

EXPLANATORY MEMORANDUM TO
THE RECIPROCAL AND CROSS-BORDER HEALTHCARE (AMENDMENT ETC.)
(EU EXIT) REGULATIONS 2020

2020 No. 1348

1. Introduction

- 1.1 This explanatory memorandum has been prepared by the Department of Health and Social Care ('DHSC') and is laid before Parliament by Command of Her Majesty.
- 1.2 This memorandum contains information for the Joint Committee on Statutory Instruments.

2. Purpose of the instrument

- 2.1 The purpose of this instrument is to address deficiencies in retained EU law relating to reciprocal healthcare in the UK and to make related provision.
- 2.2 This instrument will ensure that the UK statute book will function correctly after the Implementation Period ('IP') and will make savings provisions to protect, so far as possible, certain patients in a transitional situation at the end of the Implementation Period.
- 2.3 This instrument is made under powers in the European Union (Withdrawal) Act 2018 and the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019.

Explanations

What did any relevant EU law do before exit day?

Reciprocal Healthcare Social Security Coordination

- 2.4 EU reciprocal healthcare arrangements which will apply until the end of the IP enable people for whose state healthcare costs the UK has responsibility (known as 'UK-insured') to have access to healthcare when they live, study, work, or travel in the EU, EEA and Switzerland (and vice versa for people for whose state healthcare costs those states have responsibility (the 'EU-insured') when in the UK). This includes healthcare for UK state pensioners, posted workers and disabled people living in those states (the 'S1 scheme'), emergency and needs arising healthcare for UK-insured temporary visitors to those states such as tourists and students (the European Healthcare Insurance Card Scheme ('EHIC')) and UK-insured individuals travelling to those states to receive planned treatment (the 'S2 scheme').
- 2.5 The legal framework for EU reciprocal healthcare arrangements is predominantly set out in wider social security coordination regulations (the 'EU SSC Regulations'):
 - Regulation (EC) 883/2004 of the European Parliament and of the Council of 29th April 2004 on the coordination of social security systems;
 - Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16th September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems;

- Council Regulation (EEC) No 1408/71 of 14th June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community; and
 - Council Regulation (EEC) No 574/724 of 21st March 1972 laying down the procedure for implementing Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons, to self-employed persons and to their families moving within the Community.
- 2.6 The EU SSC Regulations define the UK's and Member States' responsibilities to reimburse healthcare costs when individuals for whom each state is responsible live, work, retire in or visit the EU, EEA and Switzerland. This includes the S1 scheme, EHIC and the S2 scheme.
- 2.7 The EU SSC Regulations provide that UK nationals working as employed or self-employed persons in the EU, EEA or Switzerland are 'insured' by that state, which is also responsible for their healthcare costs when they visit other countries including the UK. The same applies to EU, EEA and Swiss workers or self-employed persons living in the UK. The legislation generally provides for state-to-state reimbursement and, in some circumstances, direct reimbursement of healthcare costs to individuals.
- 2.8 The EU SSC Regulations also impose an obligation of equal treatment, which means that individuals visiting or residing in a state of which they are not a national are able to access local state healthcare on the same terms as domestic nationals. Under the EU SSC Regulations, family members are covered in the same way as the insured individual.

Cross-Border Healthcare

- 2.9 Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare (the 'Directive') came into force on 24th April 2011 with a transposition deadline of 25th October 2013. It clarified patients' rights to obtain qualifying healthcare in another European Economic Area ('EEA') Member State and to receive reimbursement from their home healthcare system.
- 2.10 Reimbursement can be capped at the cost of state-provided treatment in a patient's home healthcare system. Eligible patients can receive reimbursement for qualifying private or state-provided treatments. The obligation to reimburse is limited to treatment which is the same as, or equivalent to, a treatment that would be made available to the person in their home healthcare system i.e. the NHS in relation to the UK. However, this route provides a broader discretion for relevant UK authorities to pre-authorise treatments which may not be available in the UK.
- 2.11 The Directive rights are separate from reciprocal healthcare arrangements under the EU SSC Regulations. Reimbursement rights under the Directive relate to the fundamental EU principle of the freedom to provide and avail of services, whereas the rights under the EU SSC Regulations relate to the free movement of people. Payments for reciprocal healthcare under the EU SSC Regulations are normally made state-to-state, whereas reimbursements under the Directive route are made to the individual.
- 2.12 In 2013, the UK Government and Devolved Administrations transposed the Directive into domestic legislation. The National Health Service (Cross-Border Healthcare) Regulations 2013 implemented the majority of the Directive's provisions in England and Wales. Those implementing Regulations made amendments to the National

Health Service Act 2006 and the National Health Service (Wales) Act 2006, as well as secondary legislation. Scotland and Northern Ireland each made equivalent implementing regulations. Gibraltar also made its own arrangements to transpose the Directive.

Why is it being changed?

- 2.13 The EU SSC Regulations and the domestic legislation transposing the Directive continue to apply in UK law during the IP by virtue of Part 4 of the UK's Withdrawal Agreement with the EU ('the Withdrawal Agreement'), as implemented by the European Union (Withdrawal Agreement) Act 2020. At the end of the IP the EU SSC Regulations and the domestic legislation transposing the Directive will become retained EU law under the European Union (Withdrawal) Act 2018 and will contain deficiencies.
- 2.14 The Social Security Coordination (Reciprocal Healthcare) (Amendment etc.) (EU Exit) Regulations 2019 (S.I. 2019/776) ('the SSC SI'), the National Health Service (Cross-Border Healthcare and Miscellaneous Amendments) (EU Exit) Regulations 2019 (S.I. 2019/777) and the Health Services (Cross-Border Healthcare and Miscellaneous Amendments) (Northern Ireland) (EU Exit) Regulations 2019 (S.I. 2019/784) ('the CBD SIs') made changes necessary to remove deficiencies ("deficiency fixes") in, respectively, the EU SSC Regulations and the domestic legislation transposing the Directive in relation to England, Wales and Northern Ireland ('the CBD legislation') as they stood in March 2019. Those changes were prepared as part of the UK Government's preparations for leaving the EU without a deal.
- 2.15 The SSC SI revokes the reciprocal healthcare aspects of the EU SSC Regulations effective from the end of the IP. The EU SSC Regulations are predicated on membership of the EU. Further, they provide for reciprocal healthcare rights and obligations which cannot operate without the agreement and cooperation of the other state involved.
- 2.16 The CBD SIs retire current cross-border healthcare rights under the CBD legislation, as maintaining effective access to cross-border healthcare abroad is inoperable without reciprocity.
- 2.17 The UK left the EU on 31st January 2020 and entered the IP that will last until 31st December 2020. The SSC SI and the CBD SIs will come into force at 11 pm on 31st December 2020.
- 2.18 The terms of the UK's exit from the EU are set out in the Withdrawal Agreement. Title III of the Withdrawal Agreement provides for the continuation of the reciprocal healthcare aspects of EU SSC Regulations for those who are in scope of the Agreement. It also contains provisions to protect the rights of those who are not in scope of the Withdrawal Agreement in special situations, for example, people who are in a cross-border situation at the end of the IP. These rights derive from the SSC Regulations; they do not include arrangements for transitional access to healthcare under the Directive.
- 2.19 The deficiency fixes in the SSC SI and the CBD SIs now need to be further amended to reflect the IP and the Withdrawal Agreement.

What will it now do?

- 2.20 This instrument will amend the deficiency fixes in the SSC SI and the CBD SIs by removing provisions which are redundant in light of the IP and subsequent legislation, updating references to “exit day”, and making appropriate transitional provision. It will also update references in NHS legislation to EU forms, to entitlements under EU Treaties and to concepts such as “EU rights”.
- 2.21 This instrument will amend the savings provisions in the CBD SIs which, so far as possible unilaterally, protect patients accessing healthcare under the Directive who are in a transitional situation on exit day. This instrument will update those provisions so that they apply to protect patients who are in a transitional situation at the end of the IP.
- 2.22 This instrument is intended to support other preparations the UK Government is making with regard to reciprocal healthcare arrangements, and to remedy flaws in the statute book that would exist following the end of the IP.

3. Matters of special interest to Parliament

Matters of special interest to the Joint Committee on Statutory Instruments.

- 3.1 The Minister of State for Health considers it appropriate for this instrument to be subject to the affirmative procedure.

Matters relevant to Standing Orders Nos. 83P and 83T of the Standing Orders of the House of Commons relating to Public Business (English Votes for English Laws)

- 3.2 The territorial application of this instrument varies between provisions.

4. Extent and Territorial Application

- 4.1 The territorial extent and application of Parts 2, 3, 4 and 5 of this instrument is the same as the territorial extent and application of each enactment being amended. The territorial extent and application of Part 1 is all of the UK.

5. European Convention on Human Rights

- 5.1 The Minister of State for has made the following statement regarding Human Rights:
“In my view the provisions of the Reciprocal and Cross-Border Healthcare (Amendment etc) (EU Exit) Regulations 2020 are compatible with the Convention rights.”

6. Legislative Context

- 6.1 The SSC SI and the CBD SIs were made under section 8(1) of, and paragraph 21 of Schedule 7 to, the European Union (Withdrawal) Act 2018 to fix deficiencies in retained EU law consisting of the EU SSC Regulations and the CBD legislation. Section 8 of the European Union (Withdrawal) Act 2018 gives Ministers the power to remedy any deficiency or mitigate any failure of retained EU law arising from the withdrawal of the UK from the EU.
- 6.2 The SSC SI and the CBD SIs were prepared for a possible ‘no deal’ exit and fixed deficiencies in the EU SSC Regulations and the CBD legislation by:
- extinguishing reciprocal health aspects of the EU SSC Regulations and retiring current cross-border healthcare rights under the CBD legislation;

- transitionally preserving the EU SSC Regulations and the CBD legislation in relation to states who agreed to maintain the current arrangements on a reciprocal basis for an interim period until 31st December 2020; and
- transitionally preserving the EU SSC Regulations and the CBD legislation in relation to patients who were in the course of treatment as at exit day or who had applied for authorisation for treatment in the EU/EEA prior to exit day.

6.3 The Government also made the Healthcare (European Economic Area and Switzerland Arrangements) (EU Exit) Regulations 2019 (S.I. 2019/1293) which made provision to implement healthcare arrangements between the UK and EU/EEA Member States/Switzerland (“EU/EFTA”) or an international organisation (for example, the EU), after the UK has left the EU.

7. Policy background

What is being done and why?

- 7.1 Current EU reciprocal healthcare arrangements enable people for whose state healthcare costs the UK has responsibility (known as ‘UK-insured’) to have access to healthcare when they live, study, work, or travel in the EU, EEA and Switzerland (and vice versa for people for whose state healthcare costs those states have responsibility (the ‘EU-insured’) when in the UK).
- 7.2 Under the Withdrawal Agreement, during the IP (until 31st December 2020) there are no changes to reciprocal healthcare access for state pensioners, workers, students, tourists and other visitors, the EHIC scheme, or planned treatment.
- 7.3 After 31st December 2020, some people will retain full entitlements to reciprocal healthcare. Broadly these groups are:
- UK nationals living and working in the EU/EFTA on 31st December 2020, who will continue to be entitled to Member State-funded healthcare under their domestic rules and a Member State issued EHIC;
 - S1 holders (UK state pensioners or people exporting certain UK benefits), resident in the EU/EFTA on 31st December 2020, who will continue to be entitled to UK-funded healthcare, including a UK-issued EHIC;
 - EU/EFTA nationals resident in the UK on 31st December 2020, who will continue to be entitled to access the NHS and a UK-issued EHIC.
- 7.4 The Withdrawal Agreement also protects UK and EU nationals (including UK insured individuals) who find themselves in a ‘cross-border situation’ over 31st December 2020 (for example someone whose holiday begins before but ends after 31st December 2020). These people will be able to continue to use their EHIC to access ‘needs-arising treatment’ until they leave that country by travelling to another EU Member State or returning to the UK.
- 7.5 The Withdrawal Agreement also protects the rights of people visiting the UK or the EU for planned medical treatment (S2 route), where authorisation was requested before or on 31 December 2020. These people are able to commence or complete their treatment. This guarantees that patients will be able to complete a course of treatment and provides certainty to patients.
- 7.6 The Withdrawal Agreement also provides for protections in a number of other circumstances, such as where a UK national, although not living in the EU on 31st

December 2020, has paid social security contributions in a Member State in the past. The rights that flow from those contributions such as benefits, pension and reciprocal healthcare rights will also be protected. This means someone who has previously worked in an EU/EFTA Member State can apply for a UK S1 (as well as EHIC / S2) once they reach state pension age on the same terms as now.

- 7.7 This instrument will maintain the provisions of the SSC SI and the CBD SIs that extinguish reciprocal health aspects of the EU SSC Regulations and retire current cross-border healthcare rights under the CBD legislation. These arrangements remain inoperable without reciprocity.
- 7.8 This instrument will revoke the provisions of the SSC SI and the CBD SIs which transitionally preserve the EU SSC Regulations and the CBD legislation in relation to states who agree to maintain the current arrangements on a reciprocal basis until 31st December 2020. These arrangements will largely become redundant as a consequence of the Withdrawal Agreement which provided for the continuation of the EU SSC Regulations and the CBD legislation during the IP (until 11 pm on 31st December 2020).
- 7.9 Any future healthcare arrangements with EU/EFTA Member States would be capable of being implemented under the Healthcare (European Economic Area and Switzerland) Act 2019.
- 7.10 This instrument will also revoke the provisions of the SSC SI which transitionally preserve the SSC Regulations in relation to patients accessing healthcare under the EU SSC Regulations (through the S1, S2 and EHIC routes), namely those who are in the course of treatment as at exit day or who had applied for authorisation for treatment in the EU/EFTA under the current reciprocal healthcare arrangements prior to exit day. The Withdrawal Agreement contains savings provisions in relation to the EU SSC Regulations for the purposes of providing transitional protections for cases arising under those Regulations before the end of the IP.
- 7.11 This instrument amends the provisions of the CBD SIs which transitionally preserve the CBD legislation in relation to patients who are in the course of treatment as at exit day so that they apply instead in relation to patients who are in the course of treatment as at the end of the IP. Similar changes are made in relation to the provisions of the CBD SIs which transitionally preserve the CBD legislation in relation to patients who had applied for authorisation for treatment in the EU/EEA under the current CBD legislation prior to exit day.
- 7.12 These provisions seek to protect, so far as possible, key groups of patients in a transitional situation at the end of the IP, irrespective of any reciprocity in place. This covers for example those individuals who obtained authorisation for planned treatment under the CBD legislation before the end of the IP, but have not yet received the treatment and those who accessed healthcare in the EU/EEA prior to the end of the IP, but have not yet completed the treatment or sought reimbursement. This time-limited measure aims to prevent, so far as is possible without reciprocity, a sudden loss of overseas healthcare rights for residents in England, Wales and Northern Ireland. Such transitional protections for cases arising under the CBD legislation before the end of the IP were not included in the Withdrawal Agreement.
- 7.13 This instrument will also amend provisions in the SSC SI and the CBD SIs which amended references in NHS legislation to:

- “enforceable EU rights” and “enforceable Community rights” by substituting references to those rights as they existed prior to Transition Period end;
- EU forms by inserting references to equivalent forms; this is to reflect the possibility of any post-Transition Period reciprocal healthcare arrangements involving new types of forms;
- entitlements under EU Regulations by substituting a reference to entitlements under (post-Transition Period) healthcare arrangements.

8. European Union (Withdrawal) Act 2018/Withdrawal of the United Kingdom from the European Union

8.1 This instrument is being made using the powers in section 8 of and paragraph 21 of Schedule 7 to, the European Union (Withdrawal) Act 2018 in order to address failures of retained EU law to operate effectively or other deficiencies arising from the withdrawal of the UK from the EU. In accordance with the requirements of that Act the Minister has made the relevant statements as detailed in Part 2 of the Annex to this Explanatory Memorandum.

8.2 Alongside the European Union (Withdrawal) Act 2018 powers the instrument is also being made under sections 2(1) and (2)(f) and (h) and 7(2) and (3) of the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 to insert references in NHS legislation to forms equivalent to EU forms (to reflect the possibility of post-IP healthcare arrangements involving new types of forms) and to substitute references to EU entitlements with a reference to provision of treatment under (post-IP) healthcare arrangements.

9. Consolidation

9.1 This instrument does not involve consolidation and there are no plans to consolidate the relevant legislation at this time.

10. Consultation outcome

10.1 Reciprocal healthcare arrangements are popular and enjoy broad support from the general public. DHSC has not undertaken a consultation on the instrument but has engaged with relevant stakeholders on its approach to the future of EU reciprocal healthcare arrangements and how these will be operationalised.

10.2 DHSC recognises that aspects of reciprocal healthcare arrangements relate to devolved matters and this instrument contains provision which is within devolved competence. The Devolved Administrations have therefore been consulted at official and ministerial level in accordance with the political commitment which accompanied the European Union (Withdrawal) Act 2018 not to use section 8 powers in relation to devolved matters without the agreement of the relevant Ministers in the Devolved Administrations and in accordance with the requirement for consultation under section 5 of the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019. There has further been an exchange of ministerial letters with Scotland, Wales and Northern Ireland confirming agreement to this instrument.

11. Guidance

11.1 No further guidance is published alongside this instrument.

11.2 Specific guidance for UK nationals in the EU/EFTA and EU/EFTA Citizens in the UK on how to access healthcare is available on www.gov.uk and www.nhs.uk.

12. Impact

12.1 There is no, or no significant, impact on business, charities or voluntary bodies.

12.2 There is no significant impact on the public sector.

12.3 An Impact Assessment has not been prepared for this instrument because it makes amendments of a technical nature to ensure an updated and functioning statute book and it does not introduce new novel or contentious policy. An Impact Assessment which covers the statutory instruments which are being amended can be found on the legislation.gov.uk website under the relevant instruments and an Impact Assessment for the Withdrawal Agreement can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/841245/EU_Withdrawal_Agreement_Bill_Impact_Assessment.pdf.

13. Regulating small business

13.1 The legislation does not apply to activities that are undertaken by small businesses.

14. Monitoring & review

14.1 The instrument does not include a statutory review clause.

14.2 Insofar as the instrument is made under the European Union (Withdrawal) Act 2018, no review clause is required.

15. Contact

15.1 Nancy Panagiotopoulou at the Department of Health and Social Care, telephone: 020 7972 5623 or email: nancy.panagiotopoulou@dhsc.gov.uk can be contacted with any queries regarding this instrument.

15.2 Charlotte Bright, Deputy Director for Reciprocal Healthcare, at the Department of Health and Social Care can confirm that this explanatory memorandum meets the required standard.

15.3 Edward Argar MP, Minister of State for Health at the Department of Health and Social Care can confirm that this explanatory memorandum meets the required standard.

Annex

Statements under the European Union (Withdrawal) Act 2018

Part 1

Table of Statements under the 2018 Act

This table sets out the statements that may be required under the 2018 Act.

Statement	Where the requirement sits	To whom it applies	What it requires
Sifting	Paragraphs 3(3), 3(7) and 17(3) and 17(7) of Schedule 7	Ministers of the Crown exercising sections 8(1), 9 and 23(1) to make a Negative SI.	Explain why the instrument should be subject to the negative procedure and, if applicable, why they disagree with the recommendation(s) of the SLSC/Sifting Committees.
Appropriateness	Sub-paragraph (2) of paragraph 28, Schedule 7	Ministers of the Crown exercising sections 8(1), 9 and 23(1) or jointly exercising powers in Schedule 2.	A statement that the SI does no more than is appropriate.
Good Reasons	Sub-paragraph (3) of paragraph 28, Schedule 7	Ministers of the Crown exercising sections 8(1), 9 and 23(1) or jointly exercising powers in Schedule 2.	Explain the good reasons for making the instrument and that what is being done is a reasonable course of action.
Equalities	Sub-paragraphs (4) and (5) of paragraph 28, Schedule 7	Ministers of the Crown exercising sections 8(1), 9 and 23(1) or jointly exercising powers in Schedule 2.	Explain what, if any, amendment, repeals or revocations are being made to the Equalities Acts 2006 and 2010 and legislation made under them. State that the Minister has had due regard to the need to eliminate discrimination and other conduct prohibited under the Equality Act 2010.
Explanations	Sub-paragraph (6) of paragraph 28, Schedule 7	Ministers of the Crown exercising sections 8(1), 9 and 23(1) or jointly exercising powers in Schedule 2 In addition to the statutory obligation the Government has made a political commitment to include these statements alongside all EUWA 2018 SIs.	Explain the instrument, identify the relevant law before exit day, explain the instrument's effect on retained EU law and give information about the purpose of the instrument, e.g., whether minor or technical changes only are intended to the EU retained law.

Criminal offences	Sub-paragraphs (3) and (7) of paragraph 28, Schedule 7	Ministers of the Crown exercising sections 8(1), 9, and 23(1) or jointly exercising powers in Schedule 2 to create a criminal offence.	Set out the ‘good reasons’ for creating a criminal offence, and the penalty attached.
Sub-delegation	Paragraph 30, Schedule 7	Ministers of the Crown exercising sections 10(1), 12 and part 1 of Schedule 4 to create a legislative power exercisable not by a Minister of the Crown or a Devolved Authority by Statutory Instrument.	State why it is appropriate to create such a sub-delegated power.
Urgency	Paragraph 34, Schedule 7	Ministers of the Crown using the urgent procedure in paragraphs 4 or 14, Schedule 7.	Statement of the reasons for the Minister’s opinion that the SI is urgent.
Explanations where amending regulations under s. 2(2) ECA 1972	Paragraph 14, Schedule 8	Anybody making an SI after exit day under powers outside the European Union (Withdrawal) Act 2018 which modifies subordinate legislation made under s. 2(2) ECA 1972.	Statement explaining the good reasons for modifying the instrument made under s. 2(2) ECA 1972, identifying the relevant law before exit day, and explaining the instrument’s effect on retained EU law.
Scrutiny statement where amending regulations under s. 2(2) ECA 1972	Paragraph 15, Schedule 8	Anybody making an SI after exit day under powers outside the European Union (Withdrawal) Act 2018 which modifies subordinate legislation made under s. 2(2) ECA 1972.	Statement setting out: a) the steps which the relevant authority has taken to make the draft instrument published in accordance with paragraph 16(2), Schedule 8 available to each House of Parliament, b) containing information about the relevant authority’s response to— (i) any recommendations made by a committee of either House of Parliament about the published draft instrument, and (ii) any other representations made to the relevant authority about the published draft instrument, and c) containing any other information that the relevant authority considers appropriate in relation to the scrutiny of the instrument or draft instrument which is to be laid.

Part 2

Statements required when using enabling powers under the European Union (Withdrawal) 2018 Act

1. Appropriateness statement

1.1 The Minister of State for Health, Edward Argar MP, has made the following statement regarding use of legislative powers in the European Union (Withdrawal) Act 2018:

“In my view the Reciprocal and Cross-Border Healthcare (Amendment etc) (EU Exit) Regulations 2020 does no more than is appropriate”.

1.2 This is the case because the instrument corrects deficiencies in EU retained law by extinguishing reciprocal health aspects of the EU SSC Regulations and retiring current cross-border healthcare rights under the CBD legislation which are no longer appropriate in the absence of reciprocity.

2. Good reasons

2.1 The Minister of State for Health, Edward Argar MP, has made the following statement regarding use of legislative powers in the European Union (Withdrawal) Act 2018:

“In my view there are good reasons for the provisions in this instrument, and I have concluded they are a reasonable course of action”.

2.2 These are explained in section 2 of the main body of this explanatory memorandum. the EU SSC Regulations and the CBD legislation will become retained EU law at the end of the IP and will contain deficiencies. If we do not legislate further, some of the amendments made to this retained EU law by the SSC SI and the CBD SIs will become redundant. The CBD SIs will also contain gaps in relation to savings provisions for certain transitional situations arising during the IP. This would create lack of clarity and certainty for patients as to their rights and entitlements. Providing transitional protection to individuals who sought authorisation or started treatment under the CBD legislation before the end of the IP will provide a reasonable period within which they can go on to receive and complete their courses of treatment.

3. Equalities

3.1 The Minister of State for Health, Edward Argar MP, has made the following statement(s):

“The draft instrument does not amend, repeal or revoke a provision or provisions in the Equality Act 2006 or the Equality Act 2010 or subordinate legislation made under those Acts.”.

3.2 The Minister of State for Health, Edward Argar MP, has made the following statement regarding use of legislative powers in the European Union (Withdrawal) Act 2018:

“In relation to the draft instrument, I, Edward Argar, have had due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.”.

4. Explanations

- 4.1 The explanations statement has been made in section 2 of the main body of this explanatory memorandum.