controls The leadership, selection of leadership. The Minister controls the removal or acceptance of resignations.

The Minister controls the appointment, replacements, and temporary acting of members. Mr. Speaker, the Board consists of 12 members. Mr. Speaker. All appointed by the Minister. Our membership, Mr. Speaker, the board includes a medical practitioner, a nurse, one public interest representative, one public interest representative, 5 members with relevant expertise such as finance, business, HR, Industrial Relations, Quality and Risk, and IT. Plus, Mr. Speaker, 4 ex officio members: the Permanent Secretary of Health and the Permanent Secretary of Finance, or their nominees, the CEO, and the Medical Director. Just one observation already, Mr. Speaker. There is no one on the Board from NHIP.

Thank you, Mr. Speaker. Also, you have one person representing public interest, Mr. Speaker. The Chair and Deputy. The Minister selects the Chair and the Deputy Chairperson from amongst the members. The terms— the appointment terms are set for 3 years per term. And reappointment cannot— and maybe reappointment, but cannot serve more than 7 years. Appointments must be staggered so terms do not expire all at once.

And each appointment must be published in the Gazette. And it says, it goes on to say the disqualifications of persons on the board. Mr. Speaker, my main concern is with the board composition and the overall structure. You see, the board must include a medical nurse, public interest, finance, business, HR, IT.

Mr. Speaker, but, Mr. Speaker, Or what about persons' nominations? And all of them are appointed by the Minister. Where is the appointment from the Health Regulatory— Health Professions Authority? Why do not they get an appointment, Mr. Speaker? Why do some other bodies, health bodies, not get an appointment? It is heavy-handed that all these appointments are from the Minister. And there is no impartiality, no independent persons being appointed to the board. I mean, I'm not saying that the opposition or Leader of the Opposition need to have an appointment there, but there are other bodies, Mr. Speaker.

But all these are appointed by the Minister. So, I do have an issue with that. All these appointments just being directed straight from the Minister and appear that this board will not be able to operate as an independent body. Mr. Speaker. So this makes all appointments to appear solely politically dependent, even when candidates are qualified.

Mr. Speaker, so I want at least consideration be made, at least from the Health Professions Authority, someone from NHIP representative. At least consider those 2 if you don't consider anyone else. Mr. Speaker, the Minister may revoke any member's appointment at any time whenever the Minister Considers it expedient. Mr. Speaker, this is the problem again. There must be guidelines for revocation, not any member at any time for whatever I consider.

I don't like the way you dress, you're out of here, kid. Mr. Speaker, there must be guidelines. There must be guidelines for the removal of persons from the board. Mr. Speaker, as I said, I look— maybe the procedure protocols for removal may be in regulations, as the Minister responsible for immigration gave us the lesson in government, you know.

But we, in pushing back on that, told us how the bill— it is a bill— and then There's the regulations, and then there's the policies, and then there's standard operation procedures. Yes, Mr. Speaker, that is good and all that, the structure, but the difference is when it comes here, it is the people's will. It's not the office or policy that can be made and changed overnight. We put it in law.

We know you have to do this. Not, oh, we have this policy, let's come into office tomorrow, change that policy, You can send it to Cabinet, round robin, get a different policy that can be changed overnight. But when it comes to the House of Assembly, when it's debated in here, it becomes law. And it isn't anyone in Cabinet or in any office just running and changing that policy or changing that standard operations procedure that can be done overnight.

Certain things we want to be placed in law. And that is what I was arguing about. What I was arguing for when I say things are being hit, important things being hit in the regulations. We know the processes, we know, but things that we do not want to be changed overnight or adjusted because of how people feel or they don't like working with these provisions that we can just create a policy, we could create an SOP and change that and say, no, no, no, this is our policy.

Many of us in the Turks and Caicos Islands, we know, we went to offices and so, and we said, oh, we close at 2 o'clock, we don't open up in the evening. It's like, where did that come from? Oh well, that's our policy. Oh, you can only submit one document at a time. It's like, well, where did that come from? Oh, that's our policy. Mr. Speaker, we know how things are hit in policy.

Mr. Speaker, we know how policies operate, but we are the lawmakers here. We wanted to come to the people and create laws and standards that our people have to live by so we can say, no, the law says that documents this, this, this, this, this. Mr. Speaker, that is what the people want to be able to say so we don't approach an office or approach an institution and we

hear, oh no, that's our policy and you cannot question it, Mr. Speaker.

But when it comes to here, coming here, all the members can represent their constituency, their constituents, and the people of the Turks and Caicos Islands. And we have provisions that our people want to live by, not provisions that are made in a policy and cabinet or in a particular office, Mr. Speaker. So that is why we argue for some life-changing things, some critical things to be placed in the bill so we could debate it here and make the changes in the committee, Mr. Speaker.

So, Honourable Member, yes, thank you for the lesson yesterday. It wasn't necessary, but we appreciate it. But it wasn't served as the purpose.

Hon. Jamell Rayan Robinson:

You have to start with the Constitution, not the bill.

Hon. Edwin Andre Astwood:

No, we ain't even reached the Constitution yet, because that give others power, outside our shores. So we don't even want to go there. We don't even want to bring them into consideration. In this picture, this right here. Mr. Speaker, the expertise categories are elusive and not mandatory. They just say 5 additional members need qualifications in different areas such as, and the list goes on, to remember the things that I said, health, IT, and so on.

But the words such as— yesterday I went on and on about this arbitrary language that we put in bills, Mr. Speaker, and such as— it doesn't say yes, one must be this, one must have this, one must have that. They're saying, oh, you can have qualifications such as this, such as that. Mr. Speaker, we are making laws. Mr. Speaker, we have to be specific in what we are stating inside of here.

We don't want things like such as, or what I consider a good source. Mr. Speaker, no, no, no. Let's get these laws straight, Mr. Speaker. Mr. Speaker, the public representation on the board is very thin. Only one member represents public interests. With no definition on how the person is selected or whose public interest it represents, Mr. Speaker. This bill does not require patient, disability community, doesn't say nothing about outer islands. That one person have to be from Middle Caicos, one person have to be from Salt Cay, or one person must represent, Provo, Middle, and North.

The next one represent Grand Turk, Salt Cay, and South Caicos. It doesn't say anything about that. This one represents special needs, this one represents disabilities— nothing. Just the Minister picking his people. So, Mr. Speaker, you can see how this can be seen as a Mr. Speaker, the ex officio representation on this board is uneven.

Health and Finance Parliament Secretaries or their nominees sit on the board, but the CEO, Medical Director, and Financial— Director of Finance. The CEO, medical director, and I think it's the finance manager are non-voters and excluded from quorum. But it doesn't say that if the health secretary and the finance are excluded from quorum. So I am not sure.

Does the permanent secretary of health make the quorum or not part of the quorum? We state that, the health— the financial secretary and his nominee sit on the board, but who makes the quorum? Which Parliament secretaries make the quorum? Which directors? Which ex officio officers are considered a part of the quorum, and which ex officio officers are not considered as part of the quorum, Mr. Speaker? Mr. Speaker, it says a quorum is 5 members and includes only 2 private members and 1 public sector member. With a 12-member board and the ex officio roles, Mr. Speaker, significant decisions could be made by a very small group. Because I only need these few people as a quorum, Mr. Speaker. 5 out of 12.

So the other 7, the 5 can get together, hey, we have quorum, let's make this decision, Mr. Speaker. That is concerning to me, Mr. Speaker. In the casting, all, all ways is, weighed by the Minister-appointed chair, Mr. Speaker. Mr. Speaker, conflict rules, is very narrow. They address financial interests and controls and contrasts, but they do not clearly cover non-financial conflicts or perceived conflicts or gifts or potential, political activities.

Close personal relations beyond spouse and child, Mr. Speaker, these must be identified. What other conflicts besides financial conflicts are considered? We see today, the Honourable Attorney General, not a financial conflict, as simple as she declared. What conflicts will be considered in Sanifia? Can you be a person campaigning for a party? And again, this isn't about the— Yes, yes, yes, yes, Mr. Speaker. Mr. Speaker, we have to protect against political influence, especially when it comes to healthcare.

So you have to say what political, conflicts are there. If I'm a chairman of a political party— Mr. Speaker, this isn't about y'all, this is about any political party that is in government, present and future. I'm not licking y'all, I'm talking about the whole setup and political influence. I'm not speaking to I'm not speaking to PNP political influence or just PDM political influence. I'm speaking to political influence in general, Mr. Speaker.

We have to declare those interests, Mr. Speaker. And healthcare— I do believe that healthcare is one of the areas that we have to keep political influence out the most, Mr. Speaker. Mr. Speaker, this bill can be seen as modernizing our healthcare delivery, Mr. Speaker. But as I mentioned, will this authority be genuinely independent? Will it be properly funded? Will this authority be publicly accountable? And safe for patients and staff? This is what we want to find out.

Mr. Speaker, funding and borrowing, and public finance exposure. Mr. Speaker, the authority is expected to provide a very broad range of services including hospitals, primary care, behavioral health, laboratories, EMS, pharmaceuticals, Aged care, rehabilitation, and telehealth. Mr. Speaker, yet this bill does not state the minimum funding commitment, service

standards, or the transition budget. What about the transition budget? How much is this going to cost our people to transition from what we currently have to the authority? Do you all have the numbers? Have you all considered the numbers? How much will it cost for this transition period, Mr. Speaker? What is the minimum amount of funding that is being committed to this authority, Mr. Speaker?

Mr. Speaker, it is simple. We the people seek evidence that The appropriations, the staffing, the medicines, the equipment, maintenance, digital services will be able to match the statutory obligations of this authority, Mr. Speaker. Mr. Speaker, patient charges. The authority may fix and collect fees. The Minister may approve reductions, waivers, or refunds. The Minister will— may approve reduction waivers or refunds. The bill says lack of means— yes, Mr. Speaker, the bill says lack of means should not prevent adequate treatment, but it does not set a clear entitlement, means test, appeals process. Nor a public fee schedule.

Maybe that isn't in the regulations, Mr. Speaker. When we say lack of means, what is the means test? Borrowing risk. The authority may borrow and obtain goods and services on credit with the Finance Minister's approval. Parliament may guarantee borrowing And taxpayers will ultimately meet a default, Mr. Speaker.

Mr. Speaker, this is a concern that I have, that we are saying that the authority may borrow and obtain goods and services on credit with the Ministry of Finance approval, but it is the government that will have to guarantee that borrowing. Mr. Speaker, how much can they borrow? At what levels? Are there any caps? Are there any prior disclosures? And will they have to make a report through the Minister to Parliament, to the people, Mr. Speaker?

Hon. Gordon Burton:

Go ahead.

Hon. Edwin Andre Astwood:

Yeah, I was trying to see how far I am going, how much time, Mr. Speaker. Mr. Speaker, reserves. A 3-month operation reserve is inside the bill. The authority must have 3-month operation reserves. But, Mr. Speaker, how will these reserves be funded? And will these reserves, the funding of these reserves, have an impact on frontline care? Mr. Speaker, so is it that the government will place that 3-month reserve within the authority?

And again, what is the amount? What is 3 months reserve? I don't know. 3 months reserve, $30 million, $10 million? Where will that money come from, Mr. Speaker? Out of the country reserves? From NHIP? Will that money be raised? Where will that money come from? Mr. Speaker, the bill includes quarterly reporting, annual reports, audits, service management, and one public board meeting. Mr. Speaker, Mr. Speaker, we the people are only asking for the publication. And maybe again, as the Minister of Immigration says, a lot of the stuff may be in regulations, but we the people want to know what are the waiting times, cancellation procedures, ambulance response times, referrals.

We're hoping to see all that inside of the Regulations and so on. Medicine and essential supplies stockout, Mr. Speaker. Staff vacancies. Staff turnover information. Patient safety incidents. Complaints. Complaints records. How will all that— we want to know about all that. Yes, we know that all that cannot— those things cannot be in the bill.

But let us know that these things will be established, these will be in regulations, etc. Mr. Speaker, another sore point, when it comes to equal access across islands. Mr. Speaker, the schedule lists the facilities across the Turks and Caicos Islands that will be transferred to the authority. However, Mr. Speaker, this bill does not define the minimum service levels for each island and how patients will access specialist care when it is unavailable.

Mr. Speaker, will the bill— will the authority approve what is happening now, or will we have much of the same? That is what we want to know. We are trying to make— spending all this money Spending all this time setting up the authority, but will it approve access from our family islands, from people in our family islands, Mr. Speaker? Or will it concentrate centralized power, most of the medical care being centralized on one island? What is the goal? Is that where we're heading, Mr. Speaker, or will it be centralized in 2 islands? Mr. Speaker, so what benefit will it be to the people?

Will they see an increase in care? How soon will telemedicine come on? How will we use the telemedicine, Mr. Speaker? Mr. Speaker, I believe that centralization could widen gaps between Providenciales or maybe Grand Turk and our family islands, Mr. Speaker. Mr. Speaker, let's look at the example: getting a birth certificate from Grand Turk or so.

Let me speak on Grand Turk. Your loved one body have to be flown to Provo. Send the morgue here, your loved one body have to be flown to Provo and returned on the police boat or some other means to Grand Turk before you get that birth certificate. Not saying that—

Hon. Charles Washington Misick, OBE:

Death certificate.

Hon. Edwin Andre Astwood:

Yes, that death certificate. Thank you very much, Honourable Premier and Honourable Member. To get that death certificate—imagine that, Mr. Speaker—in order to get a death certificate of your loved one who died right here in Grand Turk, that body has to be flown to Providenciales. Whatever has to happen, happen.

They do their thing. Then that body have to get on a boat and

return here. Mr. Speaker, before you get that death certificate, before you can bury your loved one—and this isn't something that I'm making up, so before Minister of Home Affairs jump up and start making noise, this is something that I know, Mr. Speaker.

No, his light is blinking. It's representing him, so the light is blinking. So he's ready.

Hon. Gordon Burton:

Honourable Leader of the Opposition, he has changed ministries.

Hon. Edwin Andre Astwood:

Okay.

Hon. Gordon Burton:

It's Public Safety.

Hon. Edwin Andre Astwood:

Public safety, sir. Thank you very much. But it's good that we all know who I'm talking about. Mr. Speaker, something has to be wrong with that provision. Mr. Speaker, I would think it would be more feasible for the coroner or medical officer to just jump on a plane Come up here in the morning, do what they have to do, and by 3 o'clock they can be back. They can be back, Mr. Speaker, and they don't have to do one. You have 2, 3, deal. Let me deal with this right now and I can be back.

And they're not going to die if they overnight in Grand Turk or overnight in South Caicos. Or so you're not going to die. You can go to South Caicos and stay in 5-plus-star hotels and feel like a superstar. So you can come to the outer islands. The bodies don't have to be be flown from South Caicos to Provo just to get the coroner to review the body and then give the birth certificate? Let that person go to South Caicos, do what they have to do, and then return to Providenciales. Let them come to Grand Turk, do what they have to do, and return. Mr. Speaker, we have to make things better. It can't be that we're spending all this money, going through all this, and the services remain the same, Mr. Speaker.

Mr. Speaker, let me get back to the bill, but that is something that will be impacted by this bill that is happening, but we have to correct that. Are we centralizing services simply in one island, or are we going to improve the services throughout the Turks and Caicos Islands? Mr. Speaker, and I believe with government Starlink and everything, we have to get telemedicine going. Mr. Speaker, Mr. Speaker, we have to get that going so persons can just go to the clinic in Salt Cay and sit down, and they can see any doctor, tell the nurse, nurse, move this here, put the camera here, do this, make the patient stand up.

Okay, this is what is wrong, their medication coming up. Okay, I'll need to see this patient, arrange this. Mr. Speaker, that's simple. That is simple, Mr. Speaker. Now with Starlink and all All the different services Flow and Digicel, 3 options. Mr. Speaker, we have to get telemedicine going. Mr. Speaker, moving on. Mr. Speaker, as I want to be— keep my word to the Honourable Minister.

Mr. Speaker. Mr. Speaker, I note that we know that some of the health premises, especially for behavioral health, and so some of them are rented, Mr. Speaker, throughout the country. Mr. Speaker, will all those contracts be transferred or new leases will be entered with all the public rented either Rental contracts that currently exist, with the Ministry of Health, will all that be transferred under the authority also, Mr. Speaker? Mr. Speaker, workforce transition. Mr. Speaker, I am concerned about this. I am concerned about the staff. I am concerned about the health professionals.

Mr. Speaker, we hear words, okay, you will be no worse off, and so I heard that same terminology, same language, when we were moving from InterHealth, from the old hospitals to InterHealth. Oh, apply for the same job you're in, you'll be no worse off and everything. If you don't want to apply, if there's no job in government, then so be it.

And we're hearing the same thing now. Apply for the— your positions will transfer over to the new health. You will not be any worse off. Your benefits will be maintained. Thank you. Which is good, Mr. Speaker. You know, and I have to acknowledge that any accrued benefits that will be maintained, your pension treatment will be the same. You know, Mr. Speaker, this is a strength.

This is a good thing, Mr. Speaker. But what happens after the transfer? What happens to fixed-term staff who have no right of renewal or continued operation after What happens to staff who refuse transfer and say they want to remain with the public service? They just say, well, there's no position for you in the public service, so sayonara, you have to go, Mr. Speaker.

And it says that the authority may set future employment terms, structure And disciplinary procedures, Mr. Speaker. So I am concerned about the transfer of staff and how much information are the staff getting. Are there regular updates? How regularly do you meet with the staff to update them on what is going on? These are people with families and they need to make life-changing decisions. What will happen to myself and my family? Thank you. And that goes for both Turks and Caicos Islands and both for contract workers from overseas. People need to know what is going on.

If I am a doctor here and I really love the community and I want to stay here, what is going to happen to me? You know, okay, are you going to be transferred? Will I be paid at the same level? Okay, my contract only have one more month on it, 3 more months on it. What will happen to me? You know,

we heard yesterday there's no guarantee of renewal. So we're hearing immigration saying that these doctors and other critical nurses that we have now, there's no guarantee that you will be renewed.

We heard that yesterday. Remember, one bill impacts the other. So what will these people be thinking? And if they— decline to move over or decline their contract offer or decline to be under the authority with us that leave TCIG. Yes, we can bring in other people, but at what cost? Will there be a lack in service, you know, downtime, and how that will impact people who duty need that help, Mr. Speaker? So I hope— I'm hoping that a lot of Consultation with the workforce has taken place and has taken place up to this point, Mr. Speaker.

And, Mr. Speaker, we see here no mention of a transparent workforce transition plan. Do you all have a plan? A written plan, not a plan that is in someone's head. Is there a written plan for the workforce transition? And if there is a written plan, why can't members of Parliament see it? And you say, well, why members of Parliament need to see it? Because we need to answer to our constituents. We need to answer to our people and let them know what is going on.

The people have direct access to us and they expect us to know. Honourable, what is happening with the healthcare? You know, how will staff look? Will we still have that? What are we going to say to them if we don't see the information, Mr. Speaker? Mr. Speaker, I am just leaving this with the Minister. A reform intended to improve care cannot succeed if it destabilizes the workforce Thank you. And I want the members of cabinet to realize that, that whatever reforms that you are putting in place, this transition to health authority, it is there to improve care, but it will not succeed if you destabilize those people who are employed to deliver that care.

And right now, I believe that we are destabilizing those people Who are charged with delivering care to our people. We need to get it right. We need to ensure that every T is crossed and every I is dotted. Do not destabilize these people. Patient rights and privacy, Mr. Speaker. The bill touches on the clinical safeguards, Mr. Speaker. Mr. Speaker, but we the people seek explicit safeguards, explicit information on patient access, information consents, complaints, advocacy, and we seek fair reviews, Mr. Speaker. Mr. Speaker, we want to see publication of complaint handling, Mr. Speaker, in this new facility, in this new setup, things that we haven't been seeing, Mr. Speaker.

Clinical governance procedures, very important, Mr. Speaker. Mr. Speaker, we want to hear about health information access. And security of information retention and breach responses, Mr. Speaker. And, Mr. Speaker, we want to hear about independent oversight of serious patient incidents, Mr. Speaker. Just cut out a few of these things, Mr. Speaker. So, Mr. Speaker, before I just highlight a few clauses directly that I have some issues with, I just want to reiterate that we support the goal of a capable, clinical-led health services authority, Mr. Speaker.

But, Mr. Speaker, we the people insist that public that Parliament is allowed to strengthen this bill with safeguards, Mr. Speaker, with independent governance, transparent material influence, guaranteed access regardless of income or the islands, and secure the workforce, Mr. Speaker, and full public accountability for money and outcomes. So, Mr. Speaker, I'll just go through what I consider as some of the most contentious clauses inside of the bill for me, and they deal directly— of course, I mentioned before— the ministerial power, the enable of charges and debts, and debt workers' security, patient safeguards, and The other rules, Mr. Speaker, as I highlighted before, Clause 9, the Minister will— may revoke board appointments whenever he feels expedient.

Mr. Speaker, that is one of the clauses that I want us to pay some attention to. Clause 17, binding, ministerial direction. The Minister may Issue specific or general directions that the authority must follow. The word must follow, Mr. Speaker. I want us to look at that. Clause 7 is the entire board— deals with the entire board being appointed by the Minister. No one from NHIP, No one from the Health Professions Authority, civil persons from across civil society, special needs. None of these things are considered, and those are the 5 members, Mr. Speaker.

So we have to look at that. Clause 6 to fees and exemptions waiver. The authority may charge fees. Mr. Speaker. Why the regulations set out the charges and determine the exempted categories, Mr. Speaker. And we heard that no people, no one shall be prevented from receiving adequate treatment due to lack of means, Mr. Speaker. That is positive. So we hope that when all this is enacted, we will not hear of persons going to their health facilities and saying, oh, you can't see the doctor until you pay this.

And so, and person saying, well, I don't have no money. No, you can't see the doctor. Even though that ain't supposed to happen, it has been happening, Mr. Speaker. Mr. Speaker, Clause 37 to 39 means borrowing and, the taxpayer-backed guarantee. Mr. Speaker, there's no limits. We heard of no limits that How much the authority may borrow, up to what limits and up to what guarantees. Mr. Speaker, all this have to be clarified. You know, what are the questions about debt limitations, disclosure of borrowing, Mr. Speaker? And what will be the public financial exposure when the authority is engaged in this borrowing, Mr. Speaker. All that needs to be clarified.

Mr. Speaker, Clause 33 deals with private practitioners' use of public facilities. Now, Mr. Speaker, this allows— this clause allows for private practitioners to use the government facility, and it says that they can use it, if the government facility isn't being used by the government at that time. Mr. Speaker, I have an issue with private persons, private practitioners just simply having access. If we don't have that identified, what will be the charges? How much do the private persons have to pay the people to use their facilities? There's no mention of that.

How will that be arranged? But it allows for the private persons to say, yes, we can use government facilities. Will we be seeing favouritism, that this medical facility, this private medical facility, is always up in the People's Hospital using the operation room, using this, but this medical private facility cannot get access? Mr. Speaker, all these things can happen, so you need clear guidelines.

Oh, this private facility only pay $3,000 to do an operation in our theatre. Why we're charging this next private facility $12,000 to do the same operation with the same length of time, with the same staff, using the same resources. Mr. Speaker, all this have to be identified, Mr. Speaker, and we could correct problems before they exist, Mr. Speaker. And will eventually we prefer money over care? A private facility can come to Say, and say, look, we want to pay the government $30,000 to do the surgery and all this for one of our private patients that come here, but the government had scheduled one of their patients, you know, who is in pain, who needs the surgery.

Will we say, okay, well, we will slot you in, we'll move our procedure later on this week, you'll get access because we want to collect this $30,000? Mr. Speaker, all that can happen. I am not saying that this group will do it. I am always talking about what can happen inside of the future, Mr. Speaker. So we need to put the protections here.

When it comes to private practitioners using the people's hospital, what will be the fees? What will be the structure? How access will be gained? We have to iron out all that, Mr. Speaker. It cannot be just left to be determined so. Thank you. The lawmakers want to see it. We don't want to see all the details, but something should come to the people's house so the people's views on this procedure can be discussed.

We don't need all the details, but bring it to the people's house so we can go through it and we say, yes, this is acceptable by our people. This is acceptable by the people in our constituency. No, this is not. No, our people do not want to see this. I talked to so-and-so, I talked to this group, I talked to that group.

No, they do not want to see this, Mr. Speaker. Mr. Speaker, Clause 31, employees who decide— who decline transfer. So that's what I mentioned earlier, the staff who— it says the staff who choose not to transfer may stay in the public Service only if suitable duties are available.

Otherwise, the government may end their employment under the law. Mr. Speaker, so that means that everybody must transfer if they want to be out of a job. Because if— how can you tell a nurse that, okay, you don't have to— if you don't want to transfer, we'll find out Where we can put you in government? Where? At the school, school nurse or something, I don't know. A lab medical technologist, where are you going to put them if they choose not to transfer? Or will they be out of their job? As it says, the government may end your employment under the law if you choose not to transfer and there's no position for the government to place you. So you will be out of a job.

This creates problems for staff. So you're telling people, boy, I better transfer or else I'll be out of a job. I better comply. Boy, I better not challenge anything. I better go over wherever they tell me. Wherever they tell me to sit, I better go and sit because I may be out of a job.

Mr. Speaker, we have to tighten that language up, Mr. Speaker. We saw Clause 31 and 32 deal with no renewal rights for fixed-term workers. Mr. Speaker, we heard the Immigration Minister boast about do not expect, do not think it is a right that you will get that next contract. So we, we need to see what will happen to all the numerous doctors and nurses and medical personnel that we have currently at the hospital that will be transferring under the authority on fixed-term contracts.

We heard the Minister yesterday. We heard the new sheriff yesterday. So what will happen to those persons, Mr. Speaker? We heard, we know that somewhere in the bill says that the 10-year contract is not to halt and all that, but what will happen to these people? It has to be clearly defined. Clause 29, the board will control all future employment terms and discipline. The board will determine the workforce structure Employment conditions and disciplinary procedures. This bill talks about no consultant— consultation required with staff or representative bodies, Health Professions Authority, before these changes.

No consultation. This bill speaks to nothing. Just the board will decide the workforce structure. The board will decide the employment conditions, and the board will decide the disciplinary procedures. No need to consult with anybody. The board will decide all that, Mr. Speaker. And we see how the board is so politically influenced, so political, appointed, heavy, Mr. Speaker.

No independence on that board, Mr. Speaker. No independence of the appointed members. No independence of the appointed members. Let me correct, because you have some ex officio members there, but I'm talking about appointed members from the outside, Mr. Speaker. The board will determine that. And remember, those appointed members do not need the ex officio members. They just need 5 of them, and they can make any decision on their workforce structure, their employment condition, in the disciplinary procedures, and it requires no consultation. Mr. Speaker, Clause 22— only one public board meeting after audited accounts, Mr. Speaker.

So the public will be left in the dark about a lot of things unless the Minister decides To put information in his ministerial statement, but the board doesn't have to come public with almost anything of its procedures, Mr. Speaker. One public meeting. Clause 20 talks about communities' consultation, but now instead of shall, you're hearing the word may. You see, now it's the board may consult with communities, patients, and providers. Mr. Speaker, consultation should be mandatory, especially for residents of Family Islands and communities affected by the change in these services.

Not the board may, Mr. Speaker. Honourable, when it comes to the Minister, you see the language. The board must listen to the— take the instructions from the Minister. Now when it comes to the people who will be affected, the board may consult. You see the irony here that I'm pointing out? From the Minister and cabinet, the board must. From the people who will be affected, the people who we serve, the board may. Mr. Speaker, we have to fix that language. Thank you.

Clause 56 also deals with the board confidentiality and $50,000 fine for exposing information, I guess. Mr. Speaker, Mr. Speaker, it talks about The provision applies to all matters coming before the authority and carrying penalties up to

$50,000 or 3 years imprisonment. Mr. Speaker, that is very heavy. Mr. Speaker, there is nowhere in this clause and the clauses surrounding it that it protects whistleblowers, public interest disclosures, complaints, Lawful reporting to oversight bodies or disclosure that needs to expose wrongdoings, Mr. Speaker.

And Mr. Speaker, these things need to be protected. If there is a nurse down there who say, wait a second, I told you what you all doing with this patient is wrong, you all left this patient here for 3 hours, this is wrong, I am going to go public with it. Those people need to be protected. If a doctor says that, look here, I told you all that this patient needs to get urgent additional medical care, this patient needs to be flown to this facility or with this capabilities as soon as possible, and this patient is still here when I come to work tomorrow— I mean today, and I told you this from 2 days ago, but when I show up to the ward today, this patient is still here deteriorating.

And I want to go public with that and say, uh-uh, I got to go public. You know, my job may be at risk. I need to be protected. There's no protections here for whistleblowers. You know, it's talk about if you disclose $50,000 or you're going to put me in prison for disclosing information.

But when it comes to the public good, Mr. Speaker, and lawful reporting and whistleblowing on things that are going wrong in the institution, and we heard all the Horrible stories. We all live here. We heard all the horror stories from families, friends, and relatives, Mr. Speaker. Whistleblowers and those doing lawful reporting must be protected some way, Mr. Speaker, but this gives no protection to them, Mr. Speaker.

That's Clause 56. We need to look at that, Honourable Minister and committee. Clause 60 to 61. It says that the future rules and the concern— the future rules are patients' rights, on patients' rights, administration, admissions charges, professional conduct, fees, exemptions, telemedicine, and discipline procedures will be set Or can be said later by the Board or by the Minister, Mr. Speaker.

Mr. Speaker, the concern is not that these rules are inappropriate, Mr. Speaker, but we here in Parliament, we here as representatives of the people, are being asked to approve a framework before many of the protections that affect patients and staff are specified. Mr. Speaker, that is the issue. You know, these things are not specified, and we are being asked to approve, you know, and right here in Parliament, these things, this bill without these protections being specified, these frameworks being specified. We don't say they have to be outlined in detail.

We, we, we went back and forth, regulations, policies, and the like. We are saying they have to be specified. These protections must be specified, Mr. Speaker. Clause 59, the Minister may amend the Schedule Order, Mr. Speaker. Clause 49 to 52 deals with the transfer of property, contracts, and supplies and equipment. Mr. Speaker, okay, the transfer framework, we see that it is designed for the health services to continue, but it does not require a publicly available pre-transfer register, a set register. Mr. Speaker, we don't know what is being transferred to the Authority. Where's the list? Where's the register? Where's the asset register that is being transferred? Again, that is something that we need to know to go back to our constituents.

The people need to know what is being transferred, what assets are being transferred. We are hearing, okay, this clinic, that clinic, that clinic. Okay, what equipment is being transferred? You know, the people who want to debate that Wait a second, they getting all this old equipment or they getting this new equipment? Or they getting this equipment that do not work? Mr. Speaker, where is the asset register of the assets being transferred, Mr. Speaker? Have you seen it? Have anyone inside of here seen it? Does it exist? Does this register exist? What assets are being transferred, Mr. Speaker? So, Mr. Speaker, the people only want to know what is this authority inheriting, you know, your opening stock.

What is your opening stock? Let me use an accounting term. What is your opening stock? How your opening stock— look, is it quality opening stock? Or a bunch of malfunctioning equipment, facilities that need repairs. It may not be so, Mr. Speaker. We may have good facilities or facilities in top shape. We do not know. We don't know equipment is good or equipment is bad, facilities good, facilities are bad. We do not know.

And it leads to speculation. So where is the asset register? I mean, we could have been given that. We could have seen it so we can tell our people, nah, man, the authority getting some good stuff, man. All the equipment being transferred from the hospital that is in top shape, it's working good. Or we can say, ah, man, this is a waste of time. Look what you all getting. We ain't getting nothing.

We getting a bunch of ignorance, a bunch of junk. We can say either or either. Or we might be in the middle. Ah, it's somewhat, you know, some things are good, some things are not good, but we cannot say anything because we do not know what assets are being transferred.

Mr. Speaker, 53, 54, the government retains— and I'm almost there, Mr. Speaker. I want to be— Minister, I'm keeping my promise. I'm keeping my promise, Minister. Yeah, I'm going to finish soon. 53 to 54, Mr. Speaker. The government retains historic liability and litigation. This shields the new authority from any of the, the things that we have— I was going to use another word, but I want to be parliamentary.

So any of the things that we are hearing inside of the news these days that is going on So this new authority will be shielded from all that— I could say ignorance, Mr. Speaker. I can say that they will be shielded. No, they will be shielded from all that disturbance. I know disturbance ain't sound right. Yeah, but it will be sealed from these things, Mr. Speaker, because the government will retain all that under them, Mr. Speaker, all the historic liability.

So if somebody come and say This hospital or this facility have to get paid, whatever. That is not the authority. The authority is shield from all that, you know. When they say, from the Old Testament, the blood of the, of the, the children that issue when Moses— then when the angel had put the blood, Passover. Passover.

You know, the lamb blood and all that. So the facility, you have that blood of the Passover on your door. You do not inherit none of this liability. Nobody cannot come after the health authorities and say the health authority owe them money. I have the health authority in court. I'm taking the health authority this way.

I'm charging them this. I'm opening up litigation against the health authority. You're starting anew, a clean sheet. Nothing to do with the Health Authority, everything to do with them. It's good. Put on your big boy pants and take all the responsibility. The responsibility is with government, Mr. Speaker, and we wait to see how that handles. But that is a debate for a different day, and I will get my chance to go down that rabbit hole, and I can't wait to go down that rabbit hole, Mr. Speaker.

But we are talking about the authority today, Mr. Speaker. Mr. Speaker. But, Mr. Speaker, with all that being said, Mr. Speaker, the bill does not require public reporting of the value and nature Of the inherent liability, Mr. Speaker. We don't know what liability is being left behind, you know.

If you've taken on the clinic in Middle Caicos and North Caicos and say the clinic in North Caicos owes a supplier $3,000, okay, that liability, that's one liability. The hospitals, they owe somebody $30 million. That's the next liability. The hospital in Provo, they owe somebody $15 million. That's a liability, you know. So we— it may be small, it might be big, but we don't know what is the liability.

What is the inherent liability, Mr. Speaker? This is what we want to know. But I'm sure we're going to get to discuss that In this House another time. So, Mr. Speaker, in wrapping up, Mr. Speaker, Mr. Speaker, I say again where I started, the bill objectives are sound, Mr. Speaker.

It is needed. I like the direction. I approve the direction. I support this direction moving to the Health Authority, Mr. Speaker. Too much uncertainty, Mr. Speaker. Mr. Speaker, our people need a transparent board appointments and removal plan. We don't want to hear these ad hoc or vague notions being placed here, Mr. Speaker. Mr. Speaker, we want to see enforceable fees and exemption protections.

Mr. Speaker, we want to hear about the borrowing limits and disclosure. How much can you borrow? How much can this authority borrow? Do they have an open check also, Mr. Speaker? Mr. Speaker, we want to hear about protections against private access displacing public patients. Mr. Speaker, we want that to be clearly outlined, that no private access will displace our public place patients, as the scenario that I gave, Mr. Speaker. Mr. Speaker, we want to hear about whistleblower safeguards, especially when it's things of public good.

When it's of nature of public good and to safeguard the public, Mr. Speaker. And those things may be— look here, there is this kind of outbreak inside of the hospital, please, please do not come down here. They're like, wait, why are you telling the people that? You know, oh, the hospital is out of water, so there ain't no hand washing, don't come to the hospital today.

Why are you telling the people we out of water? We're going to fire you off your job. Mr. Speaker, there have to be some Protection somewhere for whistleblowers, Mr. Speaker. Mr. Speaker, there have to be mandatory consultations. And, Mr. Speaker, there must be island-wide service standards, Mr. Speaker.

Mr. Speaker, we want to see that this transition happens smoothly. Mr. Speaker, as I said, I am concerned about the staff. I hope that my concerns and their concerns and all our concerns can be eased, Mr. Speaker. And I hope that members who get up will be able to tell the people that all is well.

It is well with the hospitals. All will be well, Mr. Speaker. I hope to hear that today because I'm not saying this for any political points or so. I'm saying it out of a natural, serious concern For our people who access healthcare and the workers who provide the healthcare, Mr. Speaker, I am concerned for them, what will be happening in this transition period. A lot of our people depend on regular services, weekly checkups, weekly diagnosis and other procedures, Mr. Speaker. Weekly medication reviews and updates, Mr. Speaker, checkups, Mr. Speaker, the like. What distractions will be minimized, minimized here, Mr. Speaker? I am concerned, and I hope that all our fears, all the fears that are out there about this transfer Thank you.

Be put to ease, Mr. Speaker. And I have to caution all members of Parliament, you can get up and say the most things in here, beat up on the desk and make the most noise, but our people out there will be feeling it. There are people going to the health facilities today, and you will look so hypocritical inside here making the most noise and all the cheering, and our people out there are feeling the pain.

Our workers are out there, their mind messed up. They cannot concentrate on their patients because they are concerned about what will happen. So go ahead, go ahead, do your do, Mr. Speaker. But the people out there feeling it, and they knows it, and he who knows it feels it. I am happy, you know, that we have this chance to improve the health services. Mr. Speaker, and anything that I can do to help and assist the Minister in improving the health services, you know, he only— he don't even have to ask. You only have to look, give me that look, Mr. Speaker.

You know, I am in healthcare corner, Mr. Speaker, but it have to be done correctly. It have to be fair, transparent, and it have to be clear, Mr. Speaker. Mr. Speaker, we cannot use arbitrary language like we saw in the Immigration Bill yesterday. Clear, precise language is needed, Mr. Speaker.

Clear and precise. Let the people know what they are getting into. Give the people the details. Give the patients and give the workers the details. Help me to help you. If we have the details, we can make your job easier. But we don't know. And we heard of no more talking to the public and this and that.

Let our people know, Mr. Speaker. And Mr. Speaker, I see many lights on, many persons want to talk. Mr. Speaker, I'm sorry this is Friday and we couldn't go on so deep, but a promise is a promise, and I'm someone who keeps my promises. Honourable Minister, I promise you that I will not

take 3 hours. I think I went about 40 minutes. Thank you very much, Mr. Speaker, and God bless our beautiful-by-nature Turks and Caicos Islands. Thank you, Mr. Speaker.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution, but you didn't take 40 minutes. The Chair recognizes the Honourable Deputy Premier and Minister of Immigration for his contribution.

Hon. Jamell Rayan Robinson:

Thank you, Mr. Speaker. Good afternoon, colleagues, strangers in the gallery, those listening on social media as well as those listening on Radio Turks and Caicos, the nation's station. Mr. Speaker, I rise in support of the Health Services Authority Bill 2026. Before I dive into my remarks, I would like to note that again today is Friday, and during the Thank you, Mr. Speaker.

And on this month of October for National Heritage Month, we are wearing our national colors on Friday, and I can see me and the Leader of the Opposition, my good, good God brother, are wearing our Grand Turk red tie today. So we should have been all one accord, but unfortunately, 2 good Baxalena boys, we gotta throw rocks at each other because I can't let him throw rocks at my good Minister of Health without throwing a couple rocks back on his house.

So unfortunately, that's what we have to do, Mr. Speaker, ball this house with rocks. So, Mr. Speaker, what a tangled web we weave when we try to deceive. Mr. Speaker, I really I just wonder sometimes about the good Leader of the Opposition, Mr. Speaker, because while on one hand he's saying he supports the HSA coming into fruition, the other hand he finding all of these weird reasons to pull back that very support. So I will go back from the beginning, because, Mr. Speaker, We are not a new government, but we are a government that has a mandate.

So I said, let me see what this good book says, the Progressive National Party Citizens Contract 2.0. This is the thing that delivered 60 into 3, Mr. Speaker, about healthcare and this HSA. Because we got to set the record straight to let the people know we just delivering on our promises. So our promise made is going to be a promise kept, not like your promise of 40 minutes and give us 2 hours and 40 minutes instead, Mr. Speaker.

So let's go to page 34 and 35, Mr. Speaker, and I will read. Advancing healthcare. Put it up there for the people at home. That's what I'm reading from. We will build a resilient healthcare system that guarantees access, strong management, prioritizes prevention, and embraces innovation. Together, we will create a healthier, stronger, and more prosperous Turks and Caicos Islands by embracing 7 bold initiatives. I'm only going to touch on a couple because the good Minister of Health is delivering. He could deliver babies too if we need him to, but he delivering this. Mr. Speaker, first header: Transforming Management of Health Services.

We will establish a National Health Services Authority. Authority to provide unified leadership, strategic financing— we'll touch on financing later— and management for all public services, including the primary healthcare and hospital services. Boy, that look like vision there, you know. The key objectives of the National Health Services Authority are to— you know, you can get it too— oversee Hospital operations and transition from the private-public partnership IHC to a national health services governance.

Oh my goodness, this is too— when this was? Let me check that date. The 2025 manifesto. The 2025 manifesto. So this was coming anyway. That's what they say. This is foreshadowing. Lastly, lastly, Reduce fragmentation in health service delivery— you're speaking about that— by merging the primary health care and hospital systems to achieve greater efficiencies through resource sharing and pooled procurement, standardized salaries and wages across health facilities, seamless data exchange for timely decision-making, Improved patient referral systems. You know, that's the stuff he's talking about, whether we can get good services in Grand Turk, Salt Cay, South Caicos, Middle Caicos, North Caicos, Providenciales, Pine Cay, Parrot Cay, and soon to be Dallas Cay and West Caicos.

I ain't gonna forget you, West Caicos. Couple people, couple spatterings over there too. Those are them. So improved patient referral systems and continuity of care and greater focus on prevention supported by The National Health Insurance Plan financing for both primary and secondary care. Mr. Speaker, it's right there. Mr. Speaker, it's right there. Been there. If you just do your research, man, while you was up all couple nights ago reading the bill, when you had 2, 3 weeks to do that, you should have been looking at the manifesto.

It's right there in plain sight, Mr. Speaker. With that additional context to say promise made, promise kept, Mr. Speaker, the HSA was always going to be the long-term plan from transitioning from the 25-year management of the hospitals with IHC back to Turks and Caicos government, Mr. Speaker. That was always going to be the plan.

Hon. Shaun David Malcolm:

That's right.

Hon. Jamell Rayan Robinson:

We put it in black and white, and we are now delivering that over these next Days to weeks on behalf of the people. The only thing that's changed— and I can use my good colleague, the Minister of Public Safety, when he was on the campaign trail saying soon there will be a sweep by and by, in the sweep by and by, for certain things and certain entities. It just happened a little bit quicker than we was anticipating, so we had to turbocharge the delivery of what we said we were going

to do anyway.

We didn't necessarily want to be here like this, but here we are because we had plans. And when you got plans, you could expedite them. It's when you don't have plans or vision, you can't expedite nothing because you got to go to the drawing table to figure it out what you want to do. So we just want time.

So, Mr. Speaker, Mr. Speaker, now let me deal with somebody direct. Thank you, Mr. Speaker. I want to touch on some stuff that the Leader of the Opposition was talking and going through the bill. I ain't gonna touch on everything because you say he got plenty lights, plenty lights lined up to do this. So I could do one or two things.

So just— but I want to touch a little bit on the bill itself to the end and on the powers of the authority and the powers of the Minister so persons would see what is exactly in the bill itself, because I know the Minister gave the overview in the first instance.

Of course we can go and commit. So when we hit the 5-minute mark left, let me know so I could clean up and then wrap up the way I would like to wrap up. Mr. Speaker, based on the debate from yesterday on the Immigration Bill and today on the Health Services Authority, it has occurred to me that overall the Leader of the Opposition Either does not trust himself or he doesn't think he would ever govern this country again. Can't be, because everything is the Minister, the Minister, the Minister. Too much, too much, too much. The Minister controlling this, the Minister appointing that, political this, political that, all this stuff.

And he's saying everything in this bill is politically dependent, but guess what? Politics are about the people. The people put us here to make, to make decisions on their behalf. That's how a democracy works. Because if we had to go to the 15,000 Turks and Caicos Islanders to make every single decision or consult them for every single decision, We wouldn't be in a place to expedite getting this HSA here in a timely manner.

That's democracy. And as our good Premier always say, the voice of the people is the voice of God. So if God's people are in here making noise on their behalf, what could be wrong with that? I really don't get it. But everything No political interference. No political interference. So it's like you are trying to handcuff the flexibility of the government and the institutions this government is setting up because you don't anticipate wanting to run these things one day in the future.

Remember how you say in the future I can be the Leader of Opposition? Where that future long, you know? So the next time you could be on this side, long, you know. So I hope the— I hope the— your longevity continues like LeBron James. You're almost there. You didn't quite catch LeBron yet. Almost there. So, Mr..

Speaker, the menace— the late— the Leader of the Opposition mentioned why not have appointees from HRA, HPA, NHIP. All of those entities are again still Government-appointed bodies with very specific functions. Health Professions Authority deal with the doctors. The HRA, Health Regulatory Authority, deals with management of facilities. And the HSA will be the running of our hospitals and our services. They are 3 separate entities. So what you suggested It's the commingling of responsibilities when the HRA have to regulate the HSA, who has to get employees through the HPA.

So if all these people are on each other's boards, who can hold who to account? Where's the checks and the balances, sir? So clearly you didn't think that through to its completion, but that's understandable. That happens, sir. That happens. So again, why I say he feels he's not going to govern ever again, he make mention again that the Minister may remove a board member.

What's wrong with that? Nobody, nobody is going to abuse power. It's not about abuse of power, it's about flexibility to be able to shift and change to deliver for the people. That's all it is. No, no big— it ain't no big thing, but you keep on hopping on that.

And then again, to the flexibility, you're ramming on the compose— sorry, the composition of board members, because it ain't specifically saying you need a health person, specifically saying you need a finance person. It's giving you the broad overview of the types of people you may want, because there may come a time such as this where you might want 2 people with finance backgrounds. Because of the stuff you have to deal with in terms of the transition. It might be you need 3 people with a health background and you can deploy those.

So that's the flexibility. So it has a range of people you want to see. So, Mr. Speaker, the Leader of the Opposition mentioned about the funding commitment to the HSA. Mr. Speaker and the Minister of Finance, but I'll say I'm pretty sure whatever it takes, that's what we'll be willing to spend. Right now, Mr. Speaker, healthcare services across the government is about 25% of the total expenditure of government. That's $125 million plus. That's what we're spending already on the hospitals, NHIP, treatment abroad, primary healthcare, Ministry of Health.

So we're already spending a bunch of money. This will help us to streamline what we're spending already to get even more bang for our buck through this transition. So, Mr. Speaker, corn, definitely there. $120— we gotta figure out what to do with $125 million. My God. And that's budgeted money year in, year out. Year in, year out. And I will leave how we can transition whatever expenditures or liabilities that we might have to clean up before we start with a fresh— with an HSA— to the Minister of Finance, our Premier, or the Minister of Health.

So I ain't gonna touch that, but whatever it takes, because we have to do this for the people of this country. Now, Mr. Speaker, the Leader of the Opposition Mentioned— he went off on a sidetrack. I was gonna leave him. I said no, I, I can touch it because he touched it about bodies having to go from Grand Turk to Provo for the morgue and autopsies, etc., etc., and how bad that is.

Firstly, as I understand it, that's not the responsibility directly of The Ministry of Health, but the coroner's office that conducts those autopsies, etc. That's the first thing. So then you, you

shooting that shot at the wrong— at the sheriff instead of the deputy, or the deputy versus the sheriff.

So they don't have direct responsibility. But something you said prompted this thought, and I was like, okay, was the current arrangements The same as when you were Minister of Health, sir, because you said in your presentation that Sun Tzu said if the instructions are good and the people who have to carry out the instructions fail, it's on them. But the instructions are unclear Then the failure is on the persons giving the instructions. So what I would love to know, and the people of these Turks and Caicos Islands would love to know, was what was your advice when you were in the chair to ensure that what pertains today does not— shouldn't pertain?

Maybe in an email, maybe in a memo. I think Maybe it's somewhere in some papers where the recommendation was made to stop what you're doing. And again, I'm sure there's rationale. I'm sure there's rationale for why it's being done. But of course, a progressive government always reviews what takes place for improvement. So if there's a better way of doing it, I'm certain the Minister of Health will make those appropriate recommendations to the appropriate authorities to ensure we get what's best for The people of this country. 2 more things and then I will close out, Mr. Speaker.

The Leader of the Opposition asks what will happen to the existing health providers during the transfer phase from existing arrangements to the HSA. And I, I, I, I ain't sure— I say it in bad dialect— I ain't sure exactly who the Leader of the Opposition fighting for when it comes to healthcare professionals, because he ain't say like I'm gonna say, Turks and Caicos Island is first, no matter what. We can make sure our people on the other side. He been fighting for non-Turks and Caicos Islanders all day yesterday.

He gave us 3 hours, Waffle Blow's and my clothes, over the Immigration Bill for non-Turks and Caicos Islanders and their rights in this one and who get hold up and this and that. That was all day yesterday, and then he let this roll over today. So I'm wondering— Whose side he on.

That's the first thing. Plus, as a prudent government, I would just say we are not going to cut off our nose to spite our face. So the qualified health professionals that we need, we will surely keep them— Turks and Caicos Islanders and those that are foreign. Because clearly they would have gone through a process to operate in the country already. So we can keep them.

Hon. Gordon Burton:

Honourable Member. You have 5 minutes.

Hon. Jamell Rayan Robinson:

All right, perfect. Oh man, that's good timing then. So last thing before I close out, Mr. Speaker, one of the other things the Leader of the Opposition go on and mention— the Leader of the Opposition mentioned where is the asset register. Now he knows that no asset register is calculated yet To begin with, because the transfer ain't happen. So we could say that.

Plus, the asset register is not a document that's going to be in a bill or the regulations. That's a document of assets. Why would the Minister of Health bring the asset register to Parliament just for us to do something that somebody else has to do? It is simply what exists. Either it's in good working condition, partial working condition, or it's out of commission.

Nothing you could do with that. All that will tell you is what replacements you have to do. And based on our contract, which I'm sure he knows about as well, the idea was always that the facilities would be kept in tip-top shape, and when it's handed over to us in 25 years, they would be handing over it as if it was day one. And as many people would see in the social media, that's one of the main reasons Thank you.

Of the dispute that causes us to be here so quickly today. So, Mr. Speaker, in closing, I wanted to read for the public Clause 6, which speaks to the powers of the authority, and Clause 17, which speaks to directions of the Minister, so persons would be assured that this is a good bill and there isn't any overreach by the Minister.

So quickly, powers of the authority. 6: Subject to this Act and any other enactment, the authority has the power to do anything that is necessary or expedient for, or incidental or conducive to, the performance of its function. 2: Without prejudice to the generalities of subsection 1, But subject to this Act, the authority has power to, A, to acquire, take on lease, hire, hold, and insure movable and immovable property, and to convey, assign, surrender, charge, mortgage, demise, transfer, otherwise dispose of, or deal with any movable or immovable property belonging to the authority upon such terms as the board considers fit.

B, to enter into any contract or agreement for the carrying out the purposes of this Act. C, to enter into contract with any person for, for the supply to or by the authority of any equipment suppliers, appliances, or goods or services. D, to accept deposit or act as trustees or managers of any legacy endowment bequest or gift for purposes of patient care, treatment, or research. E -- and there's a few others, I'll just stop at E so I could get to the powers of the Minister before my time runs out— to engage in fundraising activities for the benefit of the authority.

So quickly to the directions of Minister. 17: The Minister may give to the authority such general or specific directions of policy as the Minister considers necessary In the public interest, and the authority shall effect all those directions— should give effect to all those directions. Number 2, 17: The Minister may at any time request the board to provide him with information concerning any matter relating to the functions of the board, the authority, or healthcare facilities, or that the Minister considers to be in the public interest, and the board shall provide the information requested within 14 days of such request. Or within such other period as may be specified by the Minister. 17: Any directions given or requests by the Minister under this section shall be in writing and shall be recorded in the minutes of the next board meeting. Number 4,

and I will stop at 4 even though there's a 5: The board may make written representation to the Minister in relation to a direction, but the Board shall comply with the direction given under subsection 1.

So, Mr. Speaker, between the functions of the board and the functions and direction that the Minister can give, this is a well-thought-out bill on behalf of the people of these beautiful-by-nature Turks and Caicos Islands. So again, with that, I support the Health Services Authority Bill 2023.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution. The Chair recognizes the Honourable Minister for Public Safety for his contribution.

Hon. Shaun David Malcolm:

Thank you, Mr. Speaker. Good afternoon, Mr. Speaker. Good afternoon to my colleagues, Mr. Speaker, good afternoon to those in the lovely technocrats in the gallery, many of those I worked with in the Ministry of Health. It's good to see you all in here today. Mr. Speaker, I want to say good afternoon to the lovely people of these Turks and Caicos Islands, of whom I'm always pleased and proud to represent from Gibbs Cay to West Caicos and all in between.

Mr. Speaker, I believe that I want to express sympathies to a few families that are mourning today. The family of the late Miss Joy Charles, who passed yesterday here in Grand Turk, very close to her family, especially Superstar Tess Charles, that is her mother. Mr. Speaker, also to the Gray family, Cousin Raya, Cousin Lois, they're in North Caicos. So the loss of her son, Cousin Raya, again the first cousin of my bishop and the chaplain of this house, I pass on condolences.

They are my good My Creek cousins, and so they know my heart is with them. And then, Mr. Speaker, my good— I called her my aunt many years— Miss Doreen here in Grand Turk, the sister of Miss Mavis. They call her Fly Chick, who've lost her husband. I want to pass on my condolences to Miss Doreen and her family.

Thank you, Mr. Speaker. Mr. Speaker, I have a different— as the former Minister of Health and Human Services who have been a part of the direction in which we are taking today, Mr. Speaker, I would like to take a different approach. I believe that it is very important for the people of these Turks and Caicos Islands to understand the direction that we are taking healthcare in these Turks and Caicos Islands. Mr. Speaker, it is a major— it is a major issue. And Mr. Speaker, I'll try to get through my introduction before lunch, and then I guess you'll let me take a break.

But Mr. Speaker, I want to commence my contribution to this bill by just reading a paragraph from the Turks and Caicos Islands National Health Sector Strategic Plan 2024-2027, because it's important for the public to understand this is no overnight thought. Fixing healthcare in these Turks and Caicos Islands has been a priority of my government from its inception. And the Premier said at the launch of our 2024 to 2027 strategic healthcare— health sector strategic plan, he said, we recognize that it's that it is crucial, it is crucial to continuously strengthen the institutional capacities and building capacities within the Health Care, Health and Human Services, its departments, units, and affiliate bodies. Thus, through implementing this National Health Strategic Plan 2024-2027— remember, we are in 2026— I am confident that we will usher a new era— I wish the Leader of the Opposition was in the House— of progress for the Turks and Caicos Islands, guaranteeing equitable, sustainable, And efficient access to quality healthcare services for all our people.

He said, together we will build it brick by brick, and we will forge a healthcare system that serves as the cornerstone of our national strength. Of our nation's strength and resilience. That's the Premier setting the course in 2024. In 2025, as you heard the Deputy Premier, one year later, we got a clearer picture and the direction in which we wanted to take the healthcare sector.

We said we will Implement a Health Services Authority. And Mr. Speaker, here we are in 2026 in this House presenting the bill. And Mr. Speaker, I want to take the public— because again, the Leader of the Opposition raised a number of points That is far, actually, from this bill.

He was actually on a different subject. While it is in healthcare, that is not what we were debating today. But I want to take my time to explain the direction for the people of these Turks and Caicos Islands in which we intend to take their healthcare services. I did say it. I said it, Mr. Speaker, as the Deputy Premier said. I told them the system that our people was tired of, that he helped put us in that situation, that when they send us back to this term, it will be in the sweet By and by, the great funeral hymn of that system. And today, Mr. Speaker, is the beginning of that process.

Mr. Speaker, I rise to contribute to the debate of the Health Care— the Health Services Authority Bill 2026 and to express my support for the objectives of this proposed legislation. I do so with a clear understanding that healthcare is one of the most important responsibilities of any government and that the quality of our health services has a direct impact on the lives, dignity, security, and well-being of our people.

Mr. Speaker, healthcare is not simply about hospitals, buildings, equipment, or medical procedures. It is about people. It is about the mothers who take her child to the clinic, the senior citizens who depend on regular medical care, the patients who require urgent treatment, the healthcare workers who reports for duty despite challenging circumstances, and the families that place their trust in our healthcare system during the most difficult moments. Mr. Speaker, our responsibility as parliamentarians is to ensure that the people of these Turks and Caicos have access to a healthcare system That is well managed, accountable, responsive, and capable of meeting our needs.

The needs of the health— the need for healthcare reform, Mr. Speaker. The introduction of this Service Authority Bill 2026

represents An important step, Mr. Speaker, in considering how healthcare services in our islands are organized, governed, and delivered. As outlined by our well-abled Minister of Health and Human Services during the introduction of the bill, the proposed authority will be established as a statutory body responsible for the management and delivery of designated health services and facilities. The intention is to strengthen operational accountability, Mr. Speaker, improve efficiency, enhance patient safety, And support better management of our healthcare resources.

These are objectives worthy, Mr. Speaker, of careful consideration. Mr. Speaker, as our population grows, as the needs of our residents change, and as the demands placed on our healthcare system increase. We must be prepared to examine whether our existing arrangements are delivering the outcomes that our people deserve, and the greater majority will say that it is not. And so we know we are moving in the right direction.

Mr. Speaker, we cannot simply maintain systems because they are familiar. We must be willing to assess, Mr. Speaker, what— or assess what worked, identify what needs improvement, and put appropriate structure in place to strengthen service delivery. Mr. Speaker, the establishment of this new authority must not, must not, and will not become an end to itself. Its success must ultimately be measured by whether patients receive better care, healthcare workers are better supported, resources are managed Responsibly and services become more accessible and reliable.

Improving the accountability and governance of the system. Mr. Speaker, one of the central considerations in this bill is governance. The proposed authority creates an opportunity to establish clearer lines of responsibility for the management of the designated healthcare services and facilities. It also presents an opportunity, Mr. Speaker, to strengthen operational decision-making while allowing the Ministry of Health and Human Services to concentrate on its broader responsibilities and policies, legislation, regulation, strategic planning, public health leadership and oversight.

Mr. Speaker, I wish to emphasize that greater operational autonomy must go hand in hand with greater accountability. The public must be able to understand who is responsible for decisions, how public funds are being spent, what standards healthcare facilities are expected to meet, and whether the authority is achieving its objectives. Mr. Speaker, this Bill will ensure that the appropriate reporting mechanisms, financial controls, performance indicators, and independent oversight arrangements are established and maintained. Mr. Speaker, the Authority will report on matters such as service, quality, patient safety, waiting time, staffing, financial performance, and patient experience. These measures will help to ensure that the Authority remains focused on its mandate and that the public can assess whether the reforms is producing meaningful improvement.

Mr. Speaker, public confidence is strengthened when institutions are transparent, when responsibilities are clearly defined, and when those entrusted with public resources can be held accountable for their Mr. Speaker, putting the patient at the centre— this is what my Government and this Bill is doing, putting the public and the patient to the centre. Mr. Speaker, while governance and administration are important, the patient must remain the centre of the reform. The people of these Turks and Caicos Islands are not primarily, Mr. Speaker, concerned with organizational structure or our healthcare system. They want to know whether they can see a doctor when they need one, whether essential medications and diagnostic services are available and whether emergencies are handled promptly and whether they will be treated with dignity and respect.

That is what our people are demanding. They want to know that their concerns will be heard and that the quality of care will not depend on which island they come from. Accordingly, Mr. Speaker, the Government and this proposed authority is ensuring patient-centred care as a guiding principle in the implementation of this legislation. It is about the people.

The ayes have it. This will include clearer procedures for patient complaints, appropriate safeguards for patient confidentiality, measures to improve communications between healthcare providers and patients, and consistent standards for the delivery of care. Mr. Speaker, our healthcare system must recognize The particular needs of children, older persons, persons living with disabilities, and residents managing long-term illnesses. Mr. Speaker, we must also recognize the geographical realities of our country.

Healthcare delivery across various islands and communities presents distinct logistical and operational challenges. The needs of residents in Grand Turk, South Caicos, North Caicos, Middle Caicos, Providenciales, and our other communities must all be considered in planning and delivering these healthcare services. Mr. Speaker, Our goal is to have a system that responds fairly and effectively to the healthcare needs of the entire population of these Turks and Caicos Islands. So, Mr. Speaker, he raised about the healthcare workers.

Mr. Speaker, supporting our healthcare workers Mr. Speaker, I wish to speak about the men and women who work within the healthcare system. Doctors, nurses, pharmacists, laboratory technicians, allied health professionals, administrative personnel, support staff, and other healthcare workers are essential To the functioning of our healthcare services. And I got one more page, Mr. Speaker. Mr. Speaker, no legislation reform can succeed without the commitment, cooperation, and confidence of the workforce responsible for delivering care every day. For that reason, the transition to this proposed Health Services Authority will be carefully managed with meaningful engagement with employees and their representatives.

Mr. Speaker, there must be clear communication about employment Arrangement, reporting structure, responsibilities, benefits, pension, and any other matter that may be affected by this transition. That is what this authority will deal with. Mr. Speaker, employees will not be left to depend on rumours. And uncertainty about their future.

The Minister and the Premier have met with them to ensure them that our Government will not leave them in the cold. Mr. Speaker, we will ensure that the reforms consider recruitment,

retention, professional development, workplace conditions, and the availability of Adequate staffing. A modern healthcare system requires not only appropriate buildings and equipment, Mr. Speaker, but also skilled, motivated, and supported professionals. Mr. Speaker, we will therefore view investment in our healthcare workers as an investment and the health and security of all our people in this country.

This authority, Mr. Speaker, will ensure that such happens. Lastly, Mr. Speaker, I want to talk about the financial responsibility and sustainability of the implementation of this bill. Mr. Speaker, or this authority. Mr. Speaker, we recognize that establishing a statutory authority is a significant undertaking. It involves financial, legal, operational, institutional, and human resources considerations. Support for the objectives of this bill must therefore be accompanied by a serious commitment to responsible implementation.

My Government has indicated, Mr. Speaker, that further work is required in areas including financial due diligence, affordability assessment, transitional costs, Employees' liabilities, assets, contracts, information technology, and the continuity of services. In closing, Mr. Speaker, I am coming down. Mr. Speaker, my Government considers these matters essential. Before The transition is fully implemented, the public should have confidence that the financial implications are understood, the necessary resources have been identified, and the appropriate arrangements are in place to manage or mitigate and manage risk. Mr. Speaker, We will be clear about the cost of establishing and operating this authority. We must understand how its activities will be financed— the public will— how expenditure will be monitored, and how my Government will ensure that healthcare remains financially sustainable.

Mr. Speaker, accountability for public funds is especially important in healthcare because every dollar spent, Mr. Speaker, must be considered in the context of competing needs, including medicine, medical equipment, Staffing, infrastructure, preventative services—that is primary care—and patient care. Mr. Speaker, the reforms will therefore be supported by realistic financial planning, effective procurement practices, and sound financial management.

So, Mr. Speaker, we will also ensure that the transition does not interrupt essential services. Let me say that again for the people of the Turks and Caicos Islands. We will also ensure that this transition does not interrupt essential services. Essential services or create unnecessary uncertainty for patients and healthcare professionals. Mr. Speaker, this reform, much-needed reform, will strengthen the delivery of healthcare. It will not compromise, Mr. Speaker, the continuity of care on which our people depend.

So, Mr. Speaker, as the former Minister of Health and Human Services, this bill certainly has my full support. I thank you, Mr. Speaker. Good afternoon. Good afternoon, Mr. Speaker.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution. Honourable Members, we have now just passed the 1 PM hour and we are now going to take our midday break. But because we have a number of Members who would like to make their contributions this afternoon, I'm asking that we have a shortened lunch break. So I would ask that we return to the House to begin at 1:45.

So this Honourable Parliament is hereby suspended until 1:45.

Hon. Gordon Burton:

Honourable Members, this Honourable Parliament now resumes its sitting. Pray be seated. Honourable Members, prior to our break, we were debating the Health Services Authority Bill 2026, and we will now continue with the debate, with the Chair recognizing the Honourable Deputy Speaker for her contribution.

Hon. Jameka L. Williams:

Good afternoon, Mr. Speaker. Thank you, thank you again. Good afternoon to members of the chamber, the members, persons here still present in the gallery, and good afternoon to Turks and Caicos. Mr. Speaker, I want to align myself with the other colleagues with wishing sympathies to those persons who have lost loved ones, including my friend Tess, who lost her mother.

And the Gray family, Gertie and Tracy, who lost their brother. I had meant to say that yesterday. Mr. Speaker, I also want to send prayers, and for anyone who may know or have seen our PNP brother, Mr.. Brian Cyrus, to report that. And so that he could be returned safe to his family.

I think he was reported missing sometime yesterday. So, Mr. Speaker, I wish the Leader of the Opposition was here, but someone is here from the official opposition so he can send the message on. I'm sure they're listening anyway. But before I do that though, I would like to congratulate the Minister of Health, And the Premier, the Cabinet, and his health team for bringing this bill forward, because of course when this announcement came that the hospital was ending their arrangement, then, the country went into a panic.

So I'm happy that we're finally here to pass this bill here today. But Mr. Speaker, I want to also congratulate the Leader of the Opposition because Based on all of the things that were floating around social media coming from the opposition, I was prepared today to go rogue.

But he came and he accepted and said that he was— this is the right thing to do by creating this authority. So I had to adjust my presentation a bit. But, Mr. Speaker, I rise in support of this health Services Authority Bill 2026. This bill represents an important step towards improving the management, delivery, and accountability of healthcare services in the TCI. For too long, we have discussed the need to improve our healthcare system. We have spoken about better access to service, improved management, greater efficiency, reduced overseas medical referrals, and better value of Mr. Speaker,

today we are not going to continue identifying these challenges without being prepared to implement meaningful reform.

The purpose of this bill is straightforward. It establishes a Health Services Authority with the responsibility for managing and overseeing health public healthcare services through a dedicated governance and management structure. The authority will give— will have responsibility for the primary and secondary healthcare, emergency medical services, oral health, mental health, rehabilitation, laboratory services, pharmaceutical procurement, sorry, and other essential services. It will be governed by a board and Supported by the CEO, the Medical Director, and clear responsibilities for service delivery, financial management, and performance.

This is about creating a structure that allows healthcare services to be managed more effectively and held accountable for its results. Mr. Speaker, the ultimate measure of this reform is not to be— is not the ultimate measure of this reform will not be the establishment of an authority. It will, it will be whether patients receive better healthcare. That must be the main priority.

One of the important features of this bill is the emphasis on accountability. The legislation provides for financial audits, quarterly performance reports, annual reports, and public meetings at which the authority's performance Thank you. —can be examined. It also establishes committees responsible for finance, quality assurance, patient care, human resources, and ethics.

These are necessary safeguards. Healthcare involves substantial public expenditure, and the people of these islands deserve to know how their money is being spent and what results are being achieved. The authority must be judged against measurable outcomes. Mr. Speaker, these are the standards by which the new authority should be measured.

I also welcome the requirements of an annual service arrangement between the authority and government outlining priority services financial plans and performance measures. This provides an opportunity to move forward for a more results-driven healthcare system. Mr. Speaker, we must ensure that the authority does not simply become another expensive administrative structure. It must deliver improvements that patients can see and healthcare workers can experience.

Mr. Speaker, on the issue of redundancy, I know that this is, for me, was one of the main concerns being raised in this bill, and, and there were a lot of questions in reference to redundancy. This issue deserves clear and factual explanation. Healthcare workers have legitimate concerns about their employment, about their salaries, pensions, and conditions of service. Many of them have devoted years, and some of them decades, in serving, serving this country.

They deserve to know how exactly how this legislation will affect them. Mr. Speaker, Section 31 of the bill provides that public officers and government employees transferred to the authority must receive terms and conditions of service that are no less favorable than those they enjoy before the transfer. The bill also protects pension rights, gratuities, allowances, and other benefits. It further provides that service with the authority following the transfer will be treated as continuous service with government for the purpose of pension entitlements under the— under the Pension Act.

These are significant protections. Section 31 also makes clear that the transfer itself does not constitute a termination of employment. Section 32 contains additional protections for hospital employees. It provides an illegitimate— sorry, it provides for eligible hospital employees to transfer with their consent and specifically states that such a transfer must, must not constitute as dismissal or redundancy or resignation.

It also protects It also protects employment who would like to continue and accrued benefits. These provisions are important, and the public deserves to hear about them. However, Mr. Speaker, I will not misrepresent the legislation by suggesting that there is no circumstances under this under which employment could come to an end.

And so Section 31 allows public officers. Who do not wish to transfer to notify the Deputy Governor before commencement. Where an employee chooses not to transfer, government must determine whether a suitable position is available within the public service. If no suitable position exists, the bill allows for employment to be brought to an end in accordance with the applicable law, with the employee receiving whatever compensation pension, gratuity, and other benefits that are legally— they are legally entitled to. That is what this bill says, and I was very keen on pointing that out because a lot of what we saw coming from the other side was creating fear with the employees about redundancies.

It establishes a new healthcare management structure and provides for a transfer of employees into that structure. I would nevertheless Encourage the government to continue with further assurances to healthcare workers as part of the implementation process. Every affected employee should receive written confirmation of their employment status, terms and conditions, pension rights, and available options. Proper consultation, and I know we started some consultation already with the staff and representatives representatives should continue. There must also be a transparent process for dealing with employees who choose not to transfer, and every reasonable effort should be made to retain experienced healthcare workers. We are establishing an authority to improve healthcare, not unnecessarily to— not to unnecessarily displace the people we provide— we provide— who we provided for.

And Mr. Speaker, we must be guided by that principle. Mr. Speaker, healthcare reform cannot be a good idea when one is in the government and a bad idea when you are now in the opposition. Strengthening the local healthcare and reducing overseas referrals, Mr. Speaker, another important benefit of this legislation. is the opportunity to strengthen the delivery of healthcare services locally.

For many years, overseas medical referrals have formed an important part of our healthcare system. There will always be cases requiring specialized treatments abroad; however, we should be examining how more services can be delivered

safely and cost-effectively within the Turks and Caicos Islands. Overseas treatment can involve significant costs with medical care, travel, accommodations, and related expenses. It also places additional burdens on patients and their families. And so the authority will have the power to engage specialists, enter into agreements with healthcare providers, and provide services based on the Yes.

This creates an opportunity to expand our local specialists and services and improve the coordination of healthcare delivery in our country. Mr. Speaker, some time ago I had reason to go to— well, I'm not going to call the country, but I went to a few hospitals where we send our patients. And comparing to the times that I saw years before to now, they've They've built up significantly. They've had a lot of work on infrastructure and new hospital wings, and it is because of our referrals and the monies that we are spending abroad.

So I'm happy that we can now help with our local providers here to do that within our country. Mr. Speaker, it also aligns with the objective publicly discussed by the former Minister of Health, and I have that article that he wrote in 2010. 2019. All of that is what I wanted to talk about today— reducing the dependency of overseas referrals by expanding healthcare services available right here on the islands. Mr. Speaker, I want to emphasize the healthcare improvements that must extend beyond Providenciales and Grand Turk.

Residents of North Caicos, Middle Caicos, South Caicos, and Salt Cay must Thank you. The islands must also benefit, Mr. Speaker. The authority's responsibility for primary healthcare emergency services provide opportunities to improve access across our islands, but those opportunities must be reflected in actual service delivery. We must ensure that residents of the smaller islands can— are not left out.

For a long time, we've been talking about medication. if you have a family member Over in Provo, persons in Salt Cay have to send their prescriptions over to fill medications, and I'm hoping that we can address some of those issues. Mr. Speaker, the bill gives the authority substantial responsibility for managing public— managing public— lost my page here, one second— public resources. It provides for parliamentary funding Financial reporting, audits, and the establishment of resources.

It also allows the authority to borrow money with the approval of the Minister of Finance. These powers must be exercised responsibly. We must ensure that the establishment of the authority improves efficiency rather than simply increasing administrative costs. There must be There must be transparency in procurement, there must be accountability in expenditure, and there must be clear performance standards.

Mr. Speaker, I also welcome the provision limiting ministerial interference in individual clinical decisions and day-to-day operational management. Healthcare decisions must be guided by qualified professionals and the needs of patients. The authority must The board must operate professionally and to the interests of the public, and the board must be held accountable for the decisions, and appointments must be based on competence, integrity, and the ability to contribute to effective healthcare governance. Mr. Speaker, I'm going fast because I know we have a few people, including the Premier, to fill in, so I just want to

I want to say that for years, Mr. Speaker, our people have complained about the quality of healthcare services at our hospitals. That's a fact. There were numerous breaches and deficiencies that have been identified, and we could not continue to acknowledge that these problems— acknowledge these problems without taking meaningful action. Well, what disappoints me, Mr. Speaker, is that the opposition, from the very beginning, their message was causing unnecessary fear and anxiety to the point where sick people who— sick people were calling worried about whether their treatment would be affected. Mr. Speaker, that was reckless.

These are people who are already dealing with an illness, and the last thing they need is an additional fear about whether they will receive a treatment that they depend on. Mr. Speaker, I have noticed, and I was saying it to my colleagues, that since we laid this bill on Parliament's floor, that the opposition— I don't know if I should say the opposition because maybe it's the opposition in waiting or whatever, there are them people on their side— they went a little bit quiet about the whole situation, right? They went about it Quiet, and tried to insinuate that there was something, some sort of corrupt dealings with this whole thing. That was very disappointing because both sides have been dealing with this hospital situation and knew the importance of addressing it for our country, and they tried to make it a political issue, right?

And when you're sick, Mr. Speaker, you only got one problem. You only want to get better. Nobody cares about— nobody cares about who laid the bill or who did. We just needed it to be done. So it was very disappointing. And then he comes here today and thankfully he supports the formation of the authority, but you could tell there was no— I don't want to use that word, but you could tell there was no real concern on his end because he knows this is the right thing to do. So he went on talking about, board members and how they should be appointed, and if you show up one day and you don't dress well, you can get Fired.

And so you could tell that there was— he had really much, much to say. He didn't have much to say about the authority because he knew that we— he knew this, the, the issues that we were dealing with, with healthcare, and he knew that this is the right thing to do to address it. But rather than reaching out to the government to say, I'm a former Minister, how can I help, they went and splattered this thing all over social media and had everybody in panic. And we were just trying to make sure that this issue Was resolved. I have put some pressure on the Minister and Premier myself because, people ought to know.

But this is the right thing to do, Mr. Speaker. And so you can't allow it— what is reckless as the Leader of the Opposition, you're allowing party supporters or whatever they should call them, the Deputy Leader or the Leader or whatever it is, to bring you down this rabbit hole when these are the people who are involved with those same people who had the construction of these hospitals.

Right? They are involved with those people as their partners.

So really, are you trying to address this issue for Turks and Caicos people, or are you trying to address this for your partners? Who are you trying to help here? Let's not play politics. And, and I was saddened by it because we're playing politics with something like healthcare that is important to the entire nation. That, that, that there was terrible. And so, Mr. Speaker, again, in June of this year, I had reason to travel to Health City in Cayman Islands for medical care myself.

And I went around from door to door, and all I saw was a lot of people sick. Our country, Mr. Speaker, our people, we are sick. Not only in Cayman, other countries as well, people are sick. And they depend on us We're getting this right. And so we can't lose focus on why we're here today.

This isn't— yes, we identified this as a, in our mandate and in our manifesto as fixing this for the country, but this is the right thing to do because all of us in here, we're going to get sick. I know of many of us as members who had to use the hospital service, so of course we want to make sure that it is right to deliver for our people.

And so, Mr.. Mr. Speaker, I'm hoping that that issue they can choose for another battle. Let the opposition choose another battle or something else, but not this one. Don't play politics with that. That was unacceptable. Mr. Speaker, this is the right thing to do. I support this bill 1,000%, and I am looking forward to us ending that arrangement we had with those other people so that we can move forward. and try to get our healthcare services better for our people throughout these islands.

Thank you, Mr. Speaker.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution. The Chair recognizes the Honourable Eighth All-Island Member for her contribution.

Hon. Sharon A. Simons:

Good afternoon, Mr. Speaker. I'm sorry, I was thinking 8 was somebody else. Good afternoon to those persons in the gallery, those persons listening via Radio Turks and Caicos, and viewing via our streaming platforms. Also, Mr. Speaker, a pleasant good afternoon To the beautiful people of the Turks and Caicos Islands.

Mr. Speaker, I rise in support of this Health Services Authority Bill 2026. Mr. Speaker, the bill represents an important step towards a stronger, more accountable, and more responsive public health system for the Turks and Caicos Islands. Mr. Speaker, at its heart, the bill establishes the statutory Health Services Authority to manage, provide, and oversee public health services across the islands. Mr. Speaker, it gives the authority dedicated responsibility for the daily operation of key health facilities, which includes the hospitals, primary care clinics, laboratories, emergency medical services, dental clinics, clinics, wellness centers, and behavioral health services.

Mr. Speaker, the bill sets a clear purpose to make healthcare safer, more accessible, equitable, efficient, and focused on quality. Mr. Speaker, the authority will provide or arrange a broad range of services, Mr. Speaker, from primary and secondary care to emergency response oral health rehabilitation, behavioral health pathology, laboratory services, and the procurement of essential medicines. Mr. Speaker, it also supports the use of telehealth, helping to expand access to diagnostic and clinical services throughout the islands. Mr. Speaker, which I believe is well welcome for those persons In the other islands.

Mr. Speaker, strong governance is central to this framework. The 12-member board will guide the authority's policy, performance, and administration. Mr. Speaker, the members of the board will bring together medical, nursing, public interest, finance, business, human resource, quality management, and information technology experts. Alongside key public sector representatives.

Mr. Speaker, the board must operate with transparency, sound financial management, and accountability. Mr. Speaker, it will also establish standing committees for finance and audit, quality assurance and patient care, human resources, ethics, and buildings and properties. Mr. Speaker, this bill balances the ministerial oversight with professional independence. Mr. Speaker, the Minister may issue policies, directions in the public interest, and is responsible for the strategic plan for health.

However, Mr. Speaker, the Minister cannot direct the clinical diagnostics, treatment, or management of an individual patient, interfere with a health professional judgment, or control day-to-day operation— operational decisions. Mr. Speaker, this protects clinical integrity while maintaining public accountability. Mr. Speaker, this legislation also provides for modern management of the health system, with the Chief Executive Officer who will be responsible for the daily operations, Staff supervision and implementation of the Board's direction. Mr. Speaker, a medical director will oversee clinical organization, standards of care, and continuous quality improvement. Mr. Speaker, the authority may also engage specialists, consultants, and other health professionals as needed to meet service demands.

Mr. Speaker, importantly, the bill protects its employees during the transition. Mr. Speaker, government offices and hospital employees moving to the authority will retain terms and conditions that are no less favorable than those they previously held. Mr. Speaker, their pension and gratuity and other accrued rights are protected, and existing fixed-term contracts continue for their remaining terms. Mr. Speaker, this approach supports continuity of care while respecting the rights of the health workforce.

Mr. Speaker, the financial accountability is another key feature. The authority may receive, this Parliament appropriation, fees, grants, donations, and other law lawful income. Mr. Speaker, it must maintain a reserve fund equal to 3 months of operating expenses, prepare quarterly reports, submit annual reports, and comply with public finance and

audit requirements. Mr. Speaker, it must enter into a service agreement with the government that sets out its priorities, services, budget reserves and performance measures.

The bill, Mr. Speaker, also ensures an orderly transfer of health services, the property, equipment, supplies, leases, and contracts from government to the authority. Mr. Speaker, this is designed to prevent disruption to patient services. At the same time, liabilities and legal claims arising before the Act comes into force remains the responsibility of the government, protecting the new authority from inherent obligations. Mr. Speaker, this bill promotes integrity, confidentiality, and public engagement.

The board members and employees must disclose conflicts of interest, preserve confidential information, and comply with professional standards. Mr. Speaker, the Board must hold a public meeting after audited statements are received, giving the public an opportunity to hear about performances, priorities, and future plans. Mr. Speaker, this Bill offers the opportunity to strengthen the public health care In the Turks and Caicos. But the benefits will depend on careful implementation, stable funding, and accountable leadership.

Mr. Speaker, the bill— one of the bill's strongest features is that it creates this authority. Instead of health facilities being managed solely through central government structures, Mr. Speaker, the authority would have a clear legal mandate to operate the hospitals. The clinics, the laboratories, emergency medical services, dental clinics, behavioral health services, and the rehabilitation services and medical supplies system. Mr. Speaker, this could improve focus and coordination.

The authority is required to provide or arrange the primary and secondary care. Mr. Speaker, it is also empowered to use telehealth, I previously said, which could improve access to specialist and diagnostic services across the islands, particularly for communities outside of Providenciales and Grand Turk. Mr. Speaker, the bill focuses on quality and preparedness. The authority must work towards safe, accessible, equitable, efficient, and quality care.

It must pursue quality assurance and international accreditation, maintain professional standards, develop disaster preparedness plans, and prepare for emergencies, epidemics, and pandemics. Mr. Speaker, these provisions create a framework for a more resilient healthcare— health system. Mr. Speaker, the bill also introduces meaningful governance safeguards. The implementation, implementation of the standing committees which I spoke about, the quality of patient care and the buildings, would help provide specialist oversight.

Mr. Speaker, accountability is another important benefit. Mr. Speaker, the requirement to maintain a reserve fund equal to 3 months of operating expenses may also help the authority respond to unexpected pressures. However, Mr. Speaker, in rising to support, that do not mean I do not have concerns.

Mr. Speaker, firstly, the authority has a very broad mandate, but the bill cannot itself guarantee enough money, staff, medicine, equipment, or facilities to deliver every service well. Mr. Speaker, it allows the authority to receive the funding, Mr. Speaker, which will provide flexibility. It also means that the success of the reform will rely heavily on reliable government funding and responsible financial management. Mr. Speaker, fees may raise concerns about affordability.

The bill states that fees may be reduced, waived, or refunded, and that rules must not discriminate against patients who cannot pay or permit them to be turned away. Mr. Speaker, these are important Mr. Speaker, still the bill leaves many practical details such as fee levels and exemptions to regulations and later decisions. Mr. Speaker, clear and transparent rules will be essential to ensure that cost does not become a barrier to care. Mr. Speaker, the public involvement is not as strong as it could be.

Mr. Speaker, the Board must hold an annual public meeting after its audit statements are received, and people attending may ask questions. Mr. Speaker, but community consultation is largely discretionary. Mr. Speaker, the Board may create consultation mechanisms if It considers them appropriate. Mr. Speaker, however, a stronger, more regular process for hearing from patients, families, staff, and communities would help ensure services reflect local needs.

Finally, Mr. Speaker, in regards to the transition, which brings the practical risk, Mr. Speaker, the moving of staff and facility records, equipment leases, and contracts to the authority. Mr. Speaker, some contracts may need consent before transfer. The staff who choose not to transfer require separate government arrangements. Mr. Speaker, without careful planning, these changes could cause delays, uncertainty, or disruption. Mr. Speaker, the bill provides mechanisms to support continuity, but good execution will determine whether those protections work in practical In practice.

In conclusion, Mr. Speaker, the Health Services Authority Bill 2026 has substantial potential. Mr. Speaker, it creates a clearer structure for public health care, strengthens quality and financial oversight, protects clinical decision-making, supports staff during transition, and expands the possibility of modern services such as telehealth. Mr. Speaker, at the same time, its promise will only be realized if funding is secured, governance is independent and transparent, fees remain fair, communities are heard, and the transition is managed carefully. Mr. Speaker, its ultimate aim is clear: a modern, resilient, and patient-focused health system that can meet the needs of the islands today and in the future. With all that being said, Mr. Speaker, I commend the Minister of Health along with his team, the Cabinet, for the work done on this and for bringing forth this important bill.

Mr. Speaker, I thank you.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution. The Chair recognizes the Honourable Member for Grand Turk North for his contribution.

Hon. Otis Chuck Morris:

Good afternoon, Mr. Speaker. Good afternoon, Honourable Members. To all those in the gallery and the wider public listening via Mr. Speaker, before I begin, I would like to send condolences to the many families that are mourning their loved ones. This is, respectively to my North Caicos family, the Gray and Williams family on the passing of the Raya's son, to My constituent Doreen Janice Lyons on the passing of her husband, Mr.. Cleveland Lyons. To the family, the Francis and Charles family, on the passing of Joy, most notable to Jerome, Cheryl, Tess, Christopher, and Chester. And also, Mr. Speaker, I would like to say congratulations To the Minister of Health and the entire Ministry of Health for bringing this most important piece of legislation forward.

Mr. Speaker, I rise this afternoon with a profound sense of responsibility and optimism to lend my support to the Turks and Caicos Islands Health Service Authority Bill 2026. Mr. Speaker, healthcare is not simply another area of government administration. Healthcare touches every household, every community, every island, and every generation. When children— when our children are sick, healthcare matters.

When our elderly require care, healthcare matters. When a mother is preparing to give birth, healthcare matters. When someone is involved in an accident, healthcare matters. When one of our citizens are diagnosed with a serious illness and their families are searching for answers, healthcare duty matters. And therefore, Mr. Speaker, the manner in which we govern, administer, strengthen and develop healthcare must matter to every single one of us in this Honourable Parliament.

This Bill represents an important opportunity to strengthen the institutional foundation upon which health services in our beautiful-by-nature country are delivered. I believe that legislation of this nature is long overdue. For many years, Mr. Speaker, our country has grown rapidly. Our population has grown. Our economy has expanded. Our communities have developed. Technology has advanced. The expectations of our people have changed, and the complexity and cost of modern healthcare have increased.

Our healthcare governance arrangements must therefore continue to evolve with the country we are becoming. We cannot build tomorrow's Turks and Caicos Islands with yesterday's systems. Healthcare, Mr. Speaker, must put people first. Mr. Speaker, at the centre of this bill must always be one fundamental principality— principle: the patient must come first, not bureaucracy, not personalities, not institutions for the sake of institutions. People, Mr. Speaker, the modern Grand Turk The father in Providenciales, the senior citizen in South Caicos, the family in North Caicos, the resident of Middle Caicos, the people of Salt Cay— every person throughout our beautiful-by-nature Turks and Caicos Islands deserve a healthcare system that thrives for quality, accountability, accessibility, efficiency, and compassion.

Mr. Speaker, our people should be able to have confidence that when they enter our healthcare systems— system, they are clear— there are clear standards, clear responsibilities, and proper accountability. That is why strengthening the governance of healthcare is so important, because accountability Mr. Speaker, establishing an authority is not simply about creating another statutory body.

It must be about creating better governance. There must be accountability in public resources. There must be accountability for performance. There must be accountability for standards. There must be There must be proper oversight. There must be transparency. And above all, there must be measurable improvements in the experience and outcomes of the people whom the healthcare system exists to serve. Mr. Speaker, we must always remember that public institutions do not exist for themselves; they exist For the people.

As representatives, therefore, we must continue asking the difficult questions. Are patients receiving timely care? Are healthcare professionals being properly supported? Are our facilities adequately equipped? Are we getting value? For the people's money? Are services available fairly across our islands? Are complaints being properly addressed? Are standards being properly monitored? And are we building a healthcare system capable of meeting the needs of this country, not merely today, but 10, 20, 30 years from now? Those are the questions that must guide us. Mr. Speaker, another area I believe must remain central to the development of our healthcare system is the building of local capacity. We must continue to create opportunities for Turks and Caicos Islanders to become doctors, nurses, pharmacists, therapists, technicians, administrators, public health specialists, and healthcare leaders. Our young people must be able to look at our healthcare system and see opportunities for themselves.

We should be encouraging our students to pursue careers in medicine and allied health professions. We must invest in training. We must invest in scholarships. We must invest in professional development. We must create pathways for our people to return home after their studies and contribute meaningfully to development of their own country. Because, Mr. Speaker, one of the greatest investments any nation can make is an investment in its own people. Proverbs 4:7 tells us, wisdom is the principal thing, therefore wisdom, and with all thy getting, get understanding.

We must apply wisdom to the development of our healthcare system. Mr. Speaker, as the elected representative for Grand Turk North ED1, I must also emphasize the importance of equitable healthcare across our entire archipelago. Our people should not feel forgotten. They live outside the larger population centres. Whether a person in Grand Turk, Salt Cay, South Caicos, Middle Caicos, North Caicos, or Providenciales, they are part of the Turks and Caicos Islands. Of course, not every service can particularly be located on every island, but our national health system must continually seek ways to improve access, referrals, transportation, technology, specialist visits, and continuity of care.

Technology gives us opportunities that previous generations never had. Telemedicine, electronic health information systems, improved diagnostics, and strong communications between healthcare professionals can help us overcome some of these some of the geographical challenges of being an archipelago nation. We must embrace innovation whenever it can safely improve healthcare for our people. Prevention must matter, Mr. Speaker.

We must also recognize that healthcare cannot simply be about treating people after they become ill. We must place greater emphasis on prevention. We must educate our people about healthier lifestyles. We must strengthen screening and early detection. We must continue addressing chronic illnesses, and we must promote physical activity. We must encourage proper nutrition. We must address mental health and well-being. Mr. Speaker, we must strengthen maternal and child health, and we must teach our children from an early age that taking care of their health is an investment in their future.

A successful healthcare system should not only ask, how do we treat sickness? It should also ask, how do we help our people Remain healthy. Our healthcare workers, Mr. Speaker. I also wish to recognize the men and women working throughout our healthcare system— our doctors, our nurses, our emergency personnel, our pharmacists, therapists, technicians, administrative staff, and our public health professionals. Also, Mr. Speaker, to our caregivers and anyone who works behind the scenes, healthcare cannot function without dedicated people.

Buildings do not care for patients, people do, Mr. Speaker. Equipment does not comfort a frightened family, people do. Policies do not hold the hand of someone going through a difficult diagnosis. People, Mr. Speaker, do. Therefore, as we reform institutions and strengthen governance, we must never lose sight of the human beings who deliver healthcare every day.

Responsible management of public funds, Mr. Speaker, healthcare represents one of the most important investments any government makes and where significant public resources are being spent, there must be strong financial management. Every dollar must work for the people. Every investment must be scrutinized. Every major expenditure must be justified, and every institution entrusted with public funds must understand that it is ultimately accountable to the people of the Turks and Caicos Islands.

Scripture reminds us in Luke 12:48, for unto whomsoever much is given, of him shall much be required. Mr. Speaker, much has been entrusted to us as leaders. And much will therefore be required of us. Mr. Speaker, when I consider legislation such as this, I do not only think about today, I think about tomorrow. I think about the young boy or girl sitting in a classroom today who may become One of our country's leading doctors tomorrow. I think about our aging population. I think about the families who depend upon our healthcare system years after all of us have— years after all of us have left this honourable chamber.

The decisions we make today must therefore outlive us. That is the responsibility of leadership. We are not simply managing the present, we are preparing the future, Mr. Speaker. And so this Health Service Authority must be allowed to develop into an institution that earns the confidence of the people through its performance, transparency, professionalism and the results it brings.

A new chapter, Mr. Speaker. Mr. Speaker, I see this bill as an opportunity to begin a new chapter in healthcare governance in these islands by passing legislation. But passing legislation is only the beginning. The real test comes with implementation. The real test will be whether our people see improvements. The real test will be whether waiting times improve, whether standards rise, whether accountability strengthens, whether our professionals are supported, and whether patients and families experience a healthcare system that treats them with dignity. That is ultimately how success must be measured. Not merely by what we say in this Parliament today, but by what our people experience tomorrow.

In conclusion, Mr. Speaker, I therefore rise in support of the Turks and Caicos Islands Health Service Authority Bill because strengthening healthcare is fundamentally about strengthening our nation. A healthy population contributes to a productive workforce. Healthy children are better positioned to learn. Healthy families strengthen communities. Healthy communities strengthen our nation.

And so, Mr. Speaker, as we move forward, let us do so remembering the words of John— Sir John 1:2. Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth. What a fitting scripture for this moment, Mr. Speaker. My prayer is that our people will prosper that our families will prosper, that the communities— that our communities will prosper, that our healthcare professionals will prosper, that our institutions will prosper, and that our beautiful-by-nature Turks and Caicos Islands will continue to prosper. Mr. Speaker, we may not be— we may not perfect our healthcare system overnight, But we must continue moving it forward.

We must build it, we must strengthen it, we must modernize it, we must hold it accountable, and above all, we must ensure that it serves the people. I am grateful to have the opportunity as the Member of Parliament for ED1 to participate in this most important moment in continuing development, development of our country. May we always remember that leadership is stewardship and that the positions we occupy are entrusted to us for a season so that we may serve the people faithfully.

And may Almighty God grant us wisdom as we make decisions affecting the health and And well-being of generations yet unborn. May God continue to guide us. May God continue to protect our people. May God continue to prosper us. And may God continue to richly bless our beautiful-by-nature Turks and Caicos Islands. Mr. Speaker, with those words, I lend my full support to the Turks and Caicos Islands Health Service Authority Bill May God bless us all. Thank you, Mr. Speaker.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution. The Chair recognizes the Honourable Minister of Education for her contribution to this debate.

Hon. Rachel Marshall Taylor:

Good afternoon, Mr. Speaker. Mr. Speaker, good afternoon to members in this House and of course to those in the gallery, as well as those listening via RTC or streaming live on the web. A special good afternoon to the beautiful people of Electoral District 9, Five Cays, South Dock, and Chalksound. And Mr. Speaker, I too want to express condolences to those families around the Turks and Caicos Islands who are grieving the loss of a loved one.

Mr. Speaker, today also I want to remember our students from the primary schools who are currently engaged in a Ripsaw in the Park event as they continue to demonstrate and showcase the culture through music and dance across the Turks and Caicos Islands. But that event, Mr. Speaker, I promise not to be long, but I rise today in support of the Health Services Authority Bill 2026. Mr. Speaker, there is a saying that was mentioned by the Honourable Leader of the Opposition: he who feels it knows it. The reality is that we all know someone who has sat in a clinic waiting for care, relied on medication, undergone treatment, or worried about a loved one in need of medical attention. But, Mr. Speaker, may I remind the people of the Turks and Caicos Islands that we feel their pain.

And therefore, Mr. Speaker, this Health Authority Bill is not just about politics; it is about people. It reflects our understanding of the challenges faced by patients, families, and healthcare workers, and it seeks to build a stronger, more accountable, and more responsive healthcare system for every resident of these islands. So yes, Mr..

Leader of the Opposition, we feel the pain of the people, and today's bill is a direct reflection of that. But Mr. Speaker, while my ministerial responsibilities are centered on education, youth sport and culture, I fully recognize that the health and well-being of our people are fundamental to every aspect of national development. A healthy population supports stronger schools, a more productive workforce, healthier families, and of course, a more vibrant community. For that reason, I welcome this legislation which seeks to establish a clear framework for the governance, Mr. Speaker, the management and delivery of public healthcare services here in the Turks and Caicos Islands.

But, Mr. Speaker, before addressing the provisions of the bill, I wish to commend the Minister with responsibilities for Health and Human Services for the extensive consultation process that informed this legislation. The people of these islands were given an opportunity to contribute their views, and the Ministry has demonstrated a commitment to ensuring that the voices of our people are reflected in this important reform. Mr. Speaker, I am also pleased that in developing this legislation, consideration was given to healthcare governance models in jurisdictions such as the British Virgin Islands. Cayman Islands, Bermuda, Anguilla, and the Commonwealth of Dominica and Trinidad and Tobago. This was a prudent approach.

We did not seek to reinvent the wheel. Instead, we examined systems that have already demonstrated success, identified best practices, learned from their experiences, and adopted those lessons to suit the unique realities of the Turks and Caicos Islands. That is responsible governance, and it strengthens the legislation before this Honourable House today. Mr. Speaker, at its core, this bill is about ensuring that our public healthcare system is better organized, better managed, and better positioned to serve the people.

The legislation establishes the Health Care Services Authority, As a dedicated body responsible for the management and operation of designated public healthcare facilities and services. And that is important, Mr. Speaker, for the people to understand, because so many times we often hear them speak about the mismanagement of healthcare services in the Turks and Caicos.

They often wonder about the operation. So now, Mr. Speaker, this legislation speaks specifically to that as we take into consideration the concerns of our people. In simple terms, it creates an organisation whose primary responsibility is to ensure that healthcare services are delivered efficiently, professionally and consistently across our islands. This is not about government stepping away from healthcare, and we want our people to understand that. Rather, it is about creating a modern structure through which healthcare services can be effectively managed. Mr. Speaker, the big bill creates a framework that allows healthcare professionals to focus on delivering quality care.

And, Mr. Speaker, we would have heard that terminology echoed throughout many of the presentations. It's not just about care, Mr. Speaker, it is about quality care.

Hon. Jamell Rayan Robinson:

There you go.

Hon. Rachel Marshall Taylor:

And Mr. Speaker, I am so proud of our Premier because what we are doing across our ministry— ministries is to focus on the quality of the products across our ministries. And Mr. Speaker, I want to commend the ministry Thank you, Mr. Speaker. Mr. Speaker, one of the most important features of the bill is the establishment of a modern governance structure for public health care. The legislation creates a board that will be responsible for oversight, and I heard the Leader of the Opposition speaking specifically to the board. We talk about oversight, we talk about strategic planning and policy direction, while Professional management will be responsible for the day-to-day operation of healthcare services. So, Mr. Speaker, each entity has its distinct responsibilities for the overall and holistic management of healthcare in the Turks and Caicos Islands.

The board will focus on where the organizations need to go, while management, Mr. Speaker, Thank you, Mr. Speaker. The PRC focuses on how services are delivered each day. Clear lines of authority lead to stronger accountability, better decision-making, greater transparency, and improved public confidence. And that is what we intend to do, Mr. Speaker.

We intend, through this bill, to ensure that the public gain a sense of confidence in the delivery of healthcare services. Here in the Turks and Caicos Islands. Mr. Speaker, it also ensures that healthcare professionals can focus on providing care while governance structures ensure that resources are managed responsibly and strategically. So, Mr. Speaker, ultimately the success of the authority will not be measured by the passage of legislation alone, but by its ability to improve The healthcare delivery.

Mr. Speaker, it is equally important to make clear that the creation of the Health Service Authority does not weaken regulation or oversight. The authority will continue to operate within the laws governing healthcare facilities and healthcare professionals. Doctors, Mr. Speaker, nurses, Mr. Speaker, and other healthcare practitioners will remain subject to professional professional licensing requirements, and healthcare facilities must continue to meet established standards. And Mr. Speaker, this is critical not just for the government sector, Mr. Speaker, but for also the private sector.

They will have to adhere to the standards. All is incorporated in how we do business in related to healthcare in the Turks and Caicos Islands. The people of the Turks and Caicos Islands must continue to have confidence that healthcare services are being delivered according to established professional standards, as I mentioned. But, Mr. Speaker, another important significant aspect of this legislation is its focus on improving and expanding, expanding the healthcare services.

And I heard this All Island 6 member spoke so adamantly in terms of not just for the island of Providenciales, but what will the services look like for those on South Caicos, those on South Salt Cay, those on Middle and North Caicos, and of course on the nation's capital, Grand Turk. So a holistic approach in terms of the quality that's delivered across the Turks and Caicos Islands.

Mr. Speaker, and as others have mentioned, The average person is not concerned with governance structures or organizational charts. What matters most to them is whether quality care is available when they need it. And that is important, Mr. Speaker— when they need it. This legislation creates a framework that supports the continued development of diagnostic, specialist, and healthcare support services while improving the systems to coordinate care more effectively.

Access to quality healthcare is not simply about having a hospital or clinic; it is about having the right professionals, the right equipment, the right systems, and the right standards in place to ensure that patients receive the care that they need. But, Mr. Speaker, healthcare systems today must be prepared to respond to a rapidly changing world, and this is what I like about the bill. It must be able to respond to natural disasters, public health emergencies, supply chain disruptions, and technological challenges, all of which have the potential to impact healthcare delivery. So we have to take that into consideration while we are holistically addressing the idea of healthcare across the Turks and Caicos Islands, Mr. Speaker.

The bill supports, Mr. Speaker, long-term planning and organizational resilience so that healthcare services can continue during these challenging circumstances. Mr. Speaker, I am also concerned by the recognition of modern healthcare technologies. Mr. Speaker, electronic medical records— and the Leader of the Opposition spoke about that— we talk about telehealth services and improved information systems that have the potential to significantly significantly improve the efficiency and coordination of healthcare delivery across the islands. And I anticipate, Mr. Speaker, when all has been done, where I can go to Grand Turk, and although I am from the island of Providenciales, they can pull up my records. So it doesn't matter where I am, everything, Mr. Speaker, will be in real time— that availability of information.

At the same time, Patient confidentiality. This too was also projected by a few members. The confidentiality of the records and the security of personal health information must always remain protected. And this is where we are going, Mr. Speaker, in relation to the legislation. It focuses on each of these individually. But, Mr. Speaker, no healthcare system can succeed without the dedication of its people. One of the strengths of this bill is that it provides for the orderly transition of employees into the authority while protecting their rights, their benefits, and conditions of services. And Mr. Speaker, I sent a tax to the Minister when it was mentioned by the Leader of the Opposition in terms of, are you speaking to your staff members? And he texts back and he said, Minister, We recently had a meeting on Thursday with our staff members.

So we don't want the public to get the impression that the Ministry of Health is not in that continuous dialogue with its people. They are, and it is important because they are important to the delivery of healthcare in the Turks and Caicos Islands. Mr. Speaker, the legislation recognizes their Mr. Speaker, it seeks to ensure that they are treated fairly and respectfully throughout the transition process. Why, Mr. Speaker? Because with this government, we are always known as the caring government. Mr. Speaker, as Minister of Education, Youth, Sports and Culture, I am particularly encouraged by the opportunity this legislation creates for our future healthcare workers.

Mr. Speaker, and I must say the Member for Grand Turk spoke about it and I smiled. Today, students at the Turks and Caicos Islands Community College are pursuing nursing education and preparing themselves to serve our nation. Across the Caribbean and beyond, Turks and Caicos Islanders are studying medicine, nursing, Thank you. Administration and specialized healthcare disciplines. This legislation helps establish a framework capable of supporting the future staffing needs of the healthcare system.

To those students pursuing health careers in healthcare, I say to you this: your country needs your skills, your expertise, and your commitment. We look forward to welcoming you home to serve your people and strengthen our healthcare system. The future success of the Health Services Authority will depend upon continued investment in human resources, succession planning, training, and professional development. Mr. Speaker, the Bill also contains important measures to ensure proper financial management and accountability.

Oh, Mr. Speaker, Mr. Speaker, we spend lots and tons and

loads of money. Why? Because we believe that the health of a nation, of its people, is what? The health of a nation is the wealth of its people. So although we are spending a lot of money, Mr. Speaker, we intend to bring that cost down.

This bill speaks to that. The authority will operate within established financial management. And auditing requirements, ensuring transparency in the management of the public funds. The legislation further provides for the transfer of facilities— listen to that, Mr. Speaker— the transfer, because everything will be just transferred because it belongs to us anyway.

The transfer facilities, equipment, medical supplies, records, contracts, and other resources necessary for healthcare operation— operations. This is important. It's important because healthcare services cannot afford disruption during transition. And, Mr. Speaker, I don't go on Facebook too much. When you see them Facebook, that's my daughter posting most of the time. But, Mr. Speaker, you would hear them on the other side talking about the disruption that will occur. But people of the Turks and Caicos Islands, you all see, you're still traveling when the need arise. We're still delivering healthcare services to you.

We don't neglect you. And even as we transition, the transition process will run smoothly. And that is why the Minister of Health was adamant that we are in here today to deliver this legislation in a timely manner. Turks and Caicos people, we will continue to deliver. But the key thing is that we're not just in tested in delivering for you Turks and Caicos. We want to deliver quality health service for you, the people, the reason behind the bill. So people, don't listen to the naysayers, listen to the facts.

Mr. Speaker, allow me to address this bill from the perspective of my own ministerial portfolio. So I say, consider the youth Consider the young athlete recovering from a serious injury. Improved specialist services and rehabilitation support here at home can mean less time away from family and faster access to care. Consider the parent caring for a child with ongoing medical needs. Expanded local services can reduce the burden of repeated overseas travel and allow families to receive care closer to home. So, Mr. Speaker, when we strengthen healthcare, we strengthen families, and when we strengthen families, we strengthen communities, and when we strengthen communities, of course, Mr. Speaker, we strengthen the entire Turks and Caicos Islands.

Mr. Speaker, as implementation moves forward, I encourage the Ministry of Health and Human Services to continue the robust communication and public Engagement efforts that they have already begun. So I want to encourage— I see the PS of Health, my very good friend, Ms. Diseree Lewis, here.

I want to encourage you, continue, keep the lines of communication open so that when the naysayers begin to speak, our people would have already been educated in terms of where we are in the process. Mr. Speaker, the Health Service Authority Bill 2026 is both practical and visionary, but I want to speak about how progressive this Government is.

Mr. Speaker, this legislation is also consistent with the United Nations Sustainable Development Goal 3, which recognizes that good health and well-being are fundamental pillars of sustainable development. And Mr. Speaker, through a stronger and more responsive Health Authority, we are reinforcing our commitment to providing quality healthcare services, promoting healthier communities, and ensuring that no one is left behind in accessing essential health services. So if there is one thing that the people of the Turks and Caicos Islands—

I want to leave with you, I think it would resonate with you— one terminology that I used throughout my presentation, and that terminology is quality. That is the aim of the Health Authority Bill to provide that quality service that you so rightly deserve. With that being said, Mr. Speaker, I'm pleased to lend my full support to the Health Service Authority Bill 2026.

Hon. Gordon Burton:

Thank you very much, Honourable Member, for your contribution. Are there any further contributions? Are there any further contributions? Are there any further contributions? There being no further contributions, I will ask the Honourable Minister of Health to please wrap up the debate and to commit it to the Committee of the Whole. Honourable Minister.

Hon. Kyle Knowles:

Thank you, Mr. Speaker. I do apologize, I was pulling up my— Thank you again, Mr. Speaker, and thank you to everyone who had an opportunity to contribute to the debate on the Health Services Authority Bill 2026. Mr. Speaker, without further ado, I'll just get right into my wrap-up. Mr. Speaker, while I welcome the opportunity to respond to the concerns raised by the Leader of the Opposition, regarding the Health Services Authority Bill 2026, the issues raised touch on the matters of considerable public importance, including governance, financing, accountability, the protection of patients, the rights of healthcare workers, and the proper stewardship of public resources.

These are not only matters that the Government takes lightly, but I believe that they deserve a substantive and responsible response. However, I wish to make the point clear From the outset, the establishment of the Health Services Authority is not an attempt by this Government to evade responsibility for public healthcare, but it is a reform intended to strengthen the organisation's management, delivery and accountability of healthcare services in the Turks and Caicos Islands.

Far too long, Mr. Speaker, the administration of healthcare services has required the Ministry of Health and Human Services to balance its responsibilities for policy development, regulation, strategic planning, financing, monitoring and evaluation with the day-to-day operations demands of managing healthcare facilities and services. The proposed HSA model seeks to establish a clear distinction between the Ministry's stewardship responsibilities and the Authority's operational responsibilities while maintaining appropriate governmental oversight and accountability. This is not about

weakening the Ministry. It is about enabling the Ministry to concentrate more effectively on policies, standards, regulations, performance monitoring and oversight necessary to ensure that the people of these islands receive safe, accessible, equitable and high-quality healthcare.

Mr. Speaker, I will address the concerns raised in turn. The Leader of the Opposition questioned the separation of policy and operational oversight. Mr. Speaker, the distinction is fundamental to the proposed reform. The Ministry of Health and Human Services must retain responsibility for national policy, strategic direction, health regulation, sector-wide planning, performance monitoring, evaluation, and oversight.

The HSA, on the other hand, is intended to manage the delivery of public healthcare services assigned to it under the legislation. This arrangement does Does not mean the authority will operate without oversight. Rather, it establishes clearer responsibilities and lines of accountability. The Ministry must be able to assess whether the health system is achieving its intended outcomes, whether resources are being used efficiently, whether services meet established standards, and whether the public is receiving value for money.

At the same time, the authority must— must have sufficient operational autonomy to manage its services and workforce effectively within the legal mandate, approved budget, and applicable public sector requirements. The Government must therefore strike an appropriate balance— operational independence, where necessary, accompanied by clear accountability for performance, expenditure, quality, and patient safety.

Mr. Speaker, The Honourable Leader of the Opposition raised questions about proposed composition of the Board, the qualifications of members, public interest representation, ex officio membership, and the absence of specifically identified representatives from the National Health Insurance Board. These are legitimate governance questions. The Board must be appropriately constituted to provide strategic leadership, sound financial oversight, Clinical and operational governance, risk management, and accountability for the authority's performance. Board membership should reflect the skills and experience necessary to discharge these responsibilities, including expertise in healthcare delivery, finance, law, management, human resources, governance, and other relevant disciplines.

The concerns about the wording such as is also worthy of consideration. Where legislation identifies the qualifications or experience required of Board membership— of Board members, the language should provide sufficient clarity about competencies expected without unnecessarily restricting the Government's ability to appoint individuals with appropriate and complementary expertise. With respect to the public interest representation, the Government recognizes the importance of ensuring that interests of patients, families, and communities are considered in the governance of the authority. The adequacy of the proposed representation should therefore be examined in the context of the Board's overall composition and the mechanisms through which communities and service users can influence the delivery of healthcare.

The Leader of the Opposition has also asked why representatives from the National Health Insurance Board were not expressly included. Mr. Speaker, the relationship between the HSA and the health financing and insurance arrangements is important. The legislation and associated government arrangements must provide for appropriate coordination, information sharing, and accountability between authority, the Ministry, and the relevant health financing bodies. Whether that coordination requires a designated board seat, a formal liaison arrangement, or another mechanism may be may be considered and should be considered for this— for on its merits, including the need to avoid conflicts of interest and preserve clear institutional responsibilities.

The same coordination applies in representation for health professionals. Clinical expertise is essential to sound healthcare governance, and the framework should ensure that the Board has access to appropriate professional and clinical advice. Regarding ex officio members, the legislation should clearly establish who serves in the capacity and the basis of their participation and any limitations on their Role. Mr. Speaker, Board appointments must not be treated as an exercise of filling positions.

They must be approached as an exercise of establishing the right governing capabilities for a public healthcare institution. The Honourable Leader of the Opposition also raised concerns about the grounds of removing Board members and whether the conflict of interest provisions extended beyond financial interests. These concerns go directly to public confidence in the authority. Board members must be subject to clear standards of conduct, including requirements relating to integrity, independence, Confidentiality, disclosure of interest, and the proper exercise of their duties.

Conflicts of interest are not limited to financial interests. They may also arise from professional relationships, personal relationships, outside appointments, competing duties, or other circumstances that may reasonably influence or appear to influence— Excuse me, Mr.. Speaker. Mr. Speaker, conflicts of interest are not limited to financial interests.

They may also arise from personal relationships, personal relationships outside the appointments, and as I originally said, so the government's framework should therefore address both actual and perceived conflicts, provide for appropriate declarations and recusal, and establish consequences where members fail to comply. Similarly, the grounds and procedures for removing the board members should be sufficiently clear to promote accountability procedural fairness, and the independence necessary for effective governance. The Government agrees that these are matters requiring careful consideration, and the final legislative framework must be read along any applicable public sector ethics, integrity, and administrative requirements to determine whether additional provisions for clarification are necessary. Ministerial powers and the independence of the authority, Mr. Speaker, Mr. Speaker, the Leader of the Opposition identified Clauses 6, 7, and 17 as contentious, particularly in relation to ministerial powers. Mr. Speaker, let me be clear: the Government has no intention of establishing an authority that is beyond public accountability.

Equally, the Government must be careful not to create a structure in which operational decisions are subject to unnecessary political interference. There is an important distinction between the Minister's responsibility for the overall direction of national health policy and the Board's responsibility for governing the Authority within powers conferred by law. The Minister must remain answerable to the House of the Government's health policy and its stewardship of the public healthcare system. The Authority must, in turn, be accountable for carrying out its statutory responsibilities and managing the services entrusted to it.

The legislation should make the relationship clear. Ministerial powers must, must be exercised within the law, and the Board must operate within the statutory mandate, approved funding arrangements, and applicable accountability requirements. The precise scope of the powers in the clauses identified should be examined to ensure that they do not create ambiguity, ambiguity about operational autonomy, ministerial accountability, or the circumstances in which directions may lawfully be issued. The Government is prepared to consider appropriate clarification where necessary to ensure the legislation establishes a workable and accountable relationship between the Minister, the Ministry, and the Authority.

The Leader of the Opposition has asked whether the HSA will be fully funded, whether the Bill establishes minimum funding, how the transition will be financed, where the money for operational reserves will come from. These are important questions because a new governance structure cannot, by itself, deliver better healthcare. It must be supported by realistic funding, sound financial management, and effective resource allocation. The Authority will require sufficient resources to deliver the services assigned to it, and those resources must be determined through a structured budgeting process that considers service demand, staffing, medicines, medical supplies, facility maintenance, utilities, equipment, contractual commitments, and the wider costs of operating an integrated health system.

The Government must also ensure that the financing arrangements are sustainable and consistent with public finances of TCIG. Mr. Speaker, there is a distinction between guaranteeing that an institution receives resources required to discharge its responsibilities and prescribing a fixed minimum appropriation in legislation. A statutory minimum can provide predictability But it must also be carefully designed so that it remains responsive to changing service demands, fiscal conditions, and the Government's wider budgetary obligations.

The absence of a fixed minimum funding amount must not be interpreted as an intention to leave the Authority inadequately funded. Equally, the public should not be given An issue— an assurance, sorry, of guaranteed funding at a particular level unless the guarantee is supported by the legislation and the Government's approved financial commitments. The funding arrangements must therefore be transparent, linked to agreed service delivery expectations, and subject to appropriate budgetary and financial controls.

The situation— the transition itself must be properly costed. This includes costs for transferring services, staff, assets, contracts, information systems, and operational responsibilities, as well as transitional support required to maintain uninterrupted healthcare service delivery. The Government must establish an appropriate financial arrangement for this process and ensure the transition costs are identified authorised and monitored. Mr. Speaker, the Leader of the Opposition raised concerns about Clauses 37 to 39, including the absence of borrowing limits, disclosure requirements, and the risks associated with borrowing.

The Government recognises that borrowing by a statutory healthcare authority requires careful safeguards. Borrowing can expose an institution and potentially the public finances to repayment obligations. Interest costs and other financial risks. Those risks must be assessed before borrowing is undertaken. The Authority should not be regarded as having unrestricted authority to incur debt simply because it is established as a separate statutory body. The relevant provisions must be considered alongside the applicable The applicable public finance borrowing and financial management legislation to establish what approvals are required and what limits apply and what liabilities may ultimately fall upon the government. Just give me one second, Mr. Speaker. Mr. Speaker, the framework, the framework should also provide appropriate transparency concerning material borrowing and associated financial commitments, including reporting to the responsible authorities and disclosure through the relevant financial reporting arrangements.

Where the Bill does not expressly establish a borrowing cap, the Government should carefully consider whether a statutory limit or a requirement for prior ministerial or Treasury approval or another effective control is necessary. The objective must be to prevent an authority from entering into financial commitments that it cannot reasonably sustain or expose taxpayers to unanticipated liabilities. Mr. Speaker, financial autonomy must never be confused with financial irresponsibility. Mr. Speaker, the Leader of the Opposition has also asked what amount would constitute 3 months of reserves and where the money would be— where the money would come from.

The amount cannot reasonably be stated without reference to the authority's approved operating budget and the definition of expenditure used for calculating the reserve. If the reserve is intended to cover 3 months for eligible operating expenditure, the calculation should ordinarily begin With an annualized expenditure base specified in the applicable financial framework to determine the amount required to cover the relevant 3-month period. The calculation must clarify whether it includes payroll, medicines, utilities, maintenance, contractual obligations, and other essential operation— operating costs, and whether any expenditure categories are excluded. The source of the reserve must also be identified.

Thank you. It cannot simply be assumed that funds will automatically be available from an unspecified Government allocation or from the Authority's own reserves— revenue, sorry. The reserve arrangements must be supported by credible financing plans, appropriate approvals, and clear rules governing the establishment, use, and replenishment. The Government must ensure that any reserve requirement is realistic, affordable, and consistent with the Authority's

financial responsibilities.

Mr. Speaker, the Leader of the Opposition also asks whether the Authority will be required to report quarterly and how the accountability will be maintained. The public has the right to know whether the healthcare system is performing effectively and whether public funds are being used reasonably. Accountability must extend beyond the submission of financial statements. It should include reporting on service delivery, access to care, waiting times where relevant, patient safety, quality of care, staffing, financial performance, complaints, and progress against agreed performance targets.

The Board must have access to timely management information to discharge its oversight responsibility. The Ministry must have sufficient information to assess the Authority's performance against national health policy and agreed service expectations. Government must also be able to report to the House and to the public on performance of the health system. The exact reporting frequency and the bodies to which reports must be submitted should be clearly established through the Bill.

Applicable financial legislation and any necessary regulations or performance agreements. Where quarterly reporting is not expressly required, the Government should consider whether such requirements would strengthen accountability and provide timely visibility of operational and financial risks. The objective is not to create reporting for its own sake; it is to ensure that problems are identified Corrective action is taken and the public can assess whether the authority is fulfilling its responsibilities. Mr. Speaker, I wish to address directly questions of equitable access to healthcare across the Turks and Caicos Islands.

The establishment of the HSA must not result in healthcare being concentrated in Providenciales or any other single location at the expense of residents in the other islands. Our health system must respond to the needs of our communities, including those in Grand Turk, North Caicos, Middle, South, Salt Cay, and the other inhabited islands. The proposed integration of primary and secondary health care services is intended to support a more coordinated model of care, with appropriate referral pathways, continuity of treatment and better coordination between community-based services and hospital care. However, integration must be supported by practical arrangements for staffing, transport, referral, diagnostics, specialty services, emergency response, and availability of essential medicines and supplies.

The Government must ensure that the authorities' service delivery obligations reflect the geographical realities of the Turks and Caicos Islands. The ayes have it. Performance monitoring should therefore consider not only overall service volumes, but also whether residents across the islands can access appropriate care in a timely and equitable manner.

Mr. Speaker, equal access does not necessarily mean that every facility will offer every service. It means that the health system must be organized to ensure that residents can access the appropriate level of care without unreasonable or unjustified barriers. The Honourable Leader raised questions about Clauses 47 through 54, including the transfer of services and assets, Ministry contracts, historic liabilities, and the extent to which Government will retain responsibility for existing obligations. Mr. Speaker, the transfer provisions are among the most important parts of the Bill because they will determine how the new authority assumes responsibility for designated public healthcare services.

The transition cannot be treated as, as a simple change of name or administrative arrangement. It requires a systematic review of services, property, equipment, contracts, records, obligations, and liabilities associated with the functions being transferred. Existing contracts, including rental agreements entered into by the Ministry must be reviewed individually to determine whether they should be transferred, assigned, novated, retained, or otherwise dealt with under the applicable contractual and legal arrangements. The existing of contracts under the Ministry do not by itself establish that it can automatically be transferred to the Authority without considering the contract's terms and any required consents for approval.

The same principle applies to assets and liabilities. The transfer framework must establish which assets and obligations are transferred to the authority, which remain with the government, and how the disputed contingent or historic liabilities will be treated. The public must not be left with uncertainty about how about who is responsible for. Existing contractual commitments or liabilities arising from the authority becoming operational.

The Government must work with the relevant legal, financial and administrative authorities to ensure a properly documented transfer process supported by asset registries, contract schedules, financial records and appropriate legal instruments. This is essential to both protect the public resources and And ensure continuity of healthcare services. Mr. Speaker, the concerns raised in Clauses 29, 31, and 31, and the workforce transition deserves particular mention. Healthcare workers are central to the success of this reform.

The HSA cannot function without the knowledge, commitment, and professional expertise of the staff who currently provide services throughout the islands. This transition therefore must be managed in a manner that is orderly, transparent, lawful and sensitive to the rights and concerns of the employees. The Government must clearly communicate which services and positions are proposed for transfer, the process by which affected employees will be engaged the terms and conditions applicable to transferring staff and arrangements for employees who do not want to transfer. The treatment of employees who decline transfer must be addressed in accordance with the Bill, their contractual arrangements and applicable employment law. No employee should be given misleading assurances about their position and no decision should be made without proper consideration of the legal framework Governing their employment. The Leader of the Opposition had questioned the provision under which the Board would determine the Authority's workforce structure.

An authority responsible for delivering healthcare services must be able to organize its workforce to meet the operational needs. However, the responsibility must be exercised within the law, approved budgets, applicable employment

requirements, and sound human resource management practices. The workforce structure must be informed by service delivery requirements, appropriate staffing levels, clinical governance, patient safety, financial sustainability, and the need to avoid unnecessary duplication. The Government should ensure that a documented workforce transition plan with appropriate staff engagement Define responsibilities, timelines, risk management agreements, and communication mechanisms. The plan should also identify the relationship between the existing Ministry structure and proposed HSA structure, including functions— including which functions will transfer and which functions will remain within the Ministry. Mr. Speaker, the transition must not allow not be allowed to create confusion about who is responsible for essential services or leave staff uncertain about their employment arrangements.

The Government recognises the importance of providing Members of this Honourable Parliament with appropriate information about the transition. The extent and timing of disclosure must be managed responsibly, taking account of staff, Confidentiality, employment matters, and any legitimate restrictions on the release of personal information. The Leader of the Opposition raised a question about Clauses 20 and 21, including community consultation and requirements for public meetings. Mr. Speaker, the Government recognizes that healthcare reform must be informed by the people who use and deliver health services.

The development of the HSA framework has The bill has been subject to consultation intended to gather feedback and identify areas requiring further consideration. The Government has also recognised the importance of engaging healthcare workers and other stakeholders as the proposed transition progresses. Consultation, however, is not simply a matter of counting meetings.

Its value lies in whether people have a meaningful opportunity to raise concerns, whether their views are considered, and whether the resulting decisions are appropriately informed by the feedback. The Government should therefore ensure that the consultation arrangements are proportionate to the scale of the reform and provide opportunities for communities across the islands to contribute.

The question of whether one public meeting is sufficient should be considered in the context of the wider consultation framework and any statutory requirements imposed by the Bill. Where further engagement is necessary, it should be undertaken in a structured manner, with a clear record of the issues raised and that those issues have been considered. Mr. Speaker, the Leader of the Opposition has raised or asked questions about what costs would apply where private practitioners use public facilities. This again is a legitimate question concerning the protection of public resources and the fair treatment of healthcare providers.

The use of publicly funded facilities, equipment, staff, and other resources for private clinical activity must be governed by clear rules. The rules should address authorization, clinical responsibility, patient safety, infection prevention, scheduling and the use of equipment, supplies, insurance, and liability, and the recovery of appropriate costs. The authority should not permit arrangements that result in public resources being used for private benefit without appropriate authority, safeguards, or financial accountability. The detailed arrangements may require policies, contractual terms, fee schedules, and other instruments depending on the powers conferred on by the legislation.

The Government's position is that such activity must be transparent, properly authorised, and consistent with the authority's public service obligation. Mr. Speaker, the protection of patients must remain at the centre of this reform. The Leader of the Opposition asks about patient charters, patient rights and safety, and the provisions in Clauses 59 to 61 concerning future rules and related matters. The Government agrees that patients must be treated with dignity and respect, and must have access to safe, appropriate and equitable healthcare.

A patient's rights— a patient's rights framework should address matters such as informed consent, confidentiality, access to information, respectful treatment, complaints, non-discrimination, and appropriate safeguards for vulnerable patients, subject to the applicable law. A patient charter can help communicate these rights in a form that patients and families can understand. It can also set up responsibilities of healthcare providers and explain how concerns may be raised and addressed. However, the charter must not be a document that exists only on paper.

It must be supported by effective complaints mechanisms, clinical governance, incident reporting, quality assurance, patient safety procedures, and appropriate monitoring. The legislation must also be examined to determine Whether patient rights are sufficiently addressed in the bill itself, protected under applicable laws, or intended to be supported by regulations and policies made in the Act. Where essential protections are deferred to future instruments, the Government should ensure that the relevant authority, process, and implementation arrangements are clear. Patient safety cannot be treated as an optional addition to the establishment of the authority.

It is a core requirement in healthcare— in the healthcare system. The Leader of the Opposition raised concerns about Clause 59— 56 on confidentiality and the abuse of express whistleblower protection. Mr. Speaker, healthcare organizations handle highly sensitive information, including patient records, clinical information, employee records, and confidential operational matters. Confidentiality requirements are therefore necessary.

However, confidentiality must not be used to prevent legitimate reporting of wrongdoing, serious risk to patient safety, fraud, abuse of public resources, and other matters that should properly be brought to the attention of the relevant authorities. The legal framework must strike the appropriate balance between protecting confidential information and enabling lawful disclosure in the public interest. The Government should examine the relationship between Clause 56 and the applicable data protection, employment integrity, anti-corruption, and other relevant legislation. The same examination should determine whether persons who report wrongdoing in good faith have adequate protection against retaliation. Where existing legislation already provides

applicable protection, that relationship should be clear.

Where gaps exist, the government should consider whether additional safeguards are required. The objective must be to create an environment in which healthcare workers and where healthcare workers can raise legitimate concerns without fear while ensuring confidential patient information remains appropriately protected. Mr. Speaker, the Leader of the Opposition also asks what is meant by means test. In general terms, a means test is an assessment of a person's financial circumstances to determine eligibility for a benefit, subsidy, or form of assistance.

In a healthcare context, it may be used to assess whether a person qualifies for financial assistance or reduced charges based on established eligibility criteria. However, the application of a means test must be carefully designed. The criteria should be transparent, consistently applied, and appropriate to the circumstances of the people who may require assistance. The government must avoid arrangements to create unreasonable barriers to accessing necessary healthcare or the result of vulnerable persons being unfairly excluded. Where the bill contemplates means testing, the relevant provisions of supporting policies should, should make clear who determines eligibility, what criteria apply, how decisions are reviewed, and how personal responsibility— how personal financial information is protected. The precise meaning of the application must be determined by the relevant statutory and policy framework, rather than left to inconsistent interpretation.

The Leader of the Opposition also asked whether the Government will retain all historic liabilities Where the authority will inherit liability associated with services transferred. This is a matter that must be addressed through the actual transfer provisions and the legal instruments used to implement them. It would be inappropriate to suggest that every historic liability will automatically remain with government and that every liability will automatically pass to the authority passed to the authority without examining the relevant authority statutory language, contracts, and applicable law. The transition arrangements must identify the liabilities that are being transferred so those remain with government and any obligations required for specific treatment.

Mr. Speaker, the Leader also raised questions through future regulations and other instruments under Clauses 59 and 61, the legislation establishing a statutory authority must establish its essential framework, legal framework, powers, duties, governance arrangements, and accountability mechanisms. Certain operational matters may appropriately require regulations, policies, standards, or procedures before they before— because, sorry, they need to be developed in greater detail or adjusted to the authority as the authority becomes operational. However, the delegated powers must be clear and must not be used to substitute for provisions that are essential to the proper operation of the Act.

Where regulations are required, the legislation should identify the authority responsible for making them and the applicable approval and publication procedures. The Government should also establish the implementation programme to identify which supporting instruments must be prepared, who is responsible for them, and the sequence in which they are to be brought into effect. Mr. Speaker, the concerns raised about transfer of services and the financial workforce arrangements must be considered in the context of the transition as a whole. The Government cannot responsibly establish a new authority without a coordinated plan for transferring responsibilities and maintaining continuity.

The transition must identify the functions being transferred, the resources required, the personnel responsible, the operational dependencies, and the risks that could also affect healthcare delivery. It must also establish appropriate arrangements for transfer of records, equipment, contracts, information systems, and other essential resources. Mr. Speaker, the authority must be operationally ready to discharge its responsibilities, and the Ministry must retain the capacity to perform its stewardship and oversight functions. Mr. Speaker, I have addressed the concerns raised by the Leader of the Opposition Because the Government recognises that reform of this importance must withstand scrutiny.

The questions concerning Board governance, ministerial powers, financing, borrowing, workforce transition, patient rights, reporting and liabilities are serious matters. They deserve clear answers supported by legislation and the appropriate implementation arrangements. However, it is equally important that we distinguish between identifying areas that require clarification and suggesting that the entire reform is without merit.

The establishment of the HSA is intended to create a more coherent framework for management and delivery of public healthcare services, with clear responsibilities and an organizational structure better suited to the demands of the health system. The Ministry of Health and Human Services will continue to have an essential Role in policy development, regulation, strategic planning, healthcare, health sector performance, monitoring and evaluation, and oversight of the healthcare system. The Authority is expected to manage the services assigned to its responsibility, operate within the legal and financial framework, maintain appropriate standards of care, and account for its performance. The Government must ensure that these responsibilities are supported by effective governance, adequate resources, transparent reporting, and appropriate safeguards for patients and employees.

Where scrutiny— where the scrutiny of this Bill identifies provisions that require clarification for strengthening, the Government Mr. Speaker, we should consider, or must consider, those matters carefully and work through the appropriate legislative and legal framework. But, Mr. Speaker, we must not lose sight of the ultimate purpose of this reform. It is about creating another— it is not about creating another institution for its own sake. It is about improving how healthcare services are organized managed and delivered to the people of the Turks and Caicos Islands.

Our responsibility is to ensure that the system is sustainable, the public receives value for money, the healthcare professionals are supported in their work, the patients are protected, and the residents across our islands can access the services they need. Mr. Speaker, Plainly put, the HSA must be

accountable. The Ministry must remain an effective steward of the health system. The Government must remain answerable to the House of Parliament, and the interests of patients and the people of these Turks and Caicos Islands must remain paramount.

So, Mr. Speaker, this Government is committed Through pursuing reform responsible, addressing legitimate concerns, and ensuring that the final legislation and implementation framework supports a stronger, more accountable, and more sustainable public healthcare system. With that, Mr. Speaker, I thank you.

HEALTH SERVICES AUTHORITY BILL 2026 — COMMITTEE OF THE WHOLE

Hon. Gordon Burton:

Thank you very much. Yeah, thank you very much, Honourable Minister, for that very detailed wrap-up. You can now commit the bill to the Committee of the Whole.

Hon. Kyle Knowles:

Mr. Speaker, on completion of the reading of the Health Services Authority Bill 2026, in pursuance with Standing Order 93, that the Health Services Authority Bill 2026 be referred to the Committee of the Whole. Do I have a seconder?

Hon. Samuel Ernest Been:

Second.

Hon. Gordon Burton:

Honourable Members, motion moved by the Honourable Minister of Health and Human Services and seconded by the Honourable Member for Cheshire Hall& Richmond Hill, that the bill entitled Health Services Authority Bill 2026 be referred to the Committee of the Whole House. All in favour say aye. All to the contrary, no. The ayes have it.

Honourable Deputy Premier.

ADJOURNMENT

ADJOURNMENT

Hon. Jamell Rayan Robinson:

Thank you, Mr. Speaker. Great debate, and I would like to close the House, the Parliament. Sine die. Thank you.

Hon. Gordon Burton:

Honourable Members, this Honourable Parliament is hereby adjourned. Sine die.