

## **ANNEX 8D**

### **HEALTH-RELATED SERVICES AND TRADITIONAL MEDICINE SERVICES**

#### **Article 1**

##### **Scope and Objectives**

1. The Parties recognise the importance of health-related services and traditional medicine services and the promotion and facilitation of trade in such services.
2. The Parties agree to promote and facilitate trade in health-related services and traditional medicine services.
3. For the purpose of this Annex:
  - (a) Health-related services include-
    - (i) Medical and dental services (CPC 9312);
    - (ii) Services provided by midwives and nurses (CPC 93191\*\*);
    - (iii) Services provided by physiotherapists and para-medical personnel (CPC 93191\*\*);
    - (iv) Services provided by allied and health professionals not covered under subparagraph (iii);
    - (v) Hospital services (CPC 9311);
    - (vi) Other human health services (CPC 9319, other than 93191); and
    - (vii) Other human health services n.e.c. (CPC 93199).
  - (b) Traditional medicine services include any service related to the practice of Ayurveda, Siddha, Unani, and Sowa-Rigpa fields of medicine.

#### **Article 2**

##### **Qualification and Licensing Requirements**

1. Where a Party imposes licensing or qualification requirements for the supply of health-related services, it shall ensure that adequate procedures exist for assessing an applicant's fulfilment of such requirements including procedures for assessment and verification of



such qualifications and licenses. Where the competent authority considers it relevant, it shall give due consideration to the relevant experience of the applicant and membership in a relevant association in the territory of the other Party.<sup>1</sup>

2. Where the competent authority in verifying and assessing an application relating to qualifications and licensing requirements for the supply of health-related services considers such application as incomplete for processing under the Party's laws and regulations, inform the applicant that the application is incomplete within a reasonable period of time and, on request of the applicant, identify, where practicable, all the additional information that is required to complete the application and provide the opportunity to remedy deficiencies within a reasonable time frame.
3. Where examinations are required for fulfilment of qualification and licensing requirements, each Party shall ensure that they are scheduled at reasonable intervals. The Party shall also provide a reasonable period of time to the applicants to submit their applications for such examinations.
4. Each Party shall, to the extent practicable, having regard to the cost and administrative burden involved, encourage its competent authorities to use electronic means for the conduct of such examinations and to provide opportunities for an applicant to take such examinations in the other Party's jurisdiction.

### **Article 3**

#### **Facilitating Medical Value Travel**

1. A Party shall, with a view to facilitate meaningful access to health-related and traditional medicine services, encourage the insurance service providers in its territory to provide insurance coverage for such health-related and traditional medicine services availed in the territory of the other Party.
2. A Party shall not impose requirements that restrict or prohibit insurance coverage in respect of health-related and traditional medicine services availed of in the other Party.
3. A Party shall endeavour to expedite the processing of immigration visa in respect of its service consumers who are seeking health-related and traditional medicine services in the other Party.

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<sup>1</sup> For the purposes of this Article, it is understood that 'applicant' refers to an applicant of the Party.



4. A Party shall recognise health establishments of the other Party that can be considered at par with its domestic health establishments, following procedures as prescribed by its relevant authorities, for the purposes of receiving treatment under its government supported health programmes.

#### **Article 4**

##### **Traditional Medicine Services**

1. The Parties shall cooperate on matters relating to trade in traditional medicine services, including on research and development.
2. The Parties shall strengthen engagement between their relevant professional bodies and authorities for recognition and accreditation of practitioners and therapists of traditional medicine services.
3. Where a Party requires registration or licencing of practitioners and therapists of traditional medicine services of the other Party based on specific qualification criteria, including experience or certification requirements, the Party shall encourage its relevant bodies to recognise the qualifications, including education or experience, licences or certifications, obtained in the other Party.
4. Upon request of a Party, the other Party shall, to the extent practicable, provide information concerning standards and criteria for the licensing and certification of practitioners and therapists of traditional medicine services, including information concerning the appropriate regulatory or other body to consult regarding these standards and criteria. The requesting Party shall notify the Working Group on Health-related Services and Traditional Medicine Services (hereinafter referred to as the "HTMS Working Group") for obtaining such information.
5. The Parties shall exchange information on regulations, measures and initiatives related to traditional medicine services to expedite recognition of practitioners and therapists of these services.

#### **Article 5**

##### **Health-Related Standards**

1. The Parties shall encourage their relevant health regulators and accreditation bodies to collaborate on health standards, including potential methods of harmonising such standards.
2. In relation to natural persons supplying health-related and traditional



medicine services, the Party shall endeavour to conduct an assessment of requisite educational qualifications with the objective of achieving harmonisation of such requirements with the other Party.

## **Article 6**

### **Training and Capacity Building**

Each Party shall encourage collaboration for providing or facilitating training programmes that can contribute to capacity building in the other Party.

## **Article 7**

### **Joint Research and Development**

The Parties shall encourage collaboration between their respective research organisations or relevant regulators for the purposes of research and development of traditional medicine.

## **Article 8**

### **Working Group on Health-related Services and Traditional Medicine Services**

1. The Parties shall, no later than six months after the entry into force of this Agreement, establish the HTMS Working Group. The HTMS Working Group shall comprise of representative members of each Party.
2. The HTMS Working Group shall meet within one year after the entry into force of this Agreement, and thereafter regularly as agreed by the HTMS Working Group, to oversee the implementation of this Annex.
3. The HTMS Working Group's functions shall be to:
  - (a) review and monitor the implementation of this Annex;
  - (b) consider opportunities to facilitate trade in health-related and traditional medicine services;
  - (c) consult relevant experts in the services covered by this Annex on issues related to the implementation of this Annex; and
  - (d) consider any other matter of interest related to this Annex.
4. Each Party shall designate an office to serve as a contact point for purposes of implementing this Annex.
5. A Party may request consultations with the other Party regarding any

differences arising out of the implementation of this Annex. The HTMS Working Group shall thereafter promptly convene and make every attempt to arrive at a mutually satisfactory resolution of the matter.

6. The HTMS Working Group shall report to the Subcommittee on Trade in Services, established under Article 8.20 (Subcommittee on Trade in Services – Trade in Services) as required.